THEORETICAL GUIDELINES TO SUPPORT PATIENT-CENTRED HEALTH CAMPAIGN MESSAGES WITHIN AN INTEGRATED MARKETING COMMUNICATION (IMC) APPROACH: A SINGLE CASE STUDY

by

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DECLARATION

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Exact wording of the title of the dissertation as appearing on the electronic copy submitted for examination:

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I declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

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ABSTRACT

Health campaign messages used for health promotional purposes have always served a vital role to educate communities on issues that concern their health. However, social and cultural aspects need to be catered for adequately, to ensure that messages are adequately understood and accepted by targeted communities. By considering the above, the aim of this study was to propose theoretical guidelines by adopting an Integrated Marketing Communication (IMC) approach, to support patient-centred health campaign messages, which was applied to a single case at a regional hospital.

In doing so, this study adopted an interpretivist research paradigm using a qualitative, single case study research design, which made use of three data collection methods namely, an interview guide, a moderator's guide, and coding scheme. A purposive sample method guided the selection of participants and social artefacts. The findings indicated that patient-centred health campaign messages which also consider the cultural and social context, will benefit the hospital to achieve the intended health outcomes per health campaign message communication. Consequently, the proposed theoretical guidelines were adapted for the healthcare setting.

Keywords—Health messages; culture; social context; Integrated marketing communication (IMC); health promotion campaigns; patient-centred approach; single case study; qualitative; traditional medicine/healer; Marketing communication mix instruments

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CHAPTER 1: ORIENTATION AND BACKGROUND

1 INTRODUCTION

In South Africa, health campaign messages are crucial in the public health sector because the purpose of health campaign messages is to connect health promotion practitioners (HPPs) and communities in general. The purpose of this single cross-sectional qualitative case study was to explore how an Integrated Marketing Communication (IMC) approach may support patient-centred health campaign messages within a South African context enhance the adoption of recommended health behaviour become more relevant and consistent. One of the benefits of the IMC approach is to create message consistency to reach the targeted hospital patients effectively (Kitchen & Burgmann 2015:11; Martin 2014:16). However, there are still limited studies concerning adopting an IMC approach to support health campaign messages within a South African health institution (Martin 2014:16).

To address the limited research in this area, this study explored a single case of the biggest regional hospital in the East Rand of Johannesburg, South Africa, namely, Thelle-Mogoerane regional hospital. Thelle-Mogoerane regional hospital develops health campaign messages for various health issues addressed at the community at large which enabled the researcher to study the phenomenon of IMC and health campaign messages in-depth. Specifically, the researcher adopted a single cross-sectional qualitative case study as the research approach with an interpretivist worldview.

The research methods included semi-structured face-to-face interviews, a focus group, and qualitative content analysis. The methods of data analysis included an interview schedule, moderator's guide, and coding scheme. An in-depth analysis into the case was to generate findings that can be used as heuristic for similar hospitals when planning and implementing patient-centred health campaign messages thereby increasing patients' understandings of the health campaign messages in Thelle-Mogoerane regional hospital and thus encouraging them to adopt the positive recommended health behaviour changes.

1.2 CONTEXT OF THE STUDY

In this section, the following aspects of the study are discussed, namely: the purpose and background of the study, the relevance of the study, and the study's relation to the discipline of communication.

1.2.1 The purpose of study

The purpose of this study was to propose theoretical guidelines to support patient-centred health campaign messages within an Integrated Marketing Communication (IMC) approach at Thelle-Mogoerane regional hospital. To achieve this, the study was conducted in different phases. A comprehensive literature review was first completed to formulate theoretical guidelines from an IMC approach for health campaign messages which were applied to a single case study regarding health campaign messages. This study thus aims to emphasise the importance of patient-centred health campaign messages that positively impacts a health promotion strategy. Furthermore, the study contributes to literature in health promotion within an African context, because of the paucity of research evident in Unisa's Nexus and Sabinet databases (Ahmed *et al* 2013:37).

1.2.2 Background of the study

The first health campaigns initiated in Africa assumed that individuals had the ability to make health decisions without any external influences in society (Zhou *et al* 2020:150). An example of these health campaigns initiated by foreign donors from international countries, aimed to encourage parents to get their children vaccinated for smallpox in communities (Conis 2020:158). Such health campaigns did not achieve the intended health communication goal of message acceptance by the parents because the messages did not consider the cultural and social context influences in health decisions (Zhou *et al* 2020:150). As such, several limitations that needed to be addressed in the health campaign messages aligned to the African context included language barriers, traditional or alternative medicines and healers, health literacy level, as well as access to health professionals, clinics, and hospitals. By addressing the above limitations to address issues of understanding during the development of health campaigns and adapting them to the African context, parents would be more aware of the risks, benefits, and direction of getting their children vaccinated within their community.

In a country as diverse as South Africa, it is imperative that health communication addresses the concerns in the development of health campaign messages related to culture and the social setting in which an individual experiences health. Such cultural aspects include beliefs, values, and norms within the community that are viewed as critical in individual health decision making (Todorova 2015:371). As a result, current health campaign messages, must integrate culture and the social context to address the various influences critical to eradicating health burdens in society. From this perspective, this study aimed to propose theoretical guidelines that respect the cultural and social context of the patients in health campaign messages aimed to promote recommended health behavioural changes.

1.2.3 Relevance of the topic

The topic is relevant to the field of health promotion and communication because it proposes and refines theoretical guidelines from an IMC approach for health campaign messages within South Africa in relation to the cultural and social factors that impact health behaviours. Although the findings cannot be generalised to the larger population, the findings from this specific study can be used to assist scholars and HPPs to support health campaign messages within their organisation.

1.2.4 Relationship of the study to health and marketing communication fields

Health promotion is an integral part of society; it helps health care practitioners to understand patients' health and wellbeing in the context of their social standing (Dutta-Bergman 2005:103; Berkman *et al* 2010:15). The research problem of this study reflects the need to address health promotion communication through an IMC approach to the health promotion discipline by proposing theoretical guidelines to support health campaign messages from Thelle-Mogoerane regional hospital that are patient-centred in nature. In addition, the findings of this study add value and deeper insight into the IMC and health promotion fields within the communication discipline by providing valuable knowledge that can be adapted to strengthen the planning and formulation of health campaign messages within an IMC theoretical framework for the purpose of promoting health behaviours.

1.2.5 Other studies in the fields

Although this study's contribution is unique, several other studies were done in the field. For example, a study by Mahmud *et al* (2013:12) analysed health promotion in primary health care and how Information and Communication Technology (ICT) could contribute to increased literacy and empowerment in society. This study was conducted within a county council in the Southeast of Sweden. The overall aim of the study was to encourage patient participation on ICT-supported health communication channels for health promotion and enhancing health campaign messages understanding. The results indicated that the integrated approach in health promotion is valuable and patient participation in supporting health campaign messages encouraged relevance, understanding, and acceptance, while meeting the cultural and social needs of the patients.

Another prominent study by Rimer and Kreuter (2006:760) found that using tailor-made health campaign messages from the cultural and social context of the patient is important in enhancing knowledge about message construction that may contribute to positive health behavioural change by using tailor-made messages to manipulate the steps on the pathway of health behaviour change (Rimer & Kreuter 2006:760). This study was conducted in New York, America.

Other significant studies by Murphy *et al* (2011:272) and Halligan and Zecevic (2011:338) considered the beliefs, values, norms, and access to information and health care in formulating patient-centred health campaign messages in society. Haligan and Zecevic (2011:33) conducted their research in Canada. The various findings revealed that beliefs, values, norms, and access to information and health care influenced health decisions thereby reflecting the importance of developing crucial messages that take social and cultural values into consideration to meet the patients' health needs.

The IMC approach has been used to promote health behavioural change, in Bangladesh to address and potentially eradicate significant health issues and concerns in society. A study that focused on encouraging behavioural change amongst school children for oral hygiene found that IMC approach to toothpaste brands had positive effect on the hygiene behaviour of the school children (Ahmed *et*

al 2013:39). Therefore, there is evidence that an IMC approach may enhance health campaign messages when criteria are formulated from the cultural and social context of the target audience.

1.2.6 Context of the research site: the regional hospital

The Thelle-Mogoerane regional hospital was selected for this study and is situated in the East of Johannesburg, South Africa (Gauteng Government 2019). The hospital has 821 beds including workshops, laundry, bulk store, kitchen, waste management, substation, security room, and mortuary (Gauteng Government 2019). The hospital has 6 theatres and offers general surgery (adult and paediatric), as well as specialised surgery, medical, gynaecology, obstetrics, paediatrics, orthopaedics, operating theatre unit, burn unit, spinal unit, rehabilitation unit, intensive care unit (ICU), high care, psychiatry, and a tuberculosis (TB) unit (Gauteng Government 2019). All the departments had to develop and implement health campaigns as part of educating patients on different health care issues and health support such as healthy eating, cancer, TB, and getting tested for HIV/AIDS. The hospital renders services comprised of primary health care services, general practitioners, first-line specialist services, and emergency departments for both inpatients and outpatients (Gauteng Government 2019).

1.3 LITERATURE REVIEW

The following fields that are relevant to this study are explained in this section: marketing and marketing communication, integrated marketing communication (IMC), social marketing, health communication, a health communication strategy, as well as the theoretical approach adopted for this study.

1.3.1 Integrated Marketing Communication (IMC)

Marketing is defined as “a function within an organisation that has a set of processes for creating, communicating and delivering value to customers and manage customer relationships in that it benefits the organisation and its stakeholders” (Hughes *et al* 2012:100; Belch & Belch, 2020:50). Marketing has since become broader shifting its focus on consumers and society through the elements of traditional marketing mix that includes product, price, place, and promotion. This study takes into consideration the integration of different elements and activities in

marketing to enhance communication that increases value for all stakeholders and focuses on how an IMC approach could support health campaign messages communicated by HPPs from Thelle-Mogoerane regional hospital to the patients on various health issues.

An IMC approach for the context of this research can be defined as a concept of "marketing communication designing that identifies the added value of using an all-inclusive plan to assess the strategic role of various communication discipline" (Kitchen & Burgmann 2015:1; Belch & Belch 2020:56). This definition is adopted for the purpose of this study, as theoretical guidelines from an IMC approach are central in supporting the regional hospital's health campaign messages through evaluating communication disciplines. The importance for Thelle-Mogoerane regional hospital to adopt an IMC approach is significant as it is fundamental for marketing communication planning and strategy adaptation because it is valuable for the hospital to achieve its marketing efforts by recognising the importance of integrating various communication functions (Ahmed *et al* 2013:41). The integration of various communication functions aims to result in unified and consistent messages that increase awareness and engagement with the health information to promote necessary health behavioural changes.

The marketing communication mix instruments for this study identified the importance of creating consistency within the proposed theoretical guidelines from an IMC approach, therefore using specific elements to support health campaign messages for Thelle-Mogoerane regional hospital. The marketing communication mix instruments are discussed in detail in chapter 3, section 3.5.

1.3.1.1 Social Marketing

Social marketing encourages the welfare of society at large and not simply for the selling of ideas (Weinreich 2010:328). The following definition is adopted for the purpose of this study; "social marketing is the approach of commercial marketing technologies to the analysing, planning, implementing and assessing programs planned to influence the voluntary behaviour of the intended audiences in order to improve their personal wellbeing and that of society" (Weinreich 2010:328). In relation to this study, this definition uses marketing principles aimed to voluntarily

encourage patients to take responsibility for their own health daily (Chauke 2015:89). Social marketing is also seen as an important process of improving local health efforts and eradicating inequality in the various fields of health (Weinreich 2006:111; Weinreich 2010:328).

1.3.2 Health promotion

Health communication refers to the study of using communication strategies to inform and influence society's decisions that enhance heath (European Centre for Disease Prevention and Control 2014). Health promotion is a subfield of health communication and is therefore the focus of this study because health campaign messages for this study are intended to improve health behaviour in society. Health promotion can be defined as "the process of allowing people to increase control over their health and its determinates" (Smith *et al* 2006:340; Fast *et al* 2015:11). Specifically, health promotion must consider factors such as language barriers, health literacy levels, and access to health care and services as prerequisites for health campaign messages. This study highlights the importance of considering the cultural and social context influences that play a significant role in health behaviour change and health promotion to yield positive outcomes in society when health campaign messages cater for the social and cultural influences for the purpose of effectively educating and increasing knowledge related to health issues.

1.3.2.1 Health promotion strategy

Between the 1980s and the 1990s health promotion focused more on behavioural change approaches, where promotional efforts were used as tools to convey messages while ignoring the recipient's social context (Servaes & Malikhao 2010:42-49). To address this issue, the health promotion strategy in this study looks at whether the audience's needs are catered for by Thelle-Mogoerane regional hospital's proposed health campaign messages. The health promotion strategy planning examines the social context including the needs of the intended target audience. Previously, health communication strategy focused on taking evidence-based messages from professionals to the public with hopes that it would motivate the hospital patients to utilise health care effectively (Kreps & Neuhauser 2010:331).

1.3.2.2 Health campaign messages

Health campaign messages in the 1980s were communicated in mass produced brochures and pamphlets to all patients (Rimer & Kreuter 2006:186). This meant that the same messages were sent to different patients from diverse backgrounds, however, the messages were ineffective in motivating patients in communities to seek health support and change their health behaviour as messages were not consistent and patient specific. Later efforts were initiated to print messages that cater to potential patients as behavioural scientists noticed the diversity within mass audiences, which characterises South African patients in communities, therefore necessitating the need to address other processes in the health promotion field and to create persuasive health campaign messages (Rimer & Kreuter 2006:190; Ruck *et al* 2016:181; Zhao 2020:29-33). Different materials were produced to reach ethnicities that were distinct in society. Tailored health promotion emerged as the health customisation of information became prominent in health campaign messages (Rimer & Kreuter 2006:192).

1.3.2.3 Theoretical approach adopted for this study

A theory refers to any explanation of an observed fact which appeals to events somewhere else (Davidoff 2019:8). This study adopted aspects of the following theories: Elaboration Likelihood Model (ELM), Health Belief Model (HBM), PEN-3 model of culture and the empowerment theory.

Within ELM, persuasion is a dual process theory describing the change of attitudes through communication (Petty & Cacippo 1986:123). ELM as a conceptual framework can be employed to make decisions on how to tailor messages for a specified targeted hospital patients (Wilson 2007:183). In the context of this study, ELM is explained as follows: a framework for understanding patient's culture and social context as attitude formation and change as well as the thinking process when health campaign messages are formulated (Kitchen *et al* 2014:2033).

HBM proposes that an individual's behaviour can be anticipated based on how vulnerable the person considers oneself to be (Noar *et al* 2011:303). Vulnerability in this model is assessed in terms of risk assessment and the significance of consequence. HBM is therefore suitable for this study because patients perceive the

threat of an illness from their own personal beliefs, values and perceptions, and these factors ultimately predict whether the recommended health behaviours are adopted (Moola 2010:42).

The PEN-3 model of culture outlines how health is influenced by culture in the African context whereby the patient's culture is determined as crucial when investigating health beliefs, health behaviours, and health outcomes (Peyman *et al* 2016:150). As such, the PEN-3 model of culture is applicable to this study because the researcher aimed to centralise culture and the social context of the patient as key in facilitating health behaviour change from Thelle-Mogoerane regional hospital's health campaign messages. The community members and patients within which the regional hospital is situated are important components of culture when one tries to understand how culture shapes health beliefs and behaviour (Grace *et al* 2008:337).

The premise of Empowerment Theory is that people must have control over their health for public health interventions to have an impact on health behaviours (Aujoulat *et al* 2007:2; Zimmerman 2000:43-63). Empowerment theory is therefore included in this study as the aim of the research is to encourage the target audience, specifically patients within Thelle-Mogoerane regional hospital, to take control of their own health. When patients take control of their health, this leads to increased participation and helps the process of gaining accurate and relevant information that can be included in the planning of health campaign messages (Aujoulat *et al* 2007:2; Zimmerman 2000:43-63).

1.4 FORMULATION OF THE RESEARCH PROBLEM

A research problem is defined as "the identification of a case to be studied or answered" (Terre Blanche *et al* 2006:65). As is evident in literature, health campaign messages in South Africa do not always consider the influence of an individual's beliefs, values, norms, and context in relation to health decisions (Smith *et al* 2006; Lupton 2014; Fast *et al* 2015). Thus, practice may prevent messages from being relevant and accepted by the patients, preventing the adoption of recommended health behaviours to eradicate health burdens. To address this problem, this study proposed theoretical guidelines from an IMC approach that are patient-centred and

include cultural and social contextual considerations to achieve positive health outcomes in society. In the next section, the research problem is defined.

The research problem for this study is:
To explore an IMC approach to support patient-centred health campaign messages within a South African context by means of a single cross-sectional qualitative case study in order to enhance the adoption of recommended health behaviour.

1.5 GOAL AND OBJECTIVES OF THE STUDY

In this section below the goal and objectives of this study are discussed.

1.5.1 Goal of the study

The goal of the study was realised within the context of applied communication research. Applied communication research refers to how communication theory, research, and best practices to help inform knowledge and theory about communication for practical issues (Van de Hoven 2020:7). Specific to this study, the goal was to propose refined theoretical guidelines from an IMC approach as a heuristic for similar hospitals to support health campaign messages. A case study research approach was used to show how the refined theoretical guidelines from an IMC approach can be practically applied to Thelle-Mogoerane regional hospital's health campaign messages.

1.5.2 Objectives of the study

Research objectives describe what the researcher expects to achieve by conducting a study (Rios & Del Campo 2013:41). This study adopted exploratory objectives since the study examines a topic which was not well researched before (Hallingberg *et al* 2018:14). Furthermore, this study yielded findings that increased knowledge, gave insight, and clarified understanding about the topic (Van der Hoven 2020:7).

The objectives of the study are explained as follows:

Objective 1: To explore theoretical guidelines from an IMC approach that can be used to support patient-centred health campaign messages from Thelle-Mogoerane regional hospital.

Objective 2: To explore the adoption of an IMC approach for patient-centred health campaign messages at Thelle-Mogoerane regional hospital.

Objective 3: To explore how the theoretical guidelines from an IMC approach can be refined after being applied to a single case study to better support patient-centred health campaign messages.

1.6 FORMULATION OF RESEARCH QUESTIONS

The research question narrows the research aims and objectives down to specific areas that the study will address (Doody & Bailey 2016:19). This study addressed the following three research questions:

Research question 1: What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital?

Research question 2: How is an IMC approach adopted for patient- centred health campaign messages at Thelle-Mogoerane regional hospital?

Research question 3: How can the proposed theoretical guidelines from an IMC approach be refined after being applied to a single case to better support patient-centred health campaign messages?

1.7 METHODOLOGY

The research methodology, research design, research instruments and sample that were used for the study are discussed below.

1.7.1 Research paradigm and approach

This study adopts an interpretivist research paradigm as a worldview. The aim of an interpretivist research paradigm is to interpret elements of the study (Wagner & Maree 2007:121-134). The interpretivist research paradigm directed the qualitative research design adopted for this study. The qualitative research design aims to obtain access to the personal and subjective experiences and meanings of the HPPs

and patients (Van der Hoven 2020:9). In addition, subjective interpretation of the content of the text data was done through coding and identifying themes and patterns from social artefacts (Cho & Lee 2014:1-20).

1.7.2 The research method

This study adheres to a single case study methodology to implement and clarify proposed theoretical guidelines from an IMC approach to support health campaign messages for Thelle-Mogoerane regional hospital. The single case study method is a diverse and powerful procedure design which does not demonstrate casual relationships but studies the phenomenon in depth (Nock *et al* 2007:337). Furthermore, a single case study allows for the use of different sources of data within each case (Woodcraft *et al* 2012:195). Specific to this study, several sources of data and different research methods were used to collect data thereby the findings of the study were strengthened because of triangulation (Yin 2018:69). The concept of triangulation is significant in single case study research because the examining of the research from various perspectives provides a strong basis for the discovering and support of knowledge supplemented by various research methods (Woodcraft *et al* 2012).

1.8 THE POPULATION

The population of the study is referred to as “the collective from which a study seeks to deduce its conclusions from” (Babbie 2014:43). The population of this research in terms of target and accessibility is outlined below.

1.8.1 The target population

The target population is a group that the researcher wants to know more about (Du Plooy 2009:466). Therefore, the target population for this study includes all Thelle-Mogoerane regional hospital’s employees, social artefacts, and patients. The employees included the public relations and marketing interns, officer, nurses, doctors and dieticians. The patients include females and males of all races and age whereas the social artefacts include Facebook, Twitter messages, radio interview recordings, newspaper articles, to name a few.

1.8.2 The accessible population

An accessible population refers to “the units of analysis in the target population to which researchers have access” (Du Plooy 2009:466; Chauke 2015:46). As such, the accessible population for this study includes Thelle-Mogoerane regional hospital’s employees, patients, and social artefacts from the regional hospital.

1.8.3 Sampling

The sampling method that was used for the semi-structured face-to-face interviews as well as the focus group session was purposive sampling. Purposive sampling denotes that the investigator assumes that sampling is a continuity of decisive choices about whom, where and how the investigator does their research (Given 2008:697). This study aimed to gather and interpret in-depth information that was presented by the participants and social artefacts used to effectively reach the objectives of the study (Chauke 2015:56).

1.8.4 Interpretation of the data

Data analysis is used to obtain information that can be used irrespective of whether the data is qualitative or quantitative (Babbie 2014:567). Qualitative research methodology was adopted for this research study. Specifically, this study used Tesch’s (2013:142-145) eight steps to interpret and analyse qualitative data gathered from the semi-structured face-to-face interviews and the focus group session. The eight steps required the researcher to familiarise oneself with the data, determine underlying meanings of information, list initial themes, generate initial codes related to themes, cluster reviewed themes into descriptive categories based on similar relationships, finalise categories for themes from codes, analyse data from each theme category and recode is necessary, and finally, produce the final report (Tsanwani 2009:77).

According to Tesch’s (2013:142-145) these steps should be understood as a continuous model, where one cannot continue to the next step without the correct completion of the previous stage thereby making the process of inquiry a recursive procedure. Data is collected from the prescribed social artefacts using direct qualitative content analysis that is directed by a more organised method rather than in a standard approach (Hsieh & Shannon 2005:1277). The interpretation of data

allows the researcher to assign meaning to the collected data and determine the conclusions, importance and implications of the findings (Hsieh & Shannon 2005:1279). Thus, giving meaning to the collected cleaned raw data in research (Tsanwani 2009:77).

1.8.5 Trustworthiness

According to Connelly (2016:435) the trustworthiness of a study refers to the degree of confidence in the data, interpretation and methods used to ensure the quality of a study. There are several strategies to establish trustworthiness, namely, credibility, transferability, dependability, and confirmability (Lemon & Hayes 2020:604). The triangulation of data used for this study enhanced and strengthens the trustworthiness of the findings (Lemon & Hayes 2020:604).

For the semi-structured face-to-face interviews and the focus group session, internal, construct, and external trustworthiness measures were used (Lemon & Hayes 2020:604). The interview questions were pretested for quality and accuracy. Semi-structured questions were developed and asked to employees who work in a different health institution at least one month before the set date for interviews at Thelle-Mogoerane regional hospital for this study. A clear protocol of a case study was developed to show a clear chain of evidence of data collection using a database (Golafshani 2003:597). Conformability, credibility, transferability, and dependability measures were also used for qualitative content analysis (Lemon & Hayes 2020:604). These measures were ensured by clearly explaining the data collection and data analysis process through peer debriefing, the researcher's self-monitoring, and inter-coder reliability (O'Connor & Joffe 2020:235). Moreover, writing notes in a research journal allowed for checking, reflecting, and continuous comparing of the collected information.

1.8.6 Feasibility of the study

To determine the feasibility of this study, a few practical matters related to this research were considered, including accessibility to the target population in relation to the topic and funding. This topic of interest is relevant in the fields of health communication and health promotion fields, the marketing field, and the IMC approach thereby necessitating the need for a holistic approach to designing and

implementing health campaigns within the South African context. As such, a hospital was deemed the most feasible and relevant site to conduct this study. The researcher requested formal permission from Thelle-Mogoerane regional hospital to access the organisation and information necessary for the study, including social artifacts, and permission was also granted in line with ethical considerations pertaining to informed content of voluntary participants, including five semi-structured face-to-face interviews with HPPs were conducted and one focus group interview session was held with the patients at Thelle-Mogoerane regional hospital.

The supervisors assisted the researcher to obtain the required funding for this research study. The funding covered all the expenses including travel costs, administration, and telephone costs for arranging the semi-structured face-to-face interviews and the focus group session. Funding also included the tuition fee for the master's degree as prescribed by the university.

1.9 ETHICAL CONSIDERATIONS

This research study complied with all the required ethical guidelines in accordance with the Policy for Research Ethics of UNISA. Ethical clearance was approved by the UNISA College of Human Science Ethics Committee on the 19th of July 2019, clearance number 240816-052. The researcher ensured that all research procedures adhered to the values and principles expressed in the UNISA policy on research ethics. In the section that follows, confidentiality and informed consent are discussed as aligned to the research ethics policy for this study.

1.9.1 Confidentiality

The researcher-maintained confidentiality of all data collected from participants and security measures were ensured in terms of the protection of individuals and organisational information by issuing everyone an informed consent form. The participants real names were not used in the report and transcriptions for the purpose of concealing their identities and anonymity was ensured by using pseudonyms for the participants.

1.9.2 Informed consent

The researcher requested formal permission from Thelle-Mogoerane regional hospital to access the organisation and information necessary for the study. The CEO of the hospital granted the researcher permission to access the hospital as well as required documents and HPPs in 2018. The researcher requested permission again in 2019, since management changed at Thelle-Mogoerane regional hospital. Permission was granted again to the researcher in August 2019. Furthermore, in accordance to the ethical policy of the University of South Africa, informed consent forms were developed and provided to all participants involved in semi-structured face-to-face interviews and the focus groups session before the interviews commenced. Permission was granted from all participants to record the semi-structured face-to-face interviews and the focus groups session prior to the commencement of the interview sessions.

1.10 DEMARCATION OF THE STUDY

The demarcation of the study is depicted in Table 1.1 below.

Table 1.1 Demarcation of the study in terms of the research questions addressed

CHAPTER	RESEARCH QUESTION(S) ADDRESSED
CHAPTER 1: ORIENTATION AND BACKGROUND	Research question 1: What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital? Research question 2: How is an IMC approach adopted for patient-centred health campaign messages at Thelle-Mogoerane regional hospital?

	Research question 3: How can the proposed theoretical guidelines from an IMC approach be refined after being applied to a single case to better support patient-centred health campaign messages?
CHAPTER 2: HEALTH PROMOTION	What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital?
CHAPTER 3: INTEGRATED MARKETING COMMUNICATION (IMC)	What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital?
CHAPTER 4: RESEARCH METHODOLOY AND OPERATIONALISATION	What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital?
CHAPTER 5: FINDINGS AND ANALYSIS OF THE FINDINGS OF THE SEMI-STRUCTURED FACE-TO-FACE INTERVIEWS AND THE FOCUS GROUP SESSION	What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital? How is an IMC approach adopted for patient- centred health campaign messages at Thelle-Mogoerane

	regional hospital?
CHAPTER 6: FINDINGS OF THE QUALITATIVE CONTENT ANALYSIS AND INTERPRETATION OF THE OVERALL FINDINGS	How is an IMC approach adopted for patient- centred health campaign messages at Thelle-Mogoerane regional hospital? How can the proposed theoretical guidelines from an IMC approach be refined after being applied to a single case to better support patient-centred health campaign messages?
CHAPTER 7: CONCLUSION AND RECOMMENDATIONS:	How can the proposed theoretical guidelines from an IMC approach be refined after being applied to a single case to better support patient-centred health campaign messages?

1.11 SUMMARY

Chapter 1 introduced the implementation of this research study by briefly explaining the context of the study, the background of the study, the purpose of the research, the relevance of the topic, the relationship of the topic to the communication discipline, and the research site was also discussed. Furthermore, this chapter included the literature review and the theoretical approach used for this study. The goals, objectives, research questions and the research problem were formulated for this study and the methodology used in the research process was discussed. Finally, the anticipated contribution of this study to the discipline of communication was presented, and ethical considerations were clarified for this study.

In the following chapters, health promotion and an IMC approach are further detailed as part of the literature review for this study. Important aspects involving the research methodology are explained in-depth, and information pertaining to Thelle-

Mogoerane regional hospital, the research site for this study, is provided. Finally, the data findings, data analysis, conclusions, and recommendations of the study are illustrated and discussed as discovered by the researcher.

In the next chapter, chapter 2, health promotion is discussed as a sub-field of health communication and delineates the focus of this study.

CHAPTER 2: HEALTH PROMOTION

2.1 INTRODUCTION

In this chapter, research question 1 is addressed in detail, specifically, what are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital? As such, this chapter explores all related concepts that are applicable to health promotion to propose the theoretical guidelines.

This is the first chapter of a comprehensive literature review for this study. Firstly, health promotion is contextualised within health communication. Then, health promotion is defined and discussed as an important concept for this study to explore theoretical guidelines which could support patient-centred health campaign messages. The literature review also includes an application of a health campaign for the South African context. Further, health campaign messages on various illness and diseases are discussed in relation to South African communities.

The importance of a health promotion strategy is explained and three concepts of a health promotion strategy by Baek and Yu (2009) are explored in relation to this study and the patient-centred care approach in health campaign messages is discussed. Finally, the Health Belief Model (HBM), Elaboration Likelihood Model (ELM), PEN-3 model of culture, and empowerment theory are adopted for this study to propose theoretical guidelines to support health campaign messages from an Integrated Marketing Communication (IMC) approach for South Africa.

2.2 CONTEXUALISING THE CONCEPT OF HEALTH PROMOTION WITHIN HEALTH COMMUNICATION

In this section, the concepts of health communication and health promotion are discussed. Furthermore, the application of patient specific health campaigns for a South African context are addressed by exploring the content of health campaign messages and the South African focus of the cultural and social context of health campaign messages.

Figure 1.1 below illustrates health promotion with health communication, as well as the associated subfields which are discussed in the following sections.

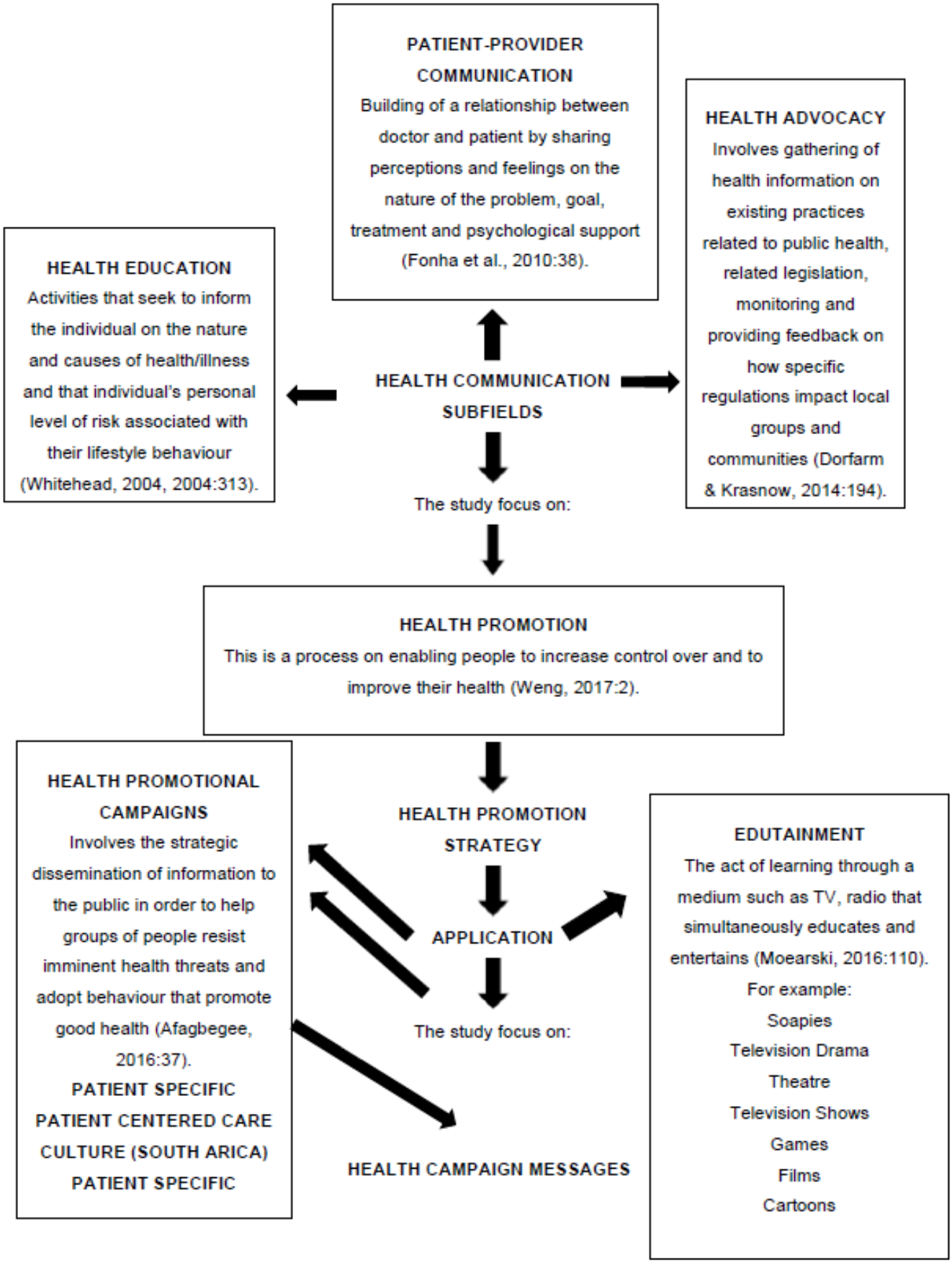
PATIENT-PROVIDER COMMUNICATION
Building of a relationship between doctor and patient by sharing perceptions and feelings on the nature of the problem, goal, treatment and psychological support (Fonha et al., 2010:38).
HEALTH EDUCATION
Activities that seek to inform the individual on the nature and causes of health/illness and that individual's personal level of risk associated with their lifestyle behaviour (Whitehead, 2004, 2004:313).
HEALTH COMMUNICATION SUBFIELDS
HEALTH ADVOCACY
Involves gathering of health information on existing practices related to public health, related legislation, monitoring and providing feedback on how specific regulations impact local groups and communities (Dorfarm & Krasnow, 2014:194).
The study focus on:
HEALTH PROMOTION
This is a process on enabling people to increase control over and to improve their health (Weng, 2017:2).
HEALTH PROMOTIONAL CAMPAIGNS
Involves the strategic dissemination of information to the public in order to help groups of people resist imminent health threats and adopt behaviour that promote good health (Afagbegee, 2016:37).
PATIENT SPECIFIC
PATIENT CENTERED CARE
CULTURE (SOUTH ARICA)
PATIENT SPECIFIC
HEALTH PROMOTION STRATEGY
APPLICATION
The study focus on:
HEALTH CAMPAIGN MESSAGES
EDUTAINMENT
The act of learning through a medium such as TV, radio that simultaneously educates and entertains (Moearski, 2016:110).
For example:
Soapies
Television Drama
Theatre
Television Shows
Games
Films
Cartoons

Figure 1.1: Health communication subfields to contextualise this study

2.2.1 Health Communication

Health communication is a method used to inform and influence individuals and communities' decisions that enhance health (Quinn 2018:1378). In this regard, the aim of health communication is to disseminate health related information known as health messages to the public which are often part of a health campaign
Atkin 2013:45). Health campaign messages emerge from health campaigns which are designed to encourage positive health behaviour change from individuals in different communities. For this reason, health promotion is included as a subfield of health communication for this study (see Figure 1.1 above). Health communication can further be classified into the following subfields: health education, health promotion, patient-provider communication and health advocacy as depicted in Figure 1.1.

2.2.2 Health Promotion

The Health and Safety Executive (2011:2) defines health promotion "as a process of enabling people to increase control over, and to improve health and wellbeing". Health promotion is further defined "as a framework that addresses the broader determinants of health and health inequalities through health services, community and education setting" (Murray 2018:2). The definition by Murray (2018:2) is adopted for this study because it emphasises addressing the broader determinants that influence health to improve health promotional campaigns in communities.

2.2.3 Health Campaign Messages

Health campaign messages refer to information communicated to the targeted hospital patients to promote a healthy behaviour (Latimer *et al* 2007:645; Haricharan *et al* 2017:161). For example, how to use female condoms in decreasing vulnerability of women to sexually transmitted infections in society. Health campaign messages must provide information to the public that assists individuals to resist imminent health threats and promotes positive health behaviour adaptation (Raingruber 2017:6). However, there is no certainty that the health campaign messages will promote a healthy behaviour change from the targeted hospital patients as intended. Individuals interpret messages in a unique manner, especially when messages are

health related. As such, it is necessary to ensure that health campaign messages influence the attitudes, behaviours, and beliefs of the targeted hospital patients effectively.

Health campaign messages must be developed from the target audience's cultural and social context to facilitate behaviour change. For example, health campaign messages must address the challenges of females to negotiate the use of condoms during sexual intercourse with their partners in different cultures and communities (O'Connor 2017:24). Thus, health information must be communicated in the patients' languages using simple and clear cultural words that influence and educate patients to change their attitudes towards negative health behaviour in communities.

Another important aspect to consider is that acceptance and understanding of health campaign messages might be a challenge in communities when messages do not cater for the diverse audiences needs in communities (O'Connor 2017:24). This means that patients may not understand due to language barriers, disagree, or do not align themselves with the health information communicated in health campaign messages (David 2013:12; Sepora *et al* 2012:233). Individuals may see health campaign messages and then decide the positive and negative behaviour change based on their attitudes, values, languages, and beliefs (Kabagenyi *et al* 2014:109). Hence, it is important to consider the cultural and social influences that voluntary directs the targeted hospital patients towards the desired behaviour change from health campaign messages. Health campaign messages must encourage individuals towards the desired health behaviour by providing information about the illness, how to cure or treat the illness, and address preventative measures (O'Connor 2017:24). When the targeted hospital patients understand, identifies, and accepts health campaign messages, this leads to the application of desired health behaviour change. Furthermore, persuasive health campaign messages can communicate which unhealthy negative behaviours need to be avoided or changed to prevent specific health issues from becoming a social epidemic (Kabagenyi *et al* 2014:109).

Health campaign messages should further focus on the community, educational, cultural, traditional or alternative medicines and healers, and socio-political determinates in health to reach the targeted hospital patients as intended (Tountas

2009:185). This constitutes how health issues should be dealt with in societies to influence positive health behaviour change. For example, a health campaign message on Breast cancer that only uses medical jargon and has descriptions of a culture values, norms and beliefs and community that does not reflect that of a South Africa perspective, the targeted hospital patients might not pay attention to the message, try to understand what the message is about, deem it as aligned to them thus not apply it to their health behaviour. According to Weng and Landes (2017:900-909) to motivate patients, there is a need to understand the patient's economic resources, educational background, social supports, environmental factors, and cultural beliefs such as traditional and alternative healers. This is also known as patient-centred care, which is discussed in section 2.7 in this chapter.

These determinates can either favour or be harmful to health creating favourable conditions for the adaptation of the desired health behaviour from individuals (Weng & Landes 2017:900-909). Health campaign messages that include the cultural and social context determinants will attract the target audience, facilitate intense engagement with the information (Tountas 2009:185). The targeted hospital patients will deem the information as relevant to their health behaviour, motivating the voluntary adaptation of the recommended behaviour with no resistance (Tountas 2009:185). Therefore, patient centred health campaign messages that consider the cultural and social context in South African communities communicate clear and understandable health information that educate people on diseases.

This study adopts the health promotion perspective since the concern is on communicating health campaign messages that are patient-centred within the South African context to encourage acceptance and understanding from people. Health communication principles are used in health promotion to inform the messages that are applicable in promotional campaigns in public health. The principles identify important aspects related to individuals' health such as individuals' behaviour, ways of exposing individuals to health campaign messages, comprehensive communication efforts, and routine media exposure (Jeong *et al* 2015:5). As such, health promotion is an important concept for this study because the focus is on health campaigns that improve health in South Africa (Almond 2014:94).

Health campaign messages serve to create awareness for the targeted hospital patients to understand health information and take responsibility in maintaining their health within their social context. The information equips individuals with knowledge and skills to adopt the recommended healthy behaviours to prolong their lives (Kumar & Preetha 2012:7). Health campaigns need to formulate health messages that are designed to cater for diverse audiences by including the cultural and social context of the patients in communicating health related information. This is because health information is learned and understood from the culture and language in communities (Mibei 2016:3). Therefore, people understand the definition of an illness, symptoms, risks, and the steps to follow to get treatment or medication in their community as such, or health campaign messages to be effective, they must contain information in a relevant language to the target audience, discuss how to adopt the expected behaviour, and address concerns directly by offering alternatives (Hamilton 2012:2).

Furthermore, health campaign messages must include aspects such as beliefs, values, norms, traditional and alternative medicines or healers, access to health care, social and economic status, family, community members and significant others. Such information allows the targeted hospital patients to cognitively process the messages and apply to their daily health behaviour (Sood *et al* 2014:68; Lo *et al* 2015:460).

Health campaign messages serve to disseminate health promotion information whereby effective formulation of health campaign messages aims to influence people, for example, to randomly get tested for HIV/AIDS and help prevent the spread and reinfections in communities, promoting better health, and encouraging positive behaviour change. Another example of positive health outcomes related to health campaign messages pertains to the fact that taking ARVs without defaulting when HIV positive can lead to extended life expectancy by 35 years (Lancet 2008:55; Pebody 2018:65). Similarly, Corcoran (2007:8) explains that health campaign messages can influence an individual's health choices when it comes to taking TB/HIV treatment by improving health literacy through using simple, common words and languages that the hospital patients understand.

Health literacy can be defined as “the degree to which an individual has the capacity of obtaining, processing, and understand of basic health information and services needed to make appropriate decisions with relations to health (Mibei 2016:3). In addition, health campaign messages are developed for a specific purpose. For example, a health campaign was developed and targeted women in Vosloorus, Johannesburg, aimed at educating and raising awareness about breast cancer. Messages about cancer were communicated to female audiences through campaigns to promote behaviour change from individuals to improve the quality of life in communities, with messages on the importance of early breast cancer detection, regular self-breast examination, and information pertaining to free mammogram screenings.

Health campaign messages are used to promote a positive health behaviour change, in individuals by providing clear identifiable key information to the public such as instructions on how a woman can self-examine their breasts to check if there are any lumps at home (Kumar & Preetha 2012:7). In this section, the focus on a South African perspective is discussed in relation to the cultural and social context of health campaign messages as pertinent to this study. Culture refers to the way an individual understands, behaves, and interacts with the world (Gray & Thomas 2006:81; Kiefer 2007:25; Vandeberg 2008:3)

In relation to this study, culture is a fundamental aspect of how individuals gain a complex understanding of their health within their cultural context. Individual health behaviours, values and actions are continuously influenced by individual experiences and society, thereby highlighting the importance of the role of culture (Gray & Thomas 2006:81). Health campaign messages must consider the role of culture in facilitating the understanding of health content, information, and recommended behaviour. In addition, the social context further motivates and encourages adaptation of recommended health behaviours as communicated in health campaign messages. Specifically, the social context is referred to as the relationship and network of support that people experience, the interconnection within communities, and the involvement of people and communities in decisions that affect their lives (Cowan 2006:4; Dodds 2016:4).

As a result, understanding and acceptance of health campaign messages takes place within the context of one's culture and social background because the social context supports culture in guiding individuals within communities on making health decisions aligned with everyday behaviours. Sood *et al* (2014:68) further describes a health campaign from the developing country perspective "as a purposive attempt to inform or influence behaviour in larger audiences within a specified time period using an organised set of communication activities and featuring specific messages in multiple channels to motivate behaviour change in individuals and society". As such, health campaign messages must account for the patient's communication needs through various channels to effectively educate, reach, and motivate patients towards the recommended health behaviour changes.

According to Dodds (2016:4) and Ahmed and Mousa (2018:236) the social context relationships have a significant influence on health in different ways, namely: social networks, community cohesion, social participation, and community empowerment. Social networks refer to groups of people within a community who share common characteristics, values and interests grounded in group membership, mutual social influence, the fulfilment of needs related to shared resources and values, as well as shared emotional connections and experiences (Heaney & Israel 2008:189-210).

Community cohesion is a social process that involves the degree of social integration connectedness, solidarity, and inclusion in communities working together for the attainment of shared goals to improve the living conditions for all, therefore accounting to the sense of belonging of a community as well as the relationships among members within the community itself (Palmary 2015: 62-69). Furthermore, community cohesion aims to reduce inequality and socioeconomic disparities within society by reflecting people's needs for both personal development, a sense of community belonging, individual freedom, social justice, economic efficiency, and sharing of resources. Social participation can be understood as "a person's involvement in activities that provide interaction with others in society or the community" (Levasseur *et al* 2010: 2148). Specifically, the fundamental elements of social participation includes doing activities to connect, be with, and interact with others, as well as helping others and contributing to society.

Finally, community empowerment refers to the process of enabling communities to actively participate, manage, and increase control over their lives and resources. People cannot "be empowered" by others; they can only empower themselves by acquiring more of power's different forms (Laverack 2001: 134-145). Community empowerment is a collective social process aimed at individual and community change. It implies community ownership and action that explicitly aims at social and political change, personal control over interpersonal, economic, political, and spiritual affairs, self-reliance, and the capacity to achieve goals, access to resources, development, and the enhancement of citizen rights. In relation to this research study, community empowerment necessarily addresses the social and cultural determinants that underpin health behaviours.

Health campaign for the context of this study is referred to as a “strategic communication activity, which originates in a social, cultural context involving human beings and pertains to human behaviour (Quattrin *et al* 2015:1; Afagbegee 2016:37). The study focuses on health campaigns that include campaigns about different health topics such as breast cancer, female condoms from the Thelle-Mogoerane regional hospital that could consider culture and social context to encourage acceptance of the recommended positive health behaviour to eliminate health disparities in the community. Health behaviour is influenced by the cultural and social context components when an individual is confronted by health-related information from mediated and interpersonal sources (Lo *et al* 2015:460). The perceived consequences of a health issue are assessed by an individual personally against the cultural perspective and relatively to others within the social context, resulting in the recommended health behaviour change. For example, men getting circumcised to protect their partners from having cervical cancer (Gauteng Government 2019).

2.2.3.1 Cultural and social context of health campaign messages: A South African focus

Below is a discussion of various South African health campaigns that have incorporated the cultural and social context of health campaign messages in relation to health issues like HIV/AIDS, safe sex with condoms, and obesity. These health campaigns also address a patient-centred care (PCC) approach in line with the socio-cultural context of the targeted communities which resulted in positive

behaviour changes that impact health. A comprehensive discussion of the PCC approach is covered in section 2.2.3.2. below, however, the basis of a PCC approach to health is premised on adopting patient preferences, needs and values to guide all clinical and health decisions (David 2013:12).

The "*MTV shuga*" HIV prevention, self-testing and PrEP campaign carried out in Côte d'Ivoire stimulated a 10 percent increase in HIV self-testing among the youth between 15-24 (UNITAID 2018; Sood *et al* 2014:68; Priluski 2010:52). Therefore, health campaign messages that cater for the targeted hospital patients in Africa influence behaviour change and reach the intended health outcomes. Furthermore, health campaigns in communities are important since health messages that emerge from campaign design can assist in reducing risky health behaviours, such as the lack of condom use amongst men, with the aim to decrease HIV infections in Africa and South Africa. Similarly, another HIV campaign in South Africa aimed to expand access to HIV treatment was "*Cheka Impilo*". "*Cheka Impilo*" is a commonly used Zulu slang term that means check your life/health (DeBarros 2020). This allows patients to be empowered and know their health risks and treatments. Patients become advocates for better health behaviour practices in society to minimise risks associated with HIV/AIDS.

Another significant patient-centred care health campaign in South Africa, launched in 2009, is the "*One Love*" campaign initiated by the Soul City Institute used acceptable value systems, norms, beliefs in society and patient involvement to encourage positive health behaviour change (Soul City Evaluation Report 2010:3). The aim of the campaign was to educate people on the dangers of having multiple sex partners and the risks aligned to this lifestyle. The premise of the campaign was that if one person is infected with HIV/AIDS and sleeps with the next person, gets infected and then sleep with another person concurrently, chances are this person will get infected and infect others in this chain increasing the rate of HIV infections in communities The goal of the campaign was to decrease HIV/AIDS infection in the country (Soul City Evaluation Report 2010:3). Extensive door-to-door survey research was done with members of different communities in South Africa, and was also integrated into three core components, namely: mass media, social mobilisation, and advocacy (Soul City Evaluation Report 2010:3). The health

promotional campaign respected and responded to patient's preference, needs, languages and values ensuring that patient values guided all campaign development decisions (Inzucchi *et al* 2015: 141).

A study by Murukutla *et al* (2020:1878) evaluated the impact of the "are you drinking yourself sick" health campaign which ran between 2016 to 2017 in South Africa. The campaign was about child obesity and focused specifically on the consumption of soft drinks as well as the link between obesity and diabetes. The findings demonstrated that the health campaign was remembered and deemed as relevant by the targeted hospital patients and was discussed with others within the community because the campaign was in different languages (Murukutla *et al* 2020:1878; Molelekwa 2020:45). The health campaign used simple, common words that the targeted hospital patients recognised thereby bridging the health literacy gap for all ages within their cultural and social perspective while appealing to their emotions and making it easier to ascribe meaning to health information (Sepora *et al* 2012:233).

Language is synonymous with culture because it gives meaning to all the words and symbols used in understanding and responding to health within our believes, values, norms, access, and relationships in community that include family members (Sklar 2016:1325). Increased understanding helps individuals make informed health decisions for themselves and others (Healthy people 2020). As such, language is a critical component of culture that must be addressed, and various languages must be included in health campaign messages to make it easier for people to understand health information about various illnesses and diseases. The use of relevant languages in health campaigns contributes to increased understanding and cognitive processing which leads to behaviour change.

Language is crucial in developing patient-centred care health campaigns to facilitate relevancy and acceptance towards the recommended behaviour change evidenced by the health campaign successfully helping to raise awareness of child obesity and the dangers of diabetes in South Africa, and the resultant in increased knowledge and changing attitudes and perceptions (Murukutla *et al* 2020:1878; Molelekwa 2020:45). Positive health behaviour outcomes included increased water

consumption, reduced soft drink consumption, as well as reduced rates of fast-food consumption. Furthermore, the South African government started discussing passing a sugary drink tax law to help lower obesity rates and use the money to implement obesity programs in communities (Murukutla *et al* 2020:1878; Molelekwa 2020:45). Evidently, health campaigns aim to raise awareness about health issues and advocate for positive behavioural changes.

Advocacy in health is defined "as speaking, acting, or writing minimal conflict of interest to support a health consumer or group's wellbeing and to promote, protect and defend their right to accessible, safe, quality healthcare (Sklar 2016:1325). Advocacy in societies can take the following levels namely, individual and systems in health care (Fosse & Helgesen 2017:2). This study focuses on the individual level of advocacy since: (1) The study is based on health promotional campaigns for individuals and (2) social determinants are viewed as a means to create quality, understandable, relevant health promotional campaigns that encourages positive health behaviour change from individuals in society to take control and maintain health. Patient-centred care encourages health behaviour change from health campaigns within the South African context. Patient-centred care promotional messages from health campaigns assists hospitals in meeting the patient's cultural and social needs in health communication. Moreover, health campaign messages related to patient-centred care create mutual, beneficial, and equal relationships between the hospitals and patients.

2.2.3.2 Patient-Centred Care (PCC) Approach in Health Campaign Messages for South Africa

The patient-centred care (PCC) approach is defined as "providing care that is respectful of and responsive to individual patient preference, needs and values ensuring that patient values guide all clinical decisions" (David 2013:12). Therefore, health campaign messages must adopt the patient-centred care approach to meet all the patient's cultural and social health needs that influence message acceptance and relevance in communities (Pelzang 2010:913; Deacon 2013:846; Londhe 2014:335–340; Inerney 2018:1533). As discussed, the cultural and social context are important in patient-centred care during communication sessions between the patient and health practitioner to personalise health campaign messages for specific audiences.

The cultural and social context ensures that accurate and understandable messages are provided in health campaign messages about illnesses, treatment options, care, and intervention (Pelzang 2010:914). In this way, persuasive and motivating health campaign messages that include the cultural values, beliefs, and norms, within communities aimed at specific audiences, helps in facilitating adoption of the required health behaviour change to deal with health issues.

The patient-centred care approach includes listening to, informing and involving patients during the planning of health campaign messages (The Health Foundation 2011:804). The PCC approach enables HPPs to have accurate knowledge on the patient's preference, needs, cultural and social values, beliefs, and norms, for developing effective PCC health campaign messages.

Another aspect of the PCC approach for this study is the social context which includes family, community members, and the roles that significant others play in encouraging positive health behaviour change from health campaign messages. This entails accommodating the role and needs of the family and society members in health campaigns messages which provides some form of therapeutic communication touch (The Health Foundation 2011:804). Patients are most likely to voice out their real fears, concerns, and feelings against adopting the recommended behaviour change from health campaign messages to family and society members because health behaviour is learned and experienced through culture with family members and is further perpetuated by community members (Kaldoudi & Makris 2015:605; Okop *et al* 2016:365). Therefore, patients may accept and adopt health behaviour change if recommended by a person with whom they share the same values, beliefs, and norms within their environment. As such, when a PCC approach to health is adopted and accounts for the social context, this form of involvement empowers the patient to adopt the required behaviour change with no hesitation for taking control of their health and wellbeing. Empowerment is defined as "an enabling process or outcome by which patients are encouraged to autonomous self-regulation, self-management and self-efficacy to achieve maximum health and wellness (Kaldoudi & Makris 2015:605). The patient in this way stays motivated and committed to the adoption of the new health behaviour.

The patient-centred care approach is included for health campaign messages in this study as it encourages patient involvement in all aspects of the patient's healthcare through communicating openly with a health practitioner during consultation (Kitson *et al* 2012:5 & Lubombo & Dyll 2018:112). Open communication entails understanding the patient's concerns, expectations, cultural and social context needs, and feelings such as motivation, disgust, and fear aligned to an illness, as well as treatment understanding (Naughon *et al* 2018:2). Naughon *et al* (2018:2) explains that to decide on an effective treatment, a health practitioner must understand the patient's unique socio-cultural context and align the treatment to the patient's values. This is also true for health promotion as the socio-cultural perspective helps in formulating health campaign messages that are patient-centred which effectively encourage acceptance and positive behaviour change from the patient's value system. Context is important in creating effective health promotional campaigns that meet the patient-centred care requirements and changes attitudes. More specifically, the cultural and social context influences the change of the negative health behaviour by an introduction of a supplementary positive health behaviour that will further reinforce better health, social wellbeing, cohesion, and influence government support in eradicating alarming health issues.

Health campaign messages that respect the cultural and social context of the targeted hospital patients effectively educates, increases healthcare-seeking behaviour, and leads to greater adherence to medical advice from the hospital patients (Basu & Dutta 2009:45). In South Africa, beliefs, values, norms, the community, traditional and alternative medicines and healers, and relationships in the community are key in stimulating a positive response to health campaign messages from communities (Beaudion 2007:11; 2009:46; Juhn, Kalemli-Ozcan & Turan, 2009; Katikiro & Njau 2012:24; Saher Al 2013:67; Chasi & Ormajee 2014:230; Phillips 2014:56; Khonou 2016:120).

The traditional perspective on health includes traditional and alternative medicines and healers in such communities which play a major role in health. Individuals deeply held cultural beliefs and norms teach them the understanding of health and health campaign messages. However, health campaign messages from the Thelle-Mogoerane regional hospital did not include traditional and alternative medicines or

healers to facilitate health behaviour change, suggesting that the traditional perspective on health is not considered at the hospital. Traditional healers in South Africa are the first choice for a large proportion of indigenous people seeking medical assistance on a wide range of physical, mental, and spiritual ailments (Bhikha & Glynn 2013:1). Health campaign message that excludes traditional and alternative medicines and healers do not meet the health care needs of the South African patient (Vuuren 2012:16). As such health campaign messages might not be as effective in increasing awareness related to health issues as these messages may not be applicable to the patients' cultural beliefs, values, norms, and community understanding.

A study by De Wet *et al* (2012:18) revealed that the first choice for patients in Kwa-Zulu Natal was traditional medicine rather than the clinic. Traditional medicine in South Africa is included as an option in different health care system discussions (De Wet *et al* 2012:7). Therefore, health campaign messages development should consider both the traditional and western medicine approach in effectively reaching the target hospital patients in facilitating positive health behaviour change for comprehensive health care (Bhikha & Glynn 2013:6). South Africans view an illness as a complex interaction of physical, psychological, psychosocial, and spiritual factors (Vuuren 2012:16). Culture and social context contribute to the perception of an illness and health campaign messages. Furthermore, community relationships that include family members facilitates the understanding and acceptance of an illness and health information (Hubinette *et al* 2017:129). Social issues such as access to health facilities, language challenges, opinion leaders, and health literacy are prominent in encouraging health behaviour change from health campaign messages.

According to Summerton (2015:65), the traditional medicine policy acknowledged by the World Health Organisation (WHO) exists in South Africa and is specifically aligned with HIV/AIDS healthcare and campaigns. However, this policy does not consider the holistic approach to communicating health campaign messages meaning the cultural and social context challenges of the targeted hospital patients are not considered in proposing precautionary measures to prevent HIV/AIDS infections in communities (Summerton 2015:65; Moola 2015:118). Rather, the

emphasis has been on the biomedical model in dealing with HIV/AIDS in health campaign messages (Summerton 2015:65).

The biomedical model of health and illness conceptualises illnesses based on biological and physical factors in the cause, diagnosis, treatment, and prognosis of illness while negating to address the cultural and social context, as well as psychological, spiritual, and environmental attributes of diseases (Suzuki 2013: 142-143). This current traditional biomedical model of health and illness needs to be re-evaluated; a new policy must be developed that accommodate a variety of illnesses that burden communities in South Africa, focusing on the cultural and social context. This is because illnesses such as HIV/AIDS, TB and breast cancer are complex in nature and a variety of beliefs, norms, values, and social factors influencing behaviour change must be considered such as access to health care and clinics, stigma, gender vulnerability to negotiating condom use, economic status, and traditional medicine myths (Vuuren 2012:16 & Govender & Karim 2018:1113).

A new policy must be proposed that holistically considers cultural factors, traditional and alternative medicines and healers, when targeting the community and family members in health campaign messages within the South African context. The policy must emphasise that health campaign messages must be patient-centred from a cultural and social context perspective in effectively communicating health information on an illness as patients will deem messages as relevant, thereby leading to acceptance of health messages and applying necessary health behaviour changes to their daily lives (Moola 2015:118). Therefore, health campaign messages must integrate the biomedical model with traditional and alternative medicines and healers to meet the health care needs of the patients in South Africa, thereby creating an integrated approach to health care that includes the cultural and social context.

Other cultural components such as the values that facilitate health behaviour change and the social context of patients must be integrated into the traditional approach in health campaign messages because efforts need to be considered for the traditional and alternative healing systems to improve the quality and effectiveness of traditional and alternative healthcare for communities that opt to utilise traditional measures to

meet their health care needs (Summerton 2015:65). Traditional healers, hospitals, doctors, and policy developers must work together to ensure the reliability of this suggested holistic policy to health care whereby the social-cultural aspects must be central in healthcare communication from health campaign message as a health promotion strategy for South African communities (Daniel & Rosenstein 2008:76).

In the next section, a health promotion strategy is discussed which significantly directs health campaign messages to promote health behaviour change from a socio-cultural context.

2.4 HEALTH PROMOTION STRATEGY

A health promotion strategy is a plan of action designed to reach all health promotion objectives set to improve health in society from health campaign messages (Kumar & Preetha 2012:5). A health promotion strategy ensures that all root causes that prevent messages from being patient-centred are addressed, such as considering the patients' languages and traditional and alternative medicines and healers by including all the patients' health communication needs in health campaign messages to promote health behaviour change.

Root causes for the context of this study are defined as deeply embedded factors that prohibit health behaviour change (Ogunwelo & Golden 2021:11). For example, during a consultation a health practitioner may discover the root cause of an illness. Therefore, the above-mentioned aspects need to be catered for in health campaign messages by including the root cause not only the medical cause, for example the root cause of obesity might be that overweight women in African communities are supported and preferred as partners by African men (Okop *et al* 2016:365; Dandala *et al* 2018:23). The individual might be eating unhealthily to fit the cultural partner ideal to be accepted within their community (Dandala *et al* 2018:24). As such, it is also important to help demystify all the myths around the illness and treatment from a socio-cultural perspective in encouraging individuals to take control and maintain their health (Adu-Gyamfi 2019:70; Garcia 2020:35). From this perspective, the root causes of negative health behaviours are formed and learned from within the sociocultural context where health is experienced. Therefore, it is of significance to constantly understand the cultural and social context of root causes that influence

health campaign messages understanding and include them as part of health campaign messages in communities within South Africa.

Jackson *et al* (2007:75) explain that in communities health campaign messages should focus on how people live, work, and behave, as parts of a health promotion strategy. These areas of focus are considered the setting for effective, relevant health campaign messages which embrace the important role that the social determinants, cultural aspects, and unequal health status play in encouraging health behaviour change (Jackson *et al* 2007:75; Health and Safety Executive 2010:2). These focus areas therefore facilitate in communicating quality, understandable, and consistent health campaign messages that educate individuals on health issues relevant to their cultural and social context through communicating consistent health campaign messages that directly confront the cultural and social conditions that cause problematic health behaviour in communities (Jackson *et al* 2007:75).

By considering the social and cultural context, these influences guide individuals to change the specific cultural and social conditions to adopt new health behaviours (Balde 2016:2). However, the health campaign messages must appeal to the target audience's communication needs and these needs should therefore guide the message design (Airhihenbuwa *et al* 2014:79). The health campaign message's appeal should be aligned with the target audience's beliefs, norms, values, be communicated in culturally acceptable languages, and be directed at community members specific needs (Airhihenbuwa *et al* 2014:79). This socio-cultural perspective should also be considered for all forms of health promotion strategies developed in South Africa.

Social marketing campaigns, education, resource creation, and community outreach are all different forms of health promotion strategies for most community interventions. These health promotion strategies are perceived as effective in educating and empowering communities through disseminating health-related information leading to behavioural change from a socio-cultural perspective. Tengland (2012:140–153) states that empowerment is an important approach for health promotion strategies because it involves patient participation for local based interventions. Empowerment is a strategy that encourages independence as an

aspect to take control of one's health, respects the person's dignity, and reduces inequalities (Tengland 2012:140–153). Local based interventions are more morally and culturally sensitive as they involve people's cultural aspects, social context and targets lifestyle changes (Craig *et al* 2011:120). In addition, Tengland (2012:140–153) stipulates that empowerment can help deal with behavioural change problems that arise in health promotion strategies. Due to the significant role that empowerment places of the socio-cultural context, this study adopts the empowerment approach as this study focuses on the local context. Furthermore, there is a need to use health education to empower individuals to take control of their health and adopt new health behaviour changes as a health promotion strategy within their environment.

Rimer and Kreuter (2006:43) found that health promotion approaches are more effective when they are culturally relevant. Thus, health promotion strategies are to be based on the socio-cultural context and social influences to be accepted and adopted by communities (Han *et al* 2007:139; Thackeray *et al* 2008:339; Baek & Yu 2009:22; Navarro & Bornstein 2014:4; Santana *et al* 2016:1926). From this standpoint, this research study seeks to reach the targeted hospital patients within the South African context using a health promotion strategy that is guided by patient-centred health campaign messages which incorporate the view that people's beliefs, norms, values, and the community are essential in facilitating positive health outcomes within diverse societies.

Three of the five concepts of a health promotion strategy by Baek and Yu (2009:67) are applicable to this study, specifically norms, collectivism, and social and cultural influences (Baek & Yu 2009:67). Norms and social and cultural influences have already been discussed in depth throughout this study. Collectivism refers to the prominent African worldview whereby social behaviour is guided largely by the shared goals of the community and encourages values such as interdependence and group solidarity. Three further concepts related to this study include subjective norms, perceived social norms, and social support. Subjective norms are perceived social pressures to comply with a health behaviour (Hong 2018:8). A patient's decision to adopt a recommended health behaviour is therefore influenced by the environment and others within the environment such as family members which are

informed by cultural beliefs, values, and norms (Airhihenbuwa *et al* 2009:412). Furthermore, perceived social norms enable patients to understand and adopt the acceptable health behaviour in the community (Wayne & La Morte 2019:1).

Therefore, the environment and peers play a crucial role in influencing health behaviour change because the decision to accept health campaign messages and recommended behaviour change is based on how others think and act in respect to health. In addition, perceived social norms are connected to cross-cultural value structures and are subject to social influence (Airhihenbuwa *et al* 2009:411; Kannan *et al* 2009:350; Scarinci *et al* 2012:36). Finally, social support involves the importance of social relationships and conversations with significant others to influence health behaviour change from patient-centred health campaign messages. This is because social support within the socio-cultural perspective has an impact on health, illness, mortality, and morbidity (Baek & Yu 2009:23).

Subjective norms, perceived social norms, and social support are significant concepts for this study and can help formulate a comprehensive health promotion strategy model that incorporates the cultural and social context in reaching health promotion objectives set for South African communities in changing health campaign messages perception (Airhihenbuwa *et al* 2009:411; Kannan *et al* 2009:350; Scarinci *et al* 2012:36). Table 2.1 below depicts the three concepts of a health promotion strategy adopted in this research study.

Table 2.1: Concepts of a health promotion strategy

Concepts	**Description for health promotion strategy**
Subjective norms	Are made up of human normative beliefs and social pressure towards a health behaviour change from health campaign messages.
Perceived social norms	Our beliefs that what others are doing to maintain their health in society is right and thus, influence

	our health behaviour.
Social support	The quality of the relationships in which social and emotional support from others influence health campaign messages acceptance and behaviour change.

In the next section, the following health promotion models are discussed to conceptualise the theoretical point departure for this study, namely, Health Belief Model (HBM), the Elaboration Model (ELM), the PEN-3 model of culture, and empowerment theory. The aim is to propose theoretical guidelines from an IMC approach from these models to support health campaign messages within South Africa.

2.4.1 Health promotion models and theory: theoretical point of departure

In this section, Health Belief Model (HBM), the Elaboration Likelihood Model (ELM), the PEN-3 model of culture, and empowerment theory are discussed in relation to health campaign messages. The different models consist of different constructs that assists in the development of patient-centred health campaign messages that encourage health behaviour change in society (Cowdery *et al* 2010:27; Cottrell *et al* 2015:106; Kaldoudi & Makris 2015:606; Henshaw & Heffernan 2016:2).

The Health belief model (HBM) and Elaboration Likelihood model were chosen as part of the conceptual framework because these models explain and predict health behaviour change (Karimy *et al* 2012:48). Both models emphasise that positive health behaviour can occur if an individual deeply engages with health campaign messages to assess the risks, implications, and benefits of good health (Langholf 2021:123). On the other hand, the PEN3 model of culture and Empowerment theory are more concerned with empowering people from their own perspective to take control of their own health in communities. These theories highlight that relationships that are formed by people in communities play a vital role in health behaviour and can be directly impactful in supporting health campaign messages to be better understood and accepted.

Only certain constructs from the models and theory are applicable to this study and for clarity, only the applicable constructs that acknowledge the influence of culture and social context in health campaign messages acceptance and application to health behaviour from patients are include, specifically, constructs related to relevance and understanding of health information. The constructs used in this study aimed to comprehensively assist in developing a theoretical guideline framework from an IMC approach for patient-centred health campaign messages. All the selected constructs evidently show the effectiveness of culture and social context in processing health campaign messages positively in African communities and are therefore suitable to direct the process of developing theoretical guidelines from an IMC approach for health campaign messages in South Africa (Chemuru *et al* 2014:30*;* Rybarczyk *et al 2016*:3 & Rollins *et al 2018:1862*,*)*

Each model contributes different constructs from their individual theoretical frameworks towards a single complete theoretical framework applicable to the context of this study. The aim is thus not to refine these models but to adopt ideas from the models for the purpose of this study. In addition, these models explain the process of developing persuasive health campaign messages that are patient-centred from the cultural and social context of the patient. Most significantly, the HBM and the PEN-3 model of culture are specifically designed to analyse health promotional campaigns for African societies (Cowdery *et al* 2010:27; Rothman & Updegaff 2010:1885; Henshaw & Heffernan 2016:2).

Most health promotion models were developed for western societies and negated to address health from cultural and social context influences (Cowdery *et al* 2010:27; Peyman *et al* 2016:149; Hubinette *et al* 2017:129). One assumption based on the western approach is the incorrect belief that everyone in the community has the means and access to health care facilities. The implementation of western models in African societies resulted in temporary health solutions, exclusion, language barriers, confusion, and resistance, thus increasing health burdens in African communities (Cowdery *et al* 2010:27). The western models do not cater for the South African context, therefore there was a need for a theoretical framework that considers the beliefs, norms, values, and environmental influences in developing patient-centred

health campaigns to decrease health disparities and encourage positive health behaviour within the South African context.

2.4.1.1 The Health Belief Model (HBM)

The Health Belief Model (HBM) was selected for this study because it is a social cognitive model used in health promotional contexts for health campaign messages to predict and explain health behaviours (Harris & Wise 2010:35; Karimy *et al* 2012:48; Nutbeam *et al* 2012:173; Sadeghi *et al* 2012:4212). For this study the following six constructs from the HBM are applied: perceived severity, perceived susceptibly, perceived benefits, perceived barriers, cues to action and self-efficacy (Coulson *et al* 2016:2). These constructs explain the influence of the cultural and social context factors in people's health choices and have therefore been included in this study to developing health promotion messages that reduce health literacy and language barriers, improve knowledge, and motivate people to positively change health behaviours (Coulson *et al* 2016:2). The HBM relevant because when an individual is confronted with a health campaign message which encourages positive behaviour change, the individual weighs the advantages and disadvantages of applying these health campaign messages to their behaviour (Rosenstock 1974:328; Janz & Becker 1984:3; Sadeghi *et al* 2012:4212).

The decision to adopt or reject the recommended health behaviour is influenced by a variety of factors including the society at large as well as cultural aspects (Coulson *et al* 2016:2). Therefore, people are more likely to implement positive health behaviour change if they understand the messages of health campaigns when they messages cater for the social and cultural aspects of targeted audiences. According to Seow (2011:159) only after this process, the individual is in a state of "readiness to act". Below the six constructs of the HBM are discussed in detail.

The first construct of the HBM is perceived susceptibility (Rosenstock 1974: 328; Janz & Becker 1984:5; Sadeghi *et al* 2012:4212; & Coulson *et al* 2016:2). Perceived susceptibility is the perceived subjectivity of the risk of developing a health problem and relates to how vulnerable individuals feel towards a specific health threat or issue (Montarano & Bryan 2013:1252). The assumption of perceived susceptibility is that risky health behaviour will result in contracting an illness or disease whereby the

perceived risk is assessed based on one's personal needs. Das and Vet (2008:110) believe that perceiving personal risks promotes precautionary behaviour and is vital for health behaviour change. In this study, patients evaluate their risk of contracting an illness or health problem from the sociocultural context of health education and empowerment from health campaign messages (Stretcher & Rosenstock 1997:115; Saye & Knight 2013:519). However, perceived susceptibility has been a challenge in health education because people may still resist or become defensive towards health campaign messages related to personal risk awareness and acceptance (Das & Vet 2008:110; Carpenter 2010:661; Hagger & Chatzisarantis 2014:63). However, if the patient perceives the risk to be higher with negative consequences according to their social and cultural beliefs, norms, and values, then the individual will be more inclined to engage in necessary health behaviour change.

Perceived severity focuses on the loss and damage of a specific behaviour to health (Rosenstock 1974: 328; Janz & Becker 1984:4; Sadeghi *et al* 2012:4212). Therefore, perceived severity refers to when an individual subjectively assesses a health risk, problem or behaviour and its potential consequences (Coulson *et al* 2016:2). The perceived consequences determine whether an individual continues or avoids a health behaviour or adopts an alternative behaviour to eradicate the identified health problem or issue. The perceived patients' needs therefore act as cues towards positive health choices communicated in from health campaign messages.

As such, perceived severity plays a subjective role in facilitating relevance, processing health campaign messages comprehensively, and negotiation of negative and positive health risks or behaviours during an individual's subjective assessment. Furthermore, perceived severity of health behaviours for the purpose of this study relates to how the individual evaluates the health problem or behaviour and its potential consequences from their cultural and social context (Jung-won *et al* 2005:1139; James *et al* 2012: 665; Sayegh & Knight 2012:525; Almutari & Orji 2021:142).

While perceived susceptibility refers to the potential risk associated with unhealthy behaviours or the risk of contracting an illness, perceived severity refers to the impact or consequences of such behaviours or illnesses. In the context of this study,

health campaign messages included aspects related to perceived susceptibility and severity communicating that no condom use, indicating susceptibility, may lead to contracting HIV/AIDS, which is incurable and can lead to death, indicating substantial severity. The individuals in this study may be aware of this consequence, but because of the myths and beliefs surrounding condom use among African men and women, these messages may be accepted but not necessarily applied to behaviour (Loggerenberg *et al* 2012:4). Furthermore, women and men may believe that HIV/AIDS can be cured using traditional medicines and through other alternative ways such as sleeping with a virgin (Loggerenberg *et al* 2012:4). In this study, perceived severity and perceived susceptibly of health campaign messages by the targeted hospital patients takes place from the perspective of a culturally sensitive community. As such, this study investigates socio-cultural factors that inform the target audience's attitudes and beliefs with regards to not using condoms which reflects behavioural patterns that can cause serious health problems and even result in death (Hayden 2009:31; Sharman & Romans 2012:78).

Next, perceived benefit refers to how individuals act in order to offset a perceived health threat and how they adopt the prescribed action or method to prevent of manage threat to health (Rosenstock 1974: 328; Janz & Becker 1984:4; Sadeghi *et al* 2012:4212). Moodi *et al* (2011:310) states that the advantage of accepting the prescribed health actions or methods successfully decreases the risk aligned with that specific health behaviour. Therefore, health campaign messages that cater for the target audience's beliefs, norms, values, and environment, need to encourage behaviour change in terms of dealing with health problems or issues (Sadeghi *et al* 2012:4212).

The health campaign messages must use simple words from the language that is applicable to the target audiences in proposing steps leading to a positive behaviour change (Sharman & Romans 2012:78). Moreover, due to the prominent role of traditional and alternative medicines and healers in the South African context, a holistic approach that integrates these socio-cultural roles with western scientific medicine can further facilitate illness prevention and healing. Health campaign messages should not instil fear in the targeted hospital patients but show the advantages of adopting a health behaviour change for the greater good of others

such as family members, significant others, and members of the community. In incorporating the social and cultural context, individuals in South Africa view illness as complex and regard their role in the social system as important in the everyday survival of others in society, reflecting the African worldview that social behaviour is guided largely by community values like interdependence and group solidarity (Sharman & Romans 2012:78).

In this study, emphasis is placed on patient-centred campaign messages that account for the perceived benefits of the community through social acceptance and medicine severity in relation to the application of these health campaign messages to health behaviour (Vuuren 2012:20; Hubinette *et al* 2017:129). Furthermore, health campaign messages must present the truth around seeking medical health help even when one has consulted their traditional or alternative healers or used traditional or alternative medicine and highlight the advantages of seeking a second opinion on health from a different health professional (De Wet *et al* 2012:18; Bhikha & Glynn 2013:1). The targeted hospital patients must be able to identify the advantage of seeking help from a health professional, in addition to traditional or alternative help, and compare the risks and benefits of hesitating to consult a health professional, especially when health risks could lead to severe harm or death (Sadeghi *et al* 2012:4212). Furthermore, scientific information pertaining to the risks and benefits associated with seeking health support from health professionals, in addition to traditional or alternative help, can be used to emphasise the benefits based on that specified illness.

Conversely to perceived benefits is the construct of perceived barriers. Perceived barriers are concerned with the perception of the consequences of adopting a new health behaviour when one commits to a positive health behaviour change (Rosenstock 1974:328; Janz & Becker 1984:4; Sadeghi *et al* 2012:4212). Moreover, identifying the barriers that may prohibit the adaptation of this new health behaviour such as fear of pain, significant other's perceptions, values, and beliefs, and group membership acceptance, must be addressed to effectively guide the adaptation of positive health behaviours (Coulson 2014:2).

Patients are more likely to be encouraged to adopt a new behaviour from health campaign messages in their communities when adopting a new behaviour is based on their cultural and social context (Julinawati *et al* 2013:677-678). However, the targeted hospital patients may foresee the adaptation of new behaviours as stipulated in health campaign messages as a barrier when the new behaviour could lead to the abandonment of collective cultural beliefs, norms, and values, that may in turn facilitate societal seclusion and isolation (Julinawati *et al* 2013:677; Almutari & Orji 2021:139). For example, an individual who is HIV positive will not want to change their lifestyle and behaviour by eating healthy, taking their medication consistently, not drinking alcohol or avoiding sleeping with different partners as this might lead to community members knowing their status (De Wet *et al* 2012:20; Bhikha & Glynn 2013:4). Instead, such an individual might use traditional medicine or alternative means to deal with the HIV infection because of the fear of losing their group membership (De Wet *et al* 2012:20; Bhikha & Glynn 2013:4). Culturally and psychologically maintaining group membership is extremely important as individuals must belong within a group to function (Hubinette *et al* 2017:131). Therefore, group membership supports the context in which health behaviour is influenced by health campaign messages.

Cues to action refers to the actual events, people or things that motivate people towards behaviour change (Rosenstock 1974:328; Janz & Becker 1984:4; Austin 2002:124; Julinawati *et al* 2013:679; Moola 2015:45). Behaviour change cues are ideal for health campaigns since the media can be used to educate the masses on different aspects of health. Examples of such campaigns related to cues to action are World TB Day and World Malaria Day, which are global mass media campaigns aimed at educating the world on these illnesses and precautionary or maintenance methods that can be implemented to achieve healthy living (Moola 2015:50). Health campaign messages are understood as external prompt cues of action for individuals when dealing with health behaviour evaluation (Petersen & Govender 2010:21). A study by Katikiro and Njau (2012:2) found that various psychosocial and cultural barriers are linked to non-condom use among the youth aged 15-24 in Tanzania. This behaviour may continue unless accurate information and education on the advantages of using condoms are provided in health promotional campaigns. Furthermore, the health messages should address gender norms and teach skills to

overcome HIV risky behaviour (Njau 2012:2). As such, in the development of health campaign messages culture and social context need to be considered in educating and empowering individuals to take control of their health, thereby eliminating potential sociocultural barriers in health campaigns messages (Saye & Knight 2013:525).

For the context of this study cues to action include but are not limited to external cues such as exposure to health campaign messages, social context, family influence and internal cues related to cultural beliefs, values, norms, traditional and alternative medicines, or healers. Patients at this point feel eager and ready to take the prescribed action towards a positive health behaviour change such as eating healthy or seeking health help in general and these feelings are influenced by various external cues from health campaign messages such an education and information to adopt recommended health behaviour (Coulson *et al* 2016:4). However, if the external cues are not patient-centred and do not align with internal cues from the beliefs, norms, values, and environment, then patients will not be stimulated to act towards the recommended health behaviour (Hayden 2009:33). Another example of how health campaign messages act as significant cues that encourage people to adopt behaviour change relates to the voluntary male circumcision campaign in South Africa, which used mass advertising to educate and empower people on the circumcision procedure, and further debunked cultural and social context myths on issues of condom use and HIV/AIDS infection after circumcision (Tchuenche 2017:120; Kamnqa 2020). The campaign resulted in over half a million medical circumcisions conducted amongst men and boys in South Africa (Kamnqa 2020). Therefore, this campaign integrated sociocultural sensitive cues that were applied to achieve positive health outcomes (Moola 2015: 62).

Finally, self-efficacy according to Rosenstock (1974: 328), Janz and Becker (1984:5) and Sullivan and White (2008:3) includes the intention to comply with treatment advice, attitude, and motivation, thereby facilitating the conviction of an individual to successfully execute behaviour required to produce desired health outcomes (Tavafian 2013:9). Self-efficacy entails feeling competent enough to overcome the barriers related to unhealthy behaviours in favour of desired new positive behaviours despite the influence of cultural beliefs, values, norms, social context, and family

influence (Champion & Skinner 2008:46; Al-Naggar *et al* 2010:867). An example of self-efficacy is when women feel confident enough to regularly test for HIV/AIDS without being coerced or prohibited by their partner or friends in the environment. This furthermore assists in anticipating long-term commitment to the acceptance of health campaign messages and adherence to positive health behaviours (Prestwich *et al* 2006:98). In addition, self-efficacy also stipulates the confidence in one's ability to perform health self-care in accepting health campaign messages on the use of condoms, for example. A man may feel obliged to use a condom regularly, but due to friends, peers and the elderly in the community who do not believe in using a condom, one might be prevented to participate in condom use, which may increase the chance of HIV/AIDS infection in the community (Sakar 2009:114) Therefore, self-efficacy in this regard would lead to mastery in making informed health decisions based on one's personal attitude towards condom use rather than external influence. Health campaign messages must therefore strive to change individual attitudes by promoting self-efficacy resulting in necessary health behaviour change.

2.4.1.2 Critique of HBM

HBM is criticised for the inconsistent measurement and subjective nature of the model because it is more descriptive than explanatory in nature (Buglar *et al* 2010:271). HBM also does not give a clear strategy for changing health related behaviour (Bartholomew *et al* 2006:81). According to Rawlett (2011:18) some key social cognitive components such as social pressure are not included in the model even though social pressure influences acceptance of health campaign messages and related behaviour change, including habitual behaviour that assists decision-making processes to accept a recommended action (Bay *et al* 2006:146).

Another limitation of the HBM indicated by Orji *et al* (2012:4) relates to the lack of consideration for other non-health related behaviours, such as social acceptability, in relation to health behaviour change thereby negating the role that the environment and social setting plays in promoting or prohibiting recommended health behaviours (Orji *et al* 2012:4). The HBM also assumes that every individual has access to equal sufficient information on an illness which indicates that sociocultural factors are not fully considered by the model (Norman & Brian 2005:45). Lack of access makes it difficult for the cues of action to encourage individuals to act as stipulated in the HBM

(Hair *et al* 2011:140). Health actions are the main goal in the decision-making process guided by cultural beliefs, values, norms and perpetuated by others within the social context in which health is experienced (Hair *et al* 2011:140; Rawlett 2011:18; Orji *et al* 2012:4; Norman & Brian 2005:45).

In relation to this study, all cultural and social context elements must be considered in health campaign messages. The six constructs discussed offer a valuable framework to understand motivation to act towards a recommend health behaviour, however this research study is also interested in societal factors that contribute to this motivation such as access to health campaign messages that provide access to information and cues towards achievable health behaviour change.

In the next section, the ELM framework is discussed and applied in the context of this study. ELM also proposes constructs that assists in conceptualising attitude change processes that leads to health behaviour change from campaign messages, like the HBM.

2.4.2 Elaboration Likelihood Model (ELM)

In this study, the selected ELM constructs used are the central and peripheral routes, persuasive communication from the central route processing perspective, and motivation to process communication. These constructs emphasise the importance of altering patient's deeply held attitudes from persuasive health campaign messages that in turn lead to the desired health behaviour change (Rosenstock 1974: 328; Janz & Becker 1984:5; Moola 2015:68). ELM states two routes to persuasion, namely, the central and peripheral routes. Through patient-centred persuasive health campaign messages, these two routes can lead to message acceptance and thereby change beliefs, values, norms, behaviour, and the environment (Rosenstock 1974: 328; Janz & Becker 1984:5; Rothman & Updegaff 2010:1885). Below, the central and peripheral routes are discussed in detail.

2.4.2.1 Routes to messages acceptance and change in beliefs: Central and peripheral routes

The central and peripheral routes are the two routes to persuasion according to the ELM model and are used to promote and sustain positive health behaviour change

from campaign messages Worchel *et al* 1975:227; Petty *et al* 2009:185–214; Teng 2014:65; Langholf 2021:121). The central route stems from long-term change of attitude and perceptions while the peripheral route refers to short-term changes (Cortese & Lustria 2012:1568). Therefore, health campaigns must alter the attitudes, perceptions, and beliefs of the patients through health information about illnesses and diseases. As such, messages must be clear and understandable to the patients using their own languages. The patient will then use the central route to persuasion to scrutinise health information aligned to attitudes objectives and knowledge stored in the memory (DiClemente *et al* 2007:4; Dong 2015:85). Scrutinising health information and arguments will result in the patient deriving either a positive or negative attitude towards the recommendation, for example, whether to use a condom or not (Petty & Cacioppo 1986:123). The negative or positive attitude is related to the direction of persuasion from health campaign messages and depends on one's previous attitude to a health behaviour change (Teng 2014:65; Dong 2015:85; Langholf 2021:121).

The peripheral route of persuasion involves reliance on negative or positive cues from health information in persuading individuals towards health behaviour change (Petty & Cacioppo 1986:123; DiClemente *et al* 2007:4; Dong 2015:85). This means that an individual will change their attitude based on whether simple words are used to explain the steps to follow in adopting the recommended health behaviour (Dong 2015:86; Cortese & Lustria 2012:1568). Simple and clear words in patients' languages encourage individuals to judge health campaign messages as correct rather than carefully consider the substantive arguments from others within their cultural and social context (Dong 2015:86; Cortese & Lustria 2012:1568).

Health campaign messages via campaigns need to facilitate behaviour change through health education and empowerment for long-term beliefs, values, and norms to change. However, the targeted hospital patients must perceive the health campaign messages as relevant to their culture, values, norms, and environment (Ka'opua 2008:171). Otherwise, the hospital patients are subject to what we call the peripheral route of persuasion. The peripheral route of persuasion means that no engagement and processing of health campaign messages took place (Fennis & Stroebe 2015).

The content in the health campaign messages did not achieve the perceived measured involvement and response from the targeted hospital patients (Fennis & Stroebe 2015). Prohibiting persuasion of the target audience, involvement, and empowerment. Therefore, no change of beliefs, norms, behaviour, and values occurred from health campaign messages exposure for the targeted hospital patients (Moola 2015:70). According to Cottrell *et al* (2015:107) messages that are communicated must challenge the recipient mentally, if no persuasion is achieved then cultural belief, social context, value change will not take place for effective health care. In this way, persuasion is a significant element of this model as it motivates individuals to change a negative health behaviour that will have long-term harmful effect on health.

The central route is identified as effective in encouraging the change of cultural norms, beliefs, and values from health campaign messages by assisting patients to pay attention to health information communicated when health information is relevant and understandable to the patients. First, the targeted hospital patients cognitively process persuasive campaign messages and then decides on the cultural and social relevance. Next, a decision is made on whether to accept health campaign messages on the basis that either these campaign messages have a negative or positive impact on the audiences cultural believes, norms, values, and environment with regards to health behaviour. As Cottrell *et al* (2015:106) emphasises, patients first cognitively process health information from campaign messages and analyse it further before choosing either a negative or positive attitude towards the recommended health change. A study using ELM by Cortese and Lustria (2011:1567) found that patient-centred messages contribute to greater involvement of content when deep-rooted sources of motivation are controlled, and therefore necessitate the need for health campaign messages to address the audience's cultural beliefs, values, norms, and environment, to encourage health behaviour change. According to ELM perceptions and attitudes that constitute beliefs formed because of careful thought and evaluation are more resistant to change (Rosenstock 1974: 330; Janz & Becker 1984:7; Noar *et al* 2011:275).

Thus, health campaign messages for this study consider the individual's cultural beliefs, values, norms, and environment to facilitate health beliefs, norms, and values changes. For health education, motivation and change in beliefs are significant requirements for behaviour changes (Noar *et al* 2011:275). Thus, inclusion of sociocultural factors, traditional and alternative medicines or healers, access to health practitioners, clinics, and hospitals, are all factors that influence messages acceptance and health decisions from health information (Ka'opua 2008:171). Therefore, patients must deem messages as relevant to them to engage with health messages that encourage health behaviour change through message acceptance (Worchel *et al* 1975:231; Fennis & Stroebe 2015).

2.4.2.2 Persuasive communication from the central route processing perspective

Persuasive communication is used and perpetuated through health education and empowerment aimed to alter one's attitude which, in turn, facilitates behaviour change from a cultural perspective and considers the social context (Kreps & Maibach 2008:732–748). Persuasive communication is process-oriented and involves carefully scrutinising the target audience's health beliefs, values, and orientation (Worchel *et al* 1975:235; Kreps & Maibach 2008:732–748). The targeted hospital patients is exposed to health campaign messages meant to foster desired health behaviour change (Kreps & Maibach 2008:732–748). According to Petty and Cacioppo (1986:173) two conditions are necessary for processing to effortlessly occur from the central route. First, the recipient of the message must be motivated, and second, the recipient must be able to think carefully (Petty & Cacioppo 1986:176; Petty *et al* 2009:185–214). Perceived personal relevance of the message also plays a role in motivation (Petty & Cacioppo 1986:176; DiClemente *et al* 2007:4; Petty *et al* 2009:185–214). Furthermore, an individual's thinking is also influenced by social pressure during information processing (Petty & Cacioppo 1986:176; DiClemente *et al* 2007:4; Petty *et al* 2009:185–214). In addition, the number of times an individual has been exposed to the message impacts how information is processed. Therefore, if an individual carefully processes information, has high motivation, perceives information as relevant and positively responds to social pressure, the result can change one's attitude through the integration of a health

recommendation into the individual's belief system (Petty & Cacioppo 1986:176; DiClemente *et al* 2007:4; Petty *et al* 2009:185–214).

To achieve motivation and understanding for health campaign messages to aid in facilitating recommended behaviour change, the patient must contribute to the health topic at hand by interacting with the health practitioner. During this process, the health practitioner analyses and shapes the attitude of the patient during this interaction using communication. In the case of health promotion campaigns, the hospital patients thinks about and processes messages from subjective perspective informed by cultural beliefs, values, literacy level, and the social context. Therefore, these sociocultural factors help to increase understanding and personal relevance thereby facilitating attitude change in negotiation with the subjective view of the target audience. Hence, health campaign messages must be patient-centred from a cultural and social context to motivate and persuade individuals towards a recommended health behaviour change.

2.4.2.3 Motivation to process communication

Health campaign messages must cater for the patient to meet their health communication needs (Webb *et al* 2010:1885). This entails that health practitioners must respect the cultural and social context in campaign message development for the audiences with the aim of message acceptance and change of beliefs (Angst & Agarwal 2009:340). The message developed must be patient-centred and include cultural beliefs, norms, and values to challenge the hospital patients to think critically by encouraging individuals to mentally process the information that is communicated in health campaign messages (Sniehotta & Michie 2010:1885). The patient must identify the advantage of accepting these messages through altering beliefs, values, and norms towards behaviour change (Moola 2015:72). Therefore, health campaign messages from the HPP must be presumed beneficial in effectively seeking and maintaining health behaviour.

Several components exist that motivate individuals to think about communication and determine whether low or high effort processing will occur and influence attitude change (Petty & Cacioppo 1986:176; Worchel *et al* 1975:231). For example, if an individual has a family history of obesity, then the individual will be likely motivated to

think about persuasive messages on healthy eating. However, if self-relevance is perceived to perpetuate fear, then defensive avoidance will occur (Janis & Feshbach 1953:562). In addition, motivation to process communication can be influenced by internal and external factors (Webb *et al* 2010:1885). For example, if a persuasive message is delivered in an entrance of a busy hospital, the capacity to think will be lower due to extraneous distracting stimuli in the environment (DiClemente *et al* 2007:7).

The direction of processing persuasive messages refers to what extent the messages are perceived favourable or unfavourable by the recipient (DiClemente *et al* 2007:7). Therefore, patients that are positively and favourable motivated to process messages are more likely to change their health behaviour (Petty *et al* 2009:185–214; DiClemente *et al* 2007:8). Equally, if a person is angry when exposed to a message, the negative emotion will decrease motivation to process the message (Petty *et al* 2009:185–214; DiClemente *et al* 2007:8). Therefore, motivation to process messages is influenced by various components such as effort, family history, self-relevance, environment, perception of favourable or unfavourable messages, and negative emotions, and these components impact the direction of thinking and decision-making.

Health campaign messages must have some personal relevance that is aligned with the patients (Moola 2015:72; Webb *et al* 2010:1885). This challenges the patients to think about altering their attitude positively for long-term adherence (Moola 2015:72; Webb *et al* 2010:1885). Therefore, it is important to consider the target audience's motivation or ability to consider the information provided to them in behaviour change interventions (Webb *et al* 2010:1885). Therefore, it is necessary to understand the needs that motivate the patient to take part in the cognitive process of decision-making (Webb *et al* 2010:1885). As such, the patients' need to identify some beneficial gain from the intervention or campaign messages, which will lead to altering their attitude to the desired one (Bhattacherjee & Sanford 2006:806; Angst & Agarwal 2009:340). According to Sniehotta and Michie (2010:1885) for patients to be highly motivated the focus must be on the quality of the argument presented in the message.

Health campaign messages must power to change beliefs, norms, and values towards a positive health behaviour when the hospital patients understand the messages clearly. Various factors may influence a person's capacity "to think about the topic and the message, such as individual experience, intelligence, distraction and message comprehensibility" (Moola 2015:72). Therefore, campaign messages presented in health promotional campaigns must be highly readable, simple, clear, and in an understandable language for the hospital patients within their cultural and social context. From a cultural perspective for African communities, language is significant in encouraging message relevance and positive health behaviour change for health promotion interventions as discussed above.

2.4.2.4 Critique of ELM

Kitchen and Burgmann (2015:34–39) critiqued ELM regarding persuasive communication from the central route processing perspective. Specifically, the model does not fully endorse a patient-centred approach because the health campaign messages are from the personal perspective of the health practitioner (Kitchen & Burgmann 2015:34–39). According to White *et al* (2011:70) even though patients are educated and informed on health issues, they still choose to understand and contextualise health issues from their own beliefs making persuasion and motivation exceedingly difficult related to mentally process the health campaign messages. Therefore, patient-centred, and sociocultural factors are vital in the South African context when communicating information about health (Bhikha & Glynn 2013:1; Airhihenbuwa *et al* 2009:415; Ka'opua 2008:171; Moola 2015:72).

To address the limitations of ELM discussed, the context of this study focuses on health campaign messages that must be patient-centred from the cultural and social context to facilitate personal relevance (Kaler 2009:1714; O'mara *et al* 2009:23; Bhikha & Glynn 2013:3). Moreover, this study includes the motivation to process health messages and apply the recommended health behaviour. For this study, health campaign messages were sent to the hospital patients by different health practitioners to encourage cultural and social values, beliefs and norms change through health education and empowerment communication. When the patient's cultural and social beliefs, values and norms are not the primary concern in effective health care within the individual's social context, this can decrease the likelihood that

individuals will scrutinise health campaign messages, reduce motivation to process messages, and negate to apply or alter the health belief systems of targeted communities (Kitchen & Burgmann 2015:34–39). Therefore, health campaign messages must be patient-centred in promoting better health. This entails health education and empowerment on the health problem, the implication of not seeking health help, and failure to adhere to a healthy lifestyle from the target audience's cultural and social perspective. In the next section, the PEN-3 model of culture is applied and discussed in relation to this study.

2.4.3 PEN-3 model of culture

The PEN-3 model establishes culture as the key component in health behaviour change in Africa from health promotional campaigns (Airhihenbuwa 1989:57). Previously, health campaign messages that were developed for African audiences mostly focused on individual behaviour change, isolating the important aspect of ethnic collectivism (Airhihenbuwa 1989:57; Airhihenbuwa 1990:5; Airhihenbuwa 1995:54; Cowdery *et al* 2010:27). The PEN-3 model is made up of three dimensions, namely, cultural identity, relationship and expectations, and cultural empowerment (Airhihenbuwa 1995:55).

For this study, all three dimensions were included to empower individuals to adopt the recommended health behaviour communicated in health campaigns in South Africa. To effectively facilitate behaviour, change in the South African context, three domains facilitate health behaviour change, these are perception-beliefs and values held by people about a health condition, available resources that either promote or hinder efforts to change behaviour, as well as the role of the social context in making positive or negative health behaviour changes (Airhihenbuwa 1989:57; Airhihenbuwa *et al* 2009:412).

As discussed earlier in patient-centred care, patients must be catered for during research through surveys by HPPs in applicable languages, to collect information on culture and social context from the patient before the development of health campaign designs for health messages to be received and effectively adopted by patients. Accurate cultural and social context information that facilitates cognitive processing of the message by the target hospital patients in terms of their cultural

and social perceptions further persuades patients to engage with content in health campaigns which motivates long term adoption of the desired health behaviour changes.

Culturally sensitive and socially relevant messages motivate and encouraged health behaviour change from patients. Health campaigns must also consider the barriers within these perceptions from the cultural and social context in seeking health help such as stigma, which may be subjective to community or collective influence. According to Airhihenbuwa *et al* (2009:415) culture is socially constructed and enables us to negotiate and develop strategies that could help to understand the complex nature of stigma and develop appropriate health campaigns. Hence, the integration of cultural and social context is central for health campaigns in the South African context for this study.

The social context includes family members as instrumental in how an individual effectively understands health campaigns (Airhihenbuwa *et al* 2009:411; Kannan *et al* 2009:350; Scarinci *et al* 2012:36). Individuals assimilates their health help seeking behaviour guided by and from the social context perspective. Peyman *et al* (2016:149) highlights that family connection and influence is central to developing sustainable health campaigns. Thus, according to Airhihenbuwa (1990:5) and Ka'opua (2008:171) for cultural appropriateness, it is important within this health behaviour model to educate not only the individual but also others within the social context within the environment in health campaigns.

Health campaigns must consider the environment in educating and empowering patients. This involves facilitating campaign message acceptance and change in beliefs towards behaviour change, which leads an individual to change their health behaviour positively. For example, when a wife or girlfriend has knowledge of a health illness, she encourages her partner to seek health help and encourages his adherence to the treatment. From the partner's perspective, this is accepted as support from the wife or girlfriend, thereby making the health issue a primary concern for both partners (Ka'opua 2008:171). However, different individuals deal differently with a diagnosis of a health issue or problem.

As discussed, health campaign messages must be culturally acceptable and accommodate every aspect of the cultural perceptions held by this identified target group (Peyman *et al* 2016:150). Hence culturally focused health campaign messages that encompass beliefs, values, norms, and experiences, while assimilating cultural sensitivity are more effective as a strategy in empowering patients towards taking responsibility for their health in South African (Cowdery *et al* 2010:27). Empowerment in terms of self-mastery and competence in taking control of one's health is important in encouraging alteration of an attitude, that eventually leads to desired health behaviour change.

2.4.3.1 Critique of PEN-3 model of culture

Iwelunmor *et al* (2014:17) and Cowdery (2010:28) critique the PEN-3 model for assuming that health behaviours develop within a culture and that this culture will reinforce or resist these behaviours through ideological systems such as the family and cultural structures or community members. This assumption is problematic since the model is created for the African context which has communities that consist of people from diverse cultures and sub-cultures. Thus, everyone in the community learns their health behaviours from their culture and sub-culture which may be different from other communities. Therefore, culture cannot be seen as the same for everyone in the community in promoting better health behaviour from health campaign messages. Health campaign messages for South African communities must respect cultural diversity in educating individuals on health issues to encourage understanding and acceptance of health campaign messages. Therefore, messages must be communicated in different local languages and include information about a variety of traditional and alternative medicines and healing practices.

Another criticism of the PEN-3 model of culture by Murray (2016:25) focuses on the issue of transferability, that is, that findings generated using the PEN-3 model are not able to be applied from one setting to another setting. Cultural aspects in one setting might be different from another setting (Murray 2016:25). For example, a health campaign on the use of female condoms which is taboo in most black cultures will be more accepted in white communities rather than in black communities in South Africa. This is because females in black communities are not expected to negotiate or assume the responsibility of carrying condoms (Latimer *et al* 2007:645;

Haricharan *et al* 2017:161). Therefore, it is important for the PEN-3 model in its intervention to capture firstly the uniqueness of each context, culture, and population (Iwelunmor *et al* 2014:17).

The critiques of the PEN-3 model of culture are supported in the context of this study because culture and social context relationships are central to health behaviour change from health campaign messages (Iwelunmor *et al* 2014:17; Murray 2016:25 and Cowdery 2010:28). Since health campaign messages understanding, relevance and acceptance is informed by culture and social context, cultural norms, beliefs, and values all contribute to how an individual makes accurate health decisions. In addition, the social context influences the health response or behaviour. However, the PEN-3 model does not make provision for all social context elements that are important in health such as literacy levels and access to health facilities.

Most communities in Africa struggle with illiteracy issues and a shortage of clinics which affect health behaviour (Iwelunmor *et al* 2014:23). Although the PEN-3 model is based on culture it does not necessarily cater for cultural diversity within communities in South Africa that consist of different ethnicities. People from different ethnicities understand and interpret health campaign messages from their own personal perspectives. Hence, the cultural component must be aligned to different ethnicities by using different languages informed by cultural perspectives in health such as traditional medicine, for example, within a social context in developing effective culturally sensitive health campaign messages for a South African society (Iwelunmor *et al* 2014:17; Murray 2016:25).

In the next section, empowerment theory is discussed. Patient become empowered through health campaign message communication that caters for their communication needs. Understanding and clarity of health issues aim to help patients be empowered through knowledge from health campaign messages.

2.4.4 Empowerment theory

The patient empowerment perspective emerged in the 1970s as a paradigm in health promotion to effectively improve medical health outcomes while lowering costs of treatment by encouraging self-directed behaviour change (Freire 1970:2000;

Kaldoudi & Makris 2015:606). The central idea of empowerment theory is to give the patient the power to make informed decisions about their health based on their everyday experiences (Chi *et al* 2011:653; Sadan 1997:231; Kaldoudi & Makris 2015:606). According to Vongchavaliktul (2015:15) empowerment theory encourages participation from diverse patients in maintaining health. Empowerment can only take place from patient-centred health campaign messages that caters for diversity in health behaviours. This therefore related to the formation of a collective critical consciousness which may lead to social mobilisation in self-managing illnesses (Wong 2009:35–42). Social mobilisation includes all the people that directly influence the patient's everyday decisions on health behaviour from health campaign messages within their sociocultural context. Patients use their cultural and social context knowledge in which health is experienced to understand the effect of their health behaviour and gain the confidence to self-manage their illness within their social context (Wong 2009:35–42).

Patients are made aware of their health issues and circumstances through health education, patient-centred care communication, and prevention interventions in health campaign messages (Aujoulat *et al* 2007:6; Wong 2009:35–42; Kaldoudi & Makris 2015:606). From this awareness, patients form an understanding of how these health circumstances are not only shaped by their behaviour but also by broader social and historical factors (Wong 2009:35–42). Patients question these health circumstances and discover their own ability to change these circumstances within their social context allowing members of a community or significant others within that environment to also participate and offer significant support in producing desired health changes (Vongchavaliktul 2015:15).

Empowerment entails creating self-determination from the patients in terms of treatment related behaviour and illness management, which may change health behaviour, life priorities and values (Christens *et al* 2013:171). Hence, patient-centred care in health campaign messages should go beyond individual motivation from the value system to influence the broader society in terms of health behaviour change.

Empowerment and health promotion dictates that to enhance health outcomes from a social collective, social conditions need to improve (Wong 2009:35–42). Thus, health campaign messages should identify these social, cultural, and environmental conditions, such as access to clinics and hospitals, and include these in encouraging health behaviour change (Aujoulat 2006:6). The target audiences need to think critically about their health behaviour and how their cultural and social conditions contribute negatively to this behaviour from health campaign messages (Christens *et al* 2013:171). Critical thinking about health issues enables the targeted hospital patients to negotiate effectively between the health campaigns messages and their cultural, environmental conditions and social context. Critical thinking encourages the patient to act positively in health within their environmental and cultural conditions without being socially isolated. This also facilitates self-determination from the patients and community members towards desired health behaviour. Patients and community members motivate and influence each other from information provided in health campaign messages perceiving their role in improving their health for the collective social greater good. Therefore, health campaign messages can guide self-determination by adopting patient-centred care communication in health campaigns messages (Aujoulat 2006:6).

2.4.4.1 Critique of empowerment theory

Aujoulat *et al* (2008:1229) argues that empowerment theory is not relevant to people within South African communities. The theory assumes that individuals will participate in their health, if health campaign messages consider their culture and social context limited to, for example, language aspects, family, community members and significant others influence on health while negating important factors aligned to decision making including literacy, self-perception, psychological aspects, financial status, and social status (Keer *et al* 2006:20). Aujoulat *et al* (2007:772) also argues that empowerment theory does not consider the loss of bodily control or the power of traditional and alternative medicines and skills to deal with health which may leading to powerlessness in individuals that experience health problems in different conditions (Aujoulat *et al* 2007:772). Hence, all the underlying social context factors must be scrutinised and considered in patient-centred health campaign messages to facilitate positive health behaviour change, including health conditions, traditional

and alternative medicines and healers, literacy, self-perception, psychological aspects, financial status, and social status (Keer *et al* 2006:20).

In addition, the model is critiqued for not addressing psychology in empowerment theory (Bhatnagar 2005:422; Morrell & Wilkinson 2002:119; Christens *et al* 2013:171). Since health is deeply entrenched from culture and reinforced by the social context, the psychology of how individuals think, process, accept health campaign messages, and adopt recommended behaviour change longitudinally is also relevant to the South African context.

For the context of this study, the crucial role of patient participation in their own health behaviour change refers to encouragement from health campaign messages that are perceived as relevant. Relevance can be achieved through patient-centred health campaign messages that are informed by community members beliefs, norms, values, and environment. Therefore, the cultural and social context allows patients to be educated with health knowledge that is understandable, by cognitively processing of health information to decide whether to adopt the recommended health behaviour to address health issues. While the empowerment model considers the general role of beliefs, norms, values, and environment in empowering individuals, this must be adapted to the South African context to include the multitude of cultural and social perspectives of different ethnicities in relation to community beliefs, norms, values, and diverse languages that influence health decisions to empower health behaviour change.

2.5 SUMMARY

In this chapter, the literature review concerning health promotion was explained. This chapter addressed research question 1 and health promotion as a sub-field of health communication was conceptualised as the focus of this study. The focus within health promotion was specifically on health promotional campaign messages in the South African context, which included the need to be patient specific to encourage health campaign messages acceptance, alteration of attitudes, beliefs, values and in turn positive health behaviour change. Therefore, the Patient-Centred Care (PCC) approach to health campaign messages for the South Africa context was discussed in detail and applied how culture and the social context contributes to facilitating

health behaviour change from health campaign messages. Health promotion strategies included discussions and critiques of the Health Belief Model (HBM), Elaboration Likelihood Model (ELM), PEN-3 model of culture, and empowerment theory, as well at theory and model applications in facilitating behaviour change from health campaign messages for the context of this study. The second part of the literature review focuses on Integrated Marketing Communication (IMC) as an approach for health campaign messages to facilitate health behaviour change as a result of health promotion. The concept of IMC is therefore discussed in chapter 3.

CHAPTER 3: LITERATURE: INTEGRATED MARKETING COMMUNICATION (IMC)

3.1 INTRODUCTION

This chapter addresses research questions 1 and 2 whereby the Integrated Marketing Communication (IMC) theoretical guidelines that could support health campaign messages are explored. This is the second chapter of a comprehensive literature review for the study. Marketing communication is contextualised within the broader discipline of marketing by explaining the evolution of marketing. The traditional marketing mix elements namely, product, price, place, and promotion are discussed. Further, the expansion of the 4Ps of the marketing mix is included. Marketing-oriented approach as well as social and relationship marketing are also outlined in detail as part of contemporary marketing. Thereafter IMC is defined, and the message consistency concept emphasised while the marketing communication mix instruments is also discussed. Lastly, theoretical guidelines to support health campaign messages from an IMC approach are proposed for the purpose of measurement for this study.

3.2 CONTEXTUALISATION OF MARKETING COMMUNICATION WITHIN THE BROADER DISCIPLINE OF MARKETING

In this section, the concept of marketing communication is conceptualised within the broader marketing discipline. This entails a discussion of the evolution of marketing and the traditional 4Ps of the marketing mix. Further, the expansion of the traditional marketing mix to suit the customer-oriented shift in marketing is explained (Draskovic, 2012: 227).

3.2.1 The evolution of marketing

Initially marketing focused on the production, sales and distribution or exchange of goods. All marketing efforts are thus focused on the internal quality of production and the physical distribution of goods (Kumar & Sahu 2010:416; Lusch & Webster 2011:129). Later, all marketing objectives, tactics, and communication efforts changed to focus on meeting stakeholders needs (Burnett 2008:3; Han & Hansen 2012:2). Marketers had to start developing and maintaining mutual relationships with

stakeholders to benefit not only the business but society at large. The focus on stakeholders surrounds the central ideas of relationship and social marketing. The change to focus on stakeholders was mainly encouraged by consumers acting out of self-interest in seeking ways to optimise value by doing what gives them the greatest benefit for the least cost where consumers had the option to choose from a variety of products in the market (Grier & Bryant 2005:321). However, the product must offer some form of reward or incentive to meet the customer's needs to convince customers to buy into the product. Thus, a marketing strategy must be able to voluntary encourage consumers to gravitate towards a product by optimising this reward or incentive and align it to the customer's needs.

In summary, a marketing strategy entails the development of a product, service, or idea that customers need, a price that the customers are willing to pay, a place that is convenient for customers to access the product and promoting the product to the right customers (Gronholm 2012:7). To implement a marketing strategy, marketers use a blend of elements in the marketing mix, namely product, price, place, and promotion known as the 4Ps of the marketing mix (Al Badi 2015:136; Kotler *et al* 2016:20). In the next section, the 4Ps of the traditional marketing mix and how they expanded are discussed in detail in reference to the social and cultural context. The marketing mix is discussed first to contextualise the study.

3.2.2 The 4Ps of marketing mix and expansion

Seth (2011:166) attests that the marketing mix, also known as the 4Ps, are essential to marketing management in meeting customer's needs. Hence, marketers must manipulate the 4Ps in meeting the needs and demands of the targeted hospital patients (Chauke 2015:19). The 4Ps of the marketing mix are conceptualised as "the process of creating, designing and integrating relevant marketing tools in ensuring message acceptance and behaviour change by the target audiences" (Gabrielli & Balboni 2010:34; Al Badi 2015:136; Kotler *et al* 2016:20). Marketing tools must be aligned to the target audience's cultural and social needs facilitating a clear understanding of what behaviour change is required from marketing campaign messages. The 4Ps namely product, price, place, and promotion are also known as marketing communication and are explained in detail below.

3.2.2.1 Product

“A product may be services, goods or utilities, the customer accepts a complete production not only just tangible goods or service but also other things that are connected to it” (Badi 2015:137). The product component is concerned with the physical features and benefits of items of value in terms of their performance and their perceived benefit (Shiu *et al* 2008:2). Therefore, a product is a tangible or intangible package or service that is produced by an organisation.

In the context of this study, a tangible product is a physical object that is used to support or facilitate behaviour change, including condoms to encourage safe sex, nicotine replacement therapies for those that want to quit smoking and improved HIV tests (Londhe 2014:335–340). An intangible product in relation to this study involves a behaviour offer made to the targeted hospital patients to adopt an idea or recommended behaviour related to health. Specifically, individuals that use condoms all the time engage in positive recommended health behaviours that reduce the risk of contracting STIs and HIV/AIDS. Therefore, behaviour offerings from health campaign messages need to consider from the target audience’s cultural and social context because the health behaviour change process is incremental and begins with the target audience’s current realities so suggested health behaviours must be relevant to their lives (Lefebvre 2011:61).

3.2.2.2 Price

Price refers to the sum of money that a business charges its customers for its products or services (Londhe 2014:335–340). Price is set according to how much a customer is willing and able to pay. Furthermore, the customer’s willingness to pay is motivated by the perceived value, that is one’s personal perception in terms of quality or benefit, of the product or service in meeting their needs. Consumers voluntarily agree to pay the price for a tangible or intangible product based on the benefits it provides and through these benefits, a consumer will meet their needs. Benefits make up for the price or cost of the product and also create value from the tangible or intangible products for the consumer (Londhe 2014:335–340).

In this study, price is viewed as the value of abandoning prior beliefs in exchange for the promised benefit communicated in health campaign messages. The value must

be clearly stipulated in health campaign messages to convince the patients to adopt the favourable health behaviour (Londhe 2014:335–340).

The value in this perspective is the social, psychological, geographic, and other benefits or consequences aligned with everyday behaviour (Lefebvre 2011:62). Thus, the value needs to be considered from the target audience's beliefs, values, norms, and environment. According to Kreslake (2016:2), the value can include things such as diminished pleasure, embarrassment, loss of time, and the psychological hassle associated with change, especially if the behaviours is a habit that is deeply ingrained. For example, a man may be unlikely to seek sexual health help from the clinic even if the service is free because the risk of going and being seen by community members at the clinic may lead to the questioning of their masculinity that could diminish the power they have earned in society. In addition, there is the potential risk of societal segregation that may follow if the individual discovers they are HIV positive, for example.

3.2.2.3 Place

Place is viewed as the actual physical location or the outlet, community, trading hours, attractiveness, comfort, and accessibility to the targeted hospital patients (Suherly *et al* 2016:134). For a tangible product in relation to this study, place means all activities that ensure individuals have access to a product to meet their needs such as access to clinics, hospitals, finances, and transport (Viswanath & Rimer 2007:131). On the other hand, place for an intangible product is the ease and quality of accessing the product in meeting the individuals needs which facilitates recommended behaviour change such as access to multilingual nurses or advanced medical equipment.

Therefore, for the context of this study, place is viewed as a channel by which behaviour change is encouraged and in which change is stimulated and reinforced (Londhe 2014:335–340). A health promotion product or service outlet that is accessible to the targeted hospital patients may encourage an individual to adopt a positive health behaviour. This is because access to a service or product may solve the gap between encouraging an individual to participate in a health behaviour and being able to do it (Viswanath & Rimer 2007:131). From this perspective, the beliefs,

norms, values, and environment needs to propagate a positive health behaviour or alternative health behaviour to replace unhealthy behaviour practices (Londhe 2014:335–340). For example, community members need to have easy and available access to education, information, and health practitioners, for example, who deal with prostate cancer. In addition, cultural groups including community and family members also need to encourage one another to get regular prostate check-ups as a means to decrease male mortality rates and shift the perspective of men in relation to power (Bolla 2015:17). Health campaign messages must therefore encourage behaviour change through educating not only the patient but also community and family members and significant others (Al Badi, 2018:4).

3.2.2.4 Promotion (marketing communication)

Promotion, also known as marketing communication (henceforth referred to as marketing communication in this study), is how behaviour change is promoted to the targeted hospital patients (Londhe 2014:335–340). Marketing communication for a tangible product is all the information on the features and benefits of a product whereas intangible product marketing communication is the incentive that is offered to stimulate an individual to buy into a product (Istiqomah 2021:73). For the context of this study the aim of marketing communication is to persuade and motivate patients to accept health campaign messages through change of beliefs, attitude, norms, and values to accommodate a new health behaviour (see section 2.8.1).

Patients weigh the advantages and disadvantages of adopting a new behaviour from health campaign messages based on their beliefs, norms, values, and environment. Therefore, health campaign messages that include sociocultural factors and respect beliefs, norms, values, and the environment, become patient-centred, thereby persuading, and motivating patients towards a recommended health behaviour change by meeting the needs of patients and promoting better health. Patient-centred messages lead to accepting health campaign messages and the application of health recommendations to everyday behaviour such as various health benefits including a healthy body, less visitations to the doctor, better digestive system, longer life span, and continuous functioning of the social system.

Marketing communication involves a strategically designed set of communication activities with various components that are known as communication instruments. Communication instruments may offer guidance in developing effective health campaign messages for the targeted hospital patients by using the appropriate communication channels (Al Badi 2015:137). Although, communication instruments among scholars and theorists such as Al Badi (2015:137); Donovan and Henley (2010:230) and Resnicow and Page (2007:1382) vary, using marketing communication mix typically entails sales promotion, interactive or internet marketing, promotional activities, marketing advertising, packaging, e-pharma marketing, personal selling, public relations, social media, and integrated and direct marketing.

Patient-centred health campaign messages cater to the selected targeted hospital patients based on research conducted that considers the cultural and social context in its marketing communication strategy. Therefore, health communication practitioners should conduct research through surveys, social media, face-to-face consultations, and health talks, and use the findings to help understand the target audience's cultural and social context in developing health campaign message that employs the integrated strategy that encompasses all the 4Ps. The aim of integration should be to ensure that each element is planned in a logical way to support clear identified goals. For this study, the goals include message acceptance and behaviour change. It is also important that all the marketing activities are consistent and reinforce each other in line with ultimate goals (Grier & Bryant 2005:324).

While the 4Ps of marketing mix are strongly recommended in facilitating message acceptance and behaviour change, scholars such as Draskovic (2012:227) and Yasanallah and Vahid (2012:42) propose three additional Ps to the marketing mix, namely, people, process, and physical evidence. Therefore, in the next section the expansion of 4Ps is explained and conceptualised for health campaign messages.

3.2.3 Expansion of the 4Ps of marketing mix

According to Draskovic (2012: 227), the traditional 4Ps of marketing mix have received constant criticism due to changes in the business landscape and the environment, specifically because customers have become more central while

product, price, place, and marketing communication (promotion) did not always address the consumer. As such, in addition to the 4Ps of marketing mix to facilitate message acceptance and health behaviour change from health campaign messages, scholars propose the addition of three more Ps, namely, people, process, and physical evidence, known as the 7Ps (Draskovic 2012:227; Yasanallah & Vahid 2012:42).

People refer to the campaign's targeted hospital patients that the health campaign messages are created for. Within the South African context and for this study, the patients are the target hospital patients for health campaign messages. Next, process refers to educating the campaign's targeted hospital patients on health issues to encourage a desired behaviour outcome. Health campaign messages need to facilitate the desired behaviour change by integrating the culture and social context of the patients to facilitate relevance, acceptance and the behavioural change process through health education, empowerment, and advocacy to the targeted hospital patients (see chapter 2).

When patients are informed and empowered within their cultural and social context, it is easier for the targeted hospital patients to apply and adapt health campaign message knowledge to existing health beliefs and behaviour. Thus, the health education, empowerment and advocacy processes add value to health campaign messages and improves the effectiveness of the behaviour change process in health care (Sreenivas *et al* 2013:4364). Finally, physical evidence assimilates to health marketing communication that includes health campaign messages that are patient-centred and considers the beliefs, norms, values, and environment of the campaign's targeted audience. By expanding on the 4Ps of marketing mix, marketing broadened in approach to suit the customer-oriented shift. In the next section different marketing approaches are discussed with emphasis on the marketing-oriented approach, social marketing, and relationship marketing approaches.

In the early nineties, Lauterborn (1990:26) proposed an alternative to the 4Ps of marketing mix compromising the 4Cs, namely, customer, consumers, convenience, and communication. Scholars such as Peattie and Peattie (2003:367), Willcocks (2008:160) and Rothschild (2010:3) emphasised that the 4Cs are applicable in

healthcare since the crux of healthcare is to communicate and satisfy individual's cultural needs that are linked to personal health within society. The 4Cs focus on meeting the patients' health communication needs that impact their health in society which enables health campaign messages to be patient-centred. However, the 4Cs marketing mix never fully replaced the 4P. As such, in the context of this study the 7Ps marketing mix is applied to include the customer-oriented perspective.

In the next section different marketing approaches are discussed with emphasis on the marketing-oriented approach, social marketing, and relationship marketing approaches, all of which are applicable to this study.

3.3 MARKETING APPROACHES

It is important to understand how contemporary thinking in marketing evolved to fit into the current IMC scholarly perspective which is explained in later sections of this chapter. This thinking is evident when a particular marketing approach is adopted. A marketing approach involves generating customers for the product and retaining the customers permanently (Chand 2018). However, in the interest of this study, only the marketing-oriented approach is discussed because the production-oriented and sales-oriented approaches are not based on customers' (patients') needs and desire but rather on the organisation. This study's focus is on patient-centred health campaign messages that consider the cultural and social context of these patients. Furthermore, social marketing and relationship marketing are conceptualised as modern marketing concepts which are applicable to health marketing communication.

3.3.1 Marketing-oriented approach

The marketing-oriented approach is viewed as consumer orientated which is the fundamental component of the marketing philosophy (Lo *et al* 2015:286). This approach emphasises that the decisions by the organisation should be centred around the needs, wants, and beliefs of the target audience. From this standpoint, for health campaign messages to be effective, the focus must be mainly on the targeted hospital patients or patients. This perspective thus perpetuates that the targeted hospital patients may have to accept health campaign messages to satisfy their different needs (Babin & Zikmund 2015:41). Thus, health campaign messages

must be relevant in satisfying all these needs for the identified target audience. Furthermore, to meet the relevance of health campaign messages, the messages must be consistent for all communication activities within the health campaigns (this is discussed in detail in section 3.4.2). Health communication practitioners need to understand the cultural and social context of the targeted hospital patients in developing health campaign messages that meet the intended health marketing communication objectives, that is, to educate and change health behaviour. This ideology has led to modern marketing thinking where health marketing communication scholars realise that the relationship and social marketing perspectives are important in a health marketing communication strategy. For example, in the 1990s, India started seeing and using social marketing to scale up family planning marketing communication campaigns to reach the targeted hospital patients effectively (Londhe 2014:335–340).

3.3.2 Social marketing

In 1969, Kotler and Levy attempted to broaden the scope of marketing from a commercial perspective to include health issues, locations, cities, and people (Kotler *et al* 2016:1378). This led to the distinction between commercial and non-commercial marketing. Commercial marketing involves measuring success in terms of product sales, brand recognition, and market share (Dibb 2013:4). Non-commercial marketing, also known as social marketing, encompasses outcomes that improve individual and societal wellbeing (Dibb 2013:4). Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good (Londhe 2014:335–340). In addition, social marketing uses the 4Ps marketing mix to foster behaviour change. According to Levbrefe (2011:54), social marketing initially focused on health campaign messages but negated the modern marketing perspective of the 4Ps marketing mix in its marketing communication efforts. Now, the power of social marketing lies in the application of the 4Ps marketing mix for societal wellness, creating public awareness, and facilitating behaviour change (Hastings 2007).

Cronin and McCarthy (2011:146) stipulate that social marketing campaigns can effectively change health attitudes and perceptions, therefore for the context of this study, the target audiences cultural and social context are paramount in the patient-

centred approach for persuading changes to current health behaviour. Existing health behaviour is normally deeply entrenched and forms part of how patients relate to each other in society. Similarly, social marketing takes on relational dynamics as it is grounded in the relationship aspects of society and its influence on health behaviour change. Therefore, social marketing needs to acknowledge the potential to create some form of disruption within the environment where a specific health behaviour takes place. As such, formative research of the cultural and social influences needs to be acknowledged in relation to the facilitation of desired health outcomes within the specific environment. Kubacki *et al* (2015:2215) proposed six benchmark criteria for social marketing to effectively change behaviour in public health. These benchmark criteria are explained in table 3.1 below.

Table 3.1: Six benchmark criteria for social marketing

Behavioural change	Health campaign messages must focus on changing a specific health behaviour not just beliefs, attitudes, and knowledge.
Formative research	Goes beyond interviews and focus groups to use ethnographic techniques as well. Uses a range of research analyses and combines data from different sources to collect information on the cultural and social context of the patients to develop patient-centred health campaign messages (qualitative and quantitative).
Segmentation	Avoids a 'one size fits all' approach: identifies targeted hospital patients 'segments', which have common characteristics, and the same

	cultural values, norms, beliefs, and social context elements from the South African context then tailor health campaign messages appropriately.
Use of the marketing mix	Uses all elements of the marketing mix (product, price, place, and marketing communication and/or primary intervention methods (inform, educate, support, design, and control) to facilitate health campaign messages understanding, relevancy and acceptance to influence positive health behaviour change.
Exchange	Considers the benefits and consequences of adopting and maintaining a new health behaviour from health campaign messages; maximises the benefits from the cultural and social context elements and minimises the consequence of adopting a new health behaviour as an attractive offer in society.
Competition	Seeks to understand from the cultural and social context what competes for the audience's time, attention, and inclination to accept health campaign messages and

	recommended health behaviour.

Source: Kubacki *et al* (2015:2215)

3.3.3 Relationship marketing

The fundamental aim of relationship marketing is to establish, maintain, and enhance relationships with customers and other partners (Ndubisi 2006:99). This perspective ensures that all the parties that are involved mutually benefit and meet their objectives from this relationship through communication. Sonkova and Grabowska (2015:197) outline relationship marketing as the process of identifying, developing, maintaining, and terminating relational exchanges with the purpose of enhancing performance, based on creating and maintaining long-term mutual relationships with customers. However, relationship marketing is not confined to the relationship between the organisation and customers (Sonkova & Grabowska 2015:197). Rather, other relationships also need to be considered including family relationships, intimate relationships and friends, and community members relationships.

As such, relationship marketing is applicable to this study as the social context refers to important relationships with family, community members and significant others as significant in encouraging health behaviour change. For example, relationships that are created by health organisations and health professionals within the cultural and social context of the patients are relationships that are considered in health campaign messages (Ndubisi 2006:99). Neglecting other important relationships within the social context can impact the relevance and acceptance of health campaign messages. Specifically, patients are more likely to change their attitudes and perceptions about health campaign messages and recommended behaviour based on the opinions and thoughts of community or family members and significant others (Al Badi, 2018:4). Furthermore, relationship marketing is significant for this study as relationship marketing interactions are social exchanges whereby patients and significant others share their true feelings, beliefs, values, fears, views, challenges, and experiences of accepting health campaign messages and related health behaviours.

Culture influences the norms, values, and expectations within these relationships (Samaha *et al* 2014:80). Furthermore, the relationship marketing perspective should consider the culture and social context of the patients as significant in the development of beneficial relationships between patients and the health organisation. In the next section, creating beneficial strategic relationships with patients, family and community members, and significant others through integration is explained in detail as evidence that relationship marketing is an important part of the IMC perspective (Finne & Gronroos 2009:179; Mamalyha & Yin 2018:19).

3.4 INTEGRATED MARKETING COMMUNICATION (IMC)

In this section IMC is defined and explained within the context of this study. Thereafter message consistency is conceptualised in relation to different health campaign messages within the IMC perspective since achieving message acceptance and health behavioural changes for the targeted hospital patients are important considerations for this study. Furthermore, the marketing communication instruments are discussed as tools to effectively facilitate messages consistency. Marketing communication instruments are used to disseminate health campaign messages for the targeted hospital patients to encourage health behaviour change.

There are several important principles of IMC, namely being audience centred, recognition of all brand contact points, integration to obtain synergy, a behavioural and relational focus by building relationships between the brand and all stakeholders, strategic business process, outside-in-planning and converge marketing communication activities (Nguyen 2015:97). However, while these principles of IMC are acknowledged, the focus of the study is primarily on message consistency and the integration of the elements of the marketing communication mix.

3.4.1 Defining Integrated Marketing Communication (IMC)

IMC is defined as “a cross functional process for creating and nourishing profitable relationships with customers and other stakeholders by strategically controlling or influencing all messages sent to those groups and encouraging data driven, purposeful dialogue with them” (Kuang-Jung *et al* 2015:101). For the context of this study, the function of IMC is to integrate different communication elements to deliver consistent health campaign messages and mutual, beneficial relationships. Health

marketing communication needs to be used strategically to have a positive effect on the target audience's health behaviour. In addition, IMC is stipulated as the planning process that involves marketing communication to strategically evaluate and add value to a variety of communication disciplines as an effective plan to reach the targeted hospital patients (Belch 2020:9 & Holland 2016:34). Seric *et al* (2014:145) emphasise that marketing communication activities must be integrated to deliver consistent health campaign messages and strategic positioning. IMC combines these principles to deliver clear, consistent, and optimum impactful health campaign messages (Kuang-Jung *et al* 2015:101). Similarly, IMC is a concept of marketing communications planning related to health marketing communication programs and numerous strategic disciplines namely, advertising, direct response, publicity and public relation (Kitchen *et al* 2014:2033–2050). These disciplines are combined to provide clarity, consistency, and maximum impactful patient-centred health campaign messages that encourages positive health behaviour change.

For this study, IMC is defined as "an approach that adopts the holistic view of marketing communications in order to deliver a consistent message and achieve major impact through the integration of all elements of promotional mix" (Seric *et al* 2016:15). This holistic view of marketing communication takes the target audience's health needs into consideration for health campaign messages to be clear, consistent and achieve the intended impact. Thus, all health marketing communication tactics and messages from the IMC perspective for the target Hospital patients should be considered from the patient's perspective (Kitchen *et al* 2014:2033–2050). For this study, the cultural and social context of the patients plays a key role in achieving an impact and formulating beneficial relationships with them. Furthermore, Belch and Belch (2020:15) argue that the IMC approach to planning marketing communication programs and coordination of different communication functions requires broad thinking. To promote better health, during the planning of health campaign messages consideration for all the deeply entrenched, unique and collective values, belief, norms, and attitudes in which health is experienced, must be included in the health marketing communication strategy (Kuang-Jung *et al* 2015:105).

Health marketing communication strategy includes all health marketing communication and marketing mix activities within the health organisation that form part of communicating with patients (Kuang-Jung *et al* 2015:105). The patient's perception is built around any contact with the health organisation's messages from the communication marketing mix. For example, if during a health talk a health professional responds rudely to patients, patients would think that all health professional from the hospital are this way and will likely resist any health campaign messages from the hospital. Therefore, IMC must have all the organisation's marketing communication activities communicate consistent, unified, and well-coordinated health marketing communication campaign messages to the targeted hospital patients (Belch & Belch 2020:11; Holland 2016:36). These messages must be centralised around the patient's cultural and social context so that the hospital patients can grasp and understand them (Belch & Belch 2020:10; Kitchen *et al* 2014:2033–2050; Hurwits 2015:2). The patients will then positively cognitively process the message and deem it as relevant to their health within their social context thus resulting in behaviour changes based on the health recommendations from these messages.

For the context of this study, it is evident that there is a need for messages to be well coordinated and consistent as emphasised by adopting an IMC approach. Hence, in the next section the need for coordinated and consistent messages is discussed.

3.4.2 The need for coordinated and consistent health campaign messages by adopting one voice in the organisation

According to Chauke (2015:68) the crux of IMC is to develop messages that have a common theme on each brand contact, which is present in everything that an organisation communicates and does. A brand contact point refers to how a brand makes contact with customers and how customers come into contact with the brand (Kitchen *et al* 2014:2033–2050; North 2007:28). For this study, this concept of strategically coordinating and creating unified health campaign message content was traditionally coined as "one voice" (Belch & Belch 2020:72; Kitchen & Burgmann 2015:34–39; Martin 2014:5; Navarro-Bailo 2011:189). The standpoint of the "one voice" concept is that advertising and communication tactics must present uniformity and consistency in effectively reaching the patients. However, the "one voice"

concept does not mean that the health organisation only develops one singular health marketing communication message (Kitchen & Burgmann 2015:34–39; Navarro-Bailo 2011:190; Chang & Thorson 2004:75; Liodice 2008. Rather, health marketing communication must be formulated to integrate the beliefs, norms, values, and environment of the patients as a health marketing communication strategy to consistently work in harmony to achieve the overall organisation's goal (Martin 2014:5). For this study the beliefs, norms, values, and environment must be strategically integrated in formulating consistent health campaign messages to effectively change behaviour from health marketing communication campaign messages.

The "one voice" concept contributes to current thinking of message consistency and coordination within the IMC approach. The scholarly interest is now more on exploring how strategic health campaign message consistency is applied and executed across different media (Martin 2014:5). Thus, the aim is to create messages that are suitable for each marketing communication instrument in order to have an impact. Moreover, each marketing communication instrument has unique properties, attributes, and strengths for health promotion and communication (Nielsen 2008; Martin 2014:5). This results in a variety of health campaign messages that are uniquely developed and communicated to the patients at various contacts or times based on these marketing communication instruments.

The unique component for this study involves the integrated cultural and social context of health campaign messages for all communication marketing instruments. Therefore, if the messages remain strategically consistent in these marketing communication instruments then the desired outcome will be prominent, and the effect of the messages will result in a blend of progressive effects and synergy (Naik & Peters 2009:289; Micu & Pentina 2012:12; Martin 2014:5). Furthermore, consistency and coordination are important for health campaign messages in that all the relevant patients will be effectively reached thus creating a positive perception of the health campaign messages and organisation from the target audience. Through message consistency and coordination of health campaign messages catered from a sociocultural perspective, such messages can facilitate health behaviour change or outcomes that are intended by the health organisation.

In the next section, the marketing communication mix instruments are discussed in more detail. Marketing communication mix instruments are a means to disseminate health campaign messages to reach the target audience. An understanding of the accurate marketing communication mix instruments from the cultural and social context of the hospital patients assists in health campaign messages acceptance which encourages behaviour change.

3.5 THE MARKETING COMMUNICATION MIX INSTRUMENTS FOR IMC

Marketing communication mix instruments are a means by which an organisation attempts to inform, persuade, and remind consumers, directly or indirectly, about the products and brands they sell (Keller 2009:141; Huang & Sarigollu 2012:92; Wajaya 2011:73). Such marketing communication mix instruments represent the voice of a health organisation, which is used to establish a dialogue and build relationships with the patients (Keller 2009:141). For this study, only the following marketing communication mix instruments are discussed in detail below, namely, advertising, internet, social media, personal selling, direct marketing, publicity, and public relations. These marketing communication mix instruments are included in this study because they are important for health promotion whereby integrated health campaign message consistency can be achieved through integration of the instruments to strengthen reach, health campaign messages relevance, and facilitate understanding and acceptance from the targeted hospital patients (Sener & Behdioglu 2014:83).

3.5.1 Advertising

Advertising is defined as “any paid form of non-personal communication about an organisation, product, service or idea by an identified sponsor” (Belch & Belch 2020:16; Terkan 2014:240; Zahra 2017:9). Traditionally the crux of advertising is a means to send messages to a large undifferentiated hospital patient where space and time are paid for by the organisations from the media. The messages that are transmitted by the media are meant to persuade and shape the audience’s perception about a product or service without any immediate feedback (Terkan 2014:240). This means that the organisation will not receive direct feedback from the

targeted hospital patients on the advertisement's overall reception unlike with social media (Ashely & Tuten 2015:15).

For the context of this study, there is a need for health campaign messages to be developed from the target audience's perspective in order to control the interpretation and response requirements. According to Wajaya (2011:73), advertising in health marketing communication shifted from the traditional persuasive function, followed by the entertainment function, to the current health education and social inspiration function. The health education function introduced the inclination in health advertising that people are motivated by self-interest informed by their culture and social context (Lane *et al* 2011:43). Therefore, the role of health education advertising involves shaping and changing perceptions effectively (Wajaya 2011:75). By, educating patients on health issues using patient-centred care health campaign messages, new health perceptions can evolve, and individuals can be empowered to take control of their health and adopt positive health behaviours.

Scholars such as Frolova (2015:5) describe advertising as "impersonal communication of information about products, services or ideas through the various media, and it is usually persuasive by nature and paid by identified sponsors". However, different types of advertising can be identified for health campaign messages, namely, brand advertising, social advertising (also known as public advertising), service advertising, idea advertising, and online and social media advertising, among others (Frolova 2015:10; Fung 2017:9). A combination of different advertisements promotes good health and further the goals of public health interest and social causes (Fung 2017:9). For this study, only social advertising will be the focus since the aim of social advertising is to arouse a sense of responsibility to change behaviour and attitudes, all key aspects in promoting better health (Prace 2011:22). Therefore, health campaign messages like social advertising messages should integrate the beliefs, norms, values, and environment of the targeted hospital patients to increase a sense of responsibility. Thus, messages must educate, motivate, convince, and be sensitive to the target's audience's communication needs in encouraging health behaviour change. For this study, social advertising is defined as "the advertising designed to educate or motivate the targeted hospital patients to undertake socially desirable actions" (Prace 2011:22). Social advertising is also

executed online as part of the marketing communication mix instruments. Therefore, it is important to discuss the internet below within the context of this study.

3.5.2 Internet

The internet in is one of the most significant global marketing tools used by various organisations and includes advantages that circulate around the “low-cost” component and reach in terms of consumers around the world. The internet is defined as “a world-wide network of interconnected objects uniquely addressable, based on standard communication protocol whose point of convergence is the internet” (Botta *et al* 2016:684). The internet is a unique technology that enables point-to-point communication with a large range of users (Mossberger *et al* 2008:2). An application of the internet, the World Wide Web (WWW), enables communication through emails, blogs, chat rooms, and instant messages supported by broadcasting capability using text, video, and visual images (Schein *et al* 2012:116; Kireyev *et al* 2014:3). Due to its nature, the internet brings forms of interactivity that allows for feedback and real time communication. In this way, patients are involved in effectively creating patient-centred care health campaign messages in pursuit of better health.

According to Nugawela and Sahama (2011:108) the internet has made it possible for people to be educated and empowered. Patients will have access to correct information communicated by HPPs from Thelle-Mogoerane regional hospital on health issues from health campaign messages posted on the internet. In turn, patients can participate and provide factual personal information on their health experiences within their community (Rodrigues *et al*, 2016:296). This health information can be used to develop patient-centred care health campaign messages to facilitate changing health attitudes and behaviour. The move to Web 2.0 allows users to have control over the internet, unlike with previously traditional media (Yin 2018:4) Specifically, traditional media only allowed one way-communication which did not facilitate an interactive environment and user control (Yin 2018:4). However, technology is not equally accessed by all individuals, especially in South Africa, therefore it is one of many marketing communication mix instruments included in communicating health campaign messages for this study (Luescher *et al* 2017:232). The internet can be used just like other media to promote prevailing health ideas,

values, and beliefs in society, and is therefore included to shape the meaning, objectives, and perceptions of health campaign messages by the targeted hospital patients (Pitt 2004:1).

This study also places importance on social relationships, and the internet has the power to change or reproduce social relationships developed in society which impact health behaviour (Bonomi *et al* 2012:13). Social context relationships are identified as important in influencing health behaviour change in this study (see chapter 2). Social relationships in the 21st century can be facilitated on the internet due to various reasons including migration or lockdown regulations imposed during the COVID-19 pandemic, to name a few. Social relationships can include social mobilisation related to health on the internet as support structures in society for different socio-cultural backgrounds (see chapter 2).

The internet allows individuals from different cultural and societal backgrounds to support, encourage and influence each other on health issues and related health behaviour through real-time, beneficial communication. Thus, the development of social media from Web 2.0 (Van Dijck & Poell 2013:4). Social media was initially developed to allow individuals to socialise with friends and family members. Now the scope of social media is broad, whereby different industries, including the health industry, are using social media to facilitate holistic and positive public engagement (Ayub *et al* 2017:1). Social media is discussed in the next section as another relevant marketing communication instrument to disseminate enhanced health campaign messages.

3.5.3 Social media

According to Ashely and Tuten (2015:15), social media is viewed as “including online channels for sharing and participating in a variety of activities, represent an increasingly important way for organisations to communicate with attractive hospital patients’ segment”. Social media is a comprehensive marketing instrument used to promote health in society because of its two-way communication and collaborative nature. Social media allows the targeted hospital patients to create health content aligned to their personal health experiences from their social context. In addition, the

social media hospital patients shares their opinions and perceptions of health campaign messages within their different platforms.

Social media is a powerful tool that can be used to educate patients on health-related issues from health campaign messages because HPPs can directly explain the cause of a health issue, explain medical terms, offer support, and make health recommendations to patients virtually (Mullick *et al* 2020:39). This is known as tele-health which involves the assembly of resources or methods for augmenting health care, public health, health education delivery, and health support using telecommunications (Mullick *et al* 2020:39). Such an interactive interaction between HPPs and the targeted hospital patients can influence the patient's attitude and perception of health campaign messages (Tuckson 2017:1586).

Tele-health has the additional benefit of giving HPPs access to the users cultural and social context information that influences the response and interpretation of the health campaign messages (Ashely & Tuten 2015:15). For example, health campaign messages can be clarified in a language that patients prefer and understand to improve health outcomes on various social media platforms. In this way, Thelle-Mogoerane regional hospital is exposed to different components that may need to be changed, integrated, or modified in health campaign messages developed for the target audience. Since social media and tele-health can influence behaviour and desired outcomes, these marketing mix tools can facilitate in creating patient-centred care health campaign message that encourage acceptance, relevance, and overall positive behaviour change (Gough *et al* 2017:2).

Social media platforms also aim to continuously attract and retain users through tailor made activities aligned to the targeted hospital patients (Davis 2018:5). Therefore, this marketing instrument will enable health campaign messages to be enhanced and patient-centred from the cultural and social context to attract and motivate the patients in adopting the desired health behaviour by allowing patients to contribute towards improving health campaign messages. As such, the patients cultural and social context needs can be met and supported in health campaign messages as a health marketing communication strategy to improve health. In this regard, Arigo et al emphasise that social media has changed the health marketing

communication strategy approach (Arigo et al 2018:10). Specifically, digital, and social media should be included in the marketing communication mix instruments when developing and executing IMC health marketing communication strategies (Arigo et al 2018:12). This is in accordance with Chatterjee and Joshi's (2018:171) argument that IMCs objective is to "coordinate all marketing promotional activities for health organisations to produce unified, patient-centred care health campaign messages". Therefore, social media can facilitate health campaign messages acceptance and behaviour changes through the consideration of the target audience's socio-cultural context consistently.

As explained below, personal selling is also an important marketing communication instrument to enhance health campaign messages to perpetuate acceptance and relevance from patients.

3.5.4 Personal selling

According to Keller (2009:141) and Fill and Jamieson (2011:15) personal selling is traditionally viewed as "an interpersonal communication instrument that involves face-to-face activities undertaken by individuals, often representing an organisation, in order to inform, persuade or remind an individual or group to take appropriate action, as required by the organisation's representative". Through personal selling, HPPs from Thelle-Mogoerane regional hospital inform and persuade the targeted hospital patients to accept health campaign messages and apply these to their health behaviour. In addition, HPPs can also make presentations, answer questions, and obtain information from the patients which will inform the development of patient-centred care health campaign messages (Keller 2009:141; Fill & Jamieson 2011:15). HPPs can control message interpretation by answering questions, shaping the target audience's perception, and aligning this to their cultural and social needs and context. In this way, personal selling should facilitate health campaign message acceptance to create and maintain long-term beneficial relationships with the targeted hospital patients (Todorova 2015:370). Moreover, personal selling facilitates patient-centred care and consistent health campaign messages by the health organisation therefore meeting the primary function of personal selling within the marketing communication mix instruments.

Personal selling is important for promoting health in that it formulates the support of different marketing communication instruments in delivering intended, consistent, unified, and relevant health campaign messages from the health organisation in facilitating health behaviour change for the target audience. Personal selling may be seen as the direct interaction between Thelle-Mogoerane regional hospital and the target audience, similar to direct marketing. Also, direct marketing is considered an important marketing communication instrument for this study and is discussed in the next section.

3.5.5 Direct Marketing

Initially, direct marketing was not categorised as part of the marketing communication instrument mix. However, due to the evolution of IMC as a significant part of most organisations, it is included and relevant to this study (Fill & Jamieson 2011:18). Direct marketing is viewed as “a way that an organisation communicates directly with their targeted hospital patients to generate a reaction or transaction (Todorova 2015:380). Additionally, Sherman and Topol (2015:231) view direct marketing as “an attempt to build one-on-one relationships-a partnership with each customer by communicating with the customers on a direct and personal basis”.

For this study, direct marketing in health can be used to communicate patient-centred care health campaign messages to the targeted hospital patients (Karxha & Abazi 2016:49). Health organisations directly communicate health issues to the targeted hospital patients in health campaign messages and get instant feedback on the perceptions and understanding of these messages (Elrod & Fortenberry 2020:822). In this way, patients give correct information on their cultural and social context in which health is learned and perpetuated (Elrod & Fortenberry 2020:822). Health campaign messages must ensure that the targeted hospital patients accepts and apply the recommended behaviour change, therefore, the patient’s health experiences within their culture and social context should be considered during development of health campaign messages. This allows for effective reach and positive response from the targeted hospital patients as intended by Thelle-Mogoerane regional hospital. Importantly, Todorova (2015:381) states that direct marketing communication enables the identified targeted hospital patients to be reached effectively at the right time and place using patient-centred care messages.

Patient-centred care health campaign massages in direct marketing can encourage the desired health behaviour outcome and formulate mutual beneficial relationships (Todorova 2015:382). However, this is not possible if other marketing communication instruments such as publicity are not integrated (Fill & Jamieson 2011:19). Direct marketing is important for health campaign messages as it enables messages acceptance through mutual relationship building and the integration of the socio-cultural context of the targeted hospital patients into encouraging the desired health behaviour change (Elrod & Fortenberry 2020:823). In addition, publicity through direct marketing can facilitate full exposure of health campaign messages from the targeted hospital patients to other potential audiences such as family or community members and significant others who influence health behaviour. Therefore, publicity is discussed in the next section as a marketing communication mix instrument as significant and relevant for this study.

3.5.6 Publicity

Publicity is viewed as “dissemination of information by personal or non-personal means, which is not directly paid for by the organisation nor is the organisation the source” (Okyere *et al* 2011:19). Compared to advertising, which solely depends on purchasing power to get a message across, publicity in health depends on the quality of content to persuade individuals to get the message out to others such as family and community members and significant others (Owusu 2017:2). Relationships with family, community members and significant others form the foundation for understanding health campaign messages and influence health choices (Weng & Landes 2017:900-909). As such, health campaign messages need to be consistent and sociocultural factors accounted for when constructed by the organisation across all its communication efforts (Hubinette *et al* 2017:129). This signifies the integration of all marketing communication mix instruments in effectively creating messages that are patient-centred, understood, and controlled by the organisation (Hubinette *et al* 2017:129). Thus, when the hospital patients is exposed to this message there is no misunderstanding or misinterpretation.

Publicity as a process of decision-making aims to deliver health campaign messages from the health organisation to the audiences and users of health care services with

specified objectives through marketing communication (Abiodum *et al* 2012:124). For example, a health organisation must know which event or television show, or brand is better suited for the organisation to communicate and best align their health campaign messages. This will ensure that the messages reach the targeted hospital patients and create interest (Abiodum et al 2012:124). Sometimes the targeted hospital patients will be aware of the messages but might struggle to interpret or understand the intended meaning (Naik & Peters 2009:289; Micu & Pentina; 2012:12; Martin 2014:5). Therefore, it is important that health campaign messages also include the cultural and social context elements of patients, for example, literacy levels (see chapter 2). Including publicity in IMC contributes to broader IMC efforts and adds value through different related activities (Heller 2016:1931). Moreover, publicity within the integration perspective facilitates communication with inaccessible stakeholders through consistent and unified health campaign messages by others about the health organisation's health care service (Heller 2016:1931).

Publicity, like public relations, is often integrated in executing consistent and unified health campaign messages from the health organisation (Seitel 2017:47). Consistent and unified health campaign messages for the purpose of this study need to be considered from the target audience's set of beliefs, norms, values, and environment (Naik & Peters 2009:289; Micu & Pentina 2012:12; Martin 2014:5). Publicity of consistent and unified messages allows for the desired health behaviour outcome to be achieved from the targeted hospital patients (Hubinette *et al* 2017:129). Thus, both publicity and public relations are significant marketing communication mix instruments for delivering health campaign messages to the targeted hospital patients (Seitel 2017:47). Public relations are discussed in the next section.

3.5.7 Public relations

According to the Public Relations Institute of Southern Africa (PRISA:2015), public relation is defined as "management through communication of perceptions and strategic relationships between an organisation and its external and internal stakeholders". Public relations effectively assist health organisations to meet their marketing communication objectives (Seitel 2017:47). Within IMC, public relations allow health campaign messages to focus specifically on the target audience's needs and maintaining beneficial relationships (Xie *et al* 2018:170). This means that all

communication tactics used within public relations must consider the needs, desires, and goals of the targeted hospital patients in maintaining and building relationships. As such, public relations are a social mechanism that emphasises the patient-centred care communication perspective which includes the needs of the targeted hospital patients in encouraging the desired health behaviour outcome. In this regard, the cultural and social context of the patient are considered in building and maintaining relationships with the targeted hospital patients which may lead to the change in behaviour.

For the context of this study public relations is significant for health campaign messages because of the emphasis on delivering culturally sensitive, quality, unified, and consistent messages to the targeted hospital patients and significant others such as family and community members for encouraging message acceptance and subsequent recommended health behaviour change (Xie *et al* 2018:170; Naik & Peters 2009:289; Micu & Pentina 2012:12; Martin 2014:5). Significant social relationships with family and community members play an important role in long-term acceptance of messages and adherence to the ascribed health behaviour changes (see chapter 2).

In the next section, based on literature discussions in chapters 2 and 3, theoretical guidelines to support health campaign messages within an IMC approach are proposed.

3.6 PROPOSING THEORETICAL GUIDELINES TO SUPPORT HEALTH CAMPAIGN MESSAGES WITHIN AN INTEGRATED MARKETING COMMUNICATION (IMC) APPROACH

In this section, the theoretical guidelines to support health campaign messages within an Integrated Marketing Communication (IMC) approach are explained in detail.

Step 1: Hospital patients' analysis: for the inclusion of culture and social context in health campaign messages.

During the first step an analysis of the hospital patients must be explored using various research methods to identify the target audience's culture within their own social context to be able to formulate relevant health campaign messages that will in turn encourage message acceptance and positive behaviour change because the targeted hospital patients' experiences health issues within their social context (see chapter 2, section 2.2). The social context includes the environment, family context, peer influence, and opinion leaders' understanding of health campaign messages. In the social context, there is culture that the targeted hospital patients abide by, and health understanding is learned through deeply rooted cultural influences that impact health behaviour (see chapter 2, sections 2.2, and section 3.3.2 in this chapter). The following research methods can be used for the hospital patient's analysis: interactions with the target audience, SMSs, online surveys, door-to-door research campaigns, one-on-one interviews with opinion leaders, observation of community members in their communities, focus groups interviews, and interaction with patients who visit the clinic for consultation.

According to Jongen et al (2017:13), "cultural empowerment identifies influential behaviours from a cultural standpoint and includes positive beneficial health behaviour and empowerment extended to family and community". In addition, culture allows for negotiation and development of strategies that could help the targeted hospital patients understand the complex nature of health campaign messages (Halligan & Zecevic 2011:338). In this way, effective integrated health campaign messages are developed within the culture and social context of the target audience. The targeted hospital patients understand and interprets health information from their culture and social context. The health information must be presented in a way that the targeted hospital patients would understand the meaning, for example, using the target audiences preferred language and simple words that are understood in the community (Spotswood & Tapp 2013:277). If the targeted hospital patients do not understand the health information, the application of the health behaviour will not be accurate (Todorova 2015:371).

Step 2: Formulation of health campaign messages objectives to encourage health behaviour change.

During the second step the intended objectives are formulated for health campaign messages. The formulation of the objectives must be done after the hospital patients analysis is completed in step 1. The objectives must directly outline the goals of health campaign messages by the health organisation. The health organisation will decide on the number of objectives according to the intended goals of the health campaign messages carried out. However, the objectives must be able to facilitate health campaign messages acceptance, application, and maintenance of the desired health behaviour (see chapter 2, section 2.8.2.1, and section 3.4 in this chapter). This could only be achieved if the objectives embrace cultural beliefs, practices, and experiences within the social context because these factors influence health campaign message acceptance and desired health behaviour change (see chapter 2, section 2.3 and 2.7). Importantly, as part of the health promotion strategy, health campaign messages must consider the patients preferred language in educating patients on health issues to encourage, motivate, and empower patients towards the recommended health behaviour (see chapter 2, section 2.6). According to Wilson and Yoshiawa (2007:48) health behaviour change is influenced by individual's beliefs, norms, values, or environment and therefore the objectives of health campaign messages must be aligned to the patients and include different ethnicities beliefs, norms, and values in the environment that influences health choices.

In many South African communities with multiple families, the elderly influence access to health care and behaviour change (Wilson & Yoshiawa 2007:48). From an African culture perspective, the elderly are the advisors of the family and are believed to have knowledge on various cultural practices that affect health issues (Wilson & Yoshiawa 2007:48). Thus, patients will be more inclined to apply health behaviour recommendations from the elderly rather than from health campaign messages (Lindberg *et al* 2006:74). Therefore, the objectives must be formulated in a way that motivates the patient from a patient-centred care approach by acknowledging the impact of the target audiences cultural and social context in health marketing communication in order to encourage health behaviour change (see chapter 2, section 2.7) (Lindberg *et al* 2006:74).

Step 3: Planning of health campaign messages with accordance to the patient-centred criteria in the South African context.

During the third step health campaign messages are planned to fit the patient-centred criteria in the South African context. All the beliefs, norms, values, and environmental determinants identified in the hospital patient's analysis are examined to determine whether they are applicable to health campaign messages in effectively enhancing health information to facilitate understanding from the target audience. Health information and health education offers knowledge on the health issues, risks, and recommended actions to patients to improve overall health in South Africa. Thus, the health information must be clear and applicable to the patient's behaviour from health campaign messages. Importantly, many communities in South Africa face illiteracy issues, therefore, a relevant preferred language, or multiple languages, must be used in communicating health campaign messages. For health campaign messages to be perceived as applicable, the messages must meet the patient-centred approach informed by cultural and social constructs in the South African context (see chapter 2, sections 2.5).

Health campaign messages must contain detailed information that addresses the target audiences' situation within which health issues are experienced for the targeted hospital patients to be able to relate to these messages. To achieve message relevancy, messages must be broken down into two parts, namely: cultural and social context determinants for health campaign messages in facilitating behaviour change (section 3.4.3). All the various determinants known about the targeted hospital patients that influence health behaviour must be classified within the cultural and social context. This information is then combined and used to come up with a comprehensive way to persuade message acceptance and behaviour change from the target audience. According to the National Collaborating Centre for Methods and Tools (2012) messages must break behaviour change down into small steps and address a concern or problem directly by offering alternatives. To facilitate message acceptance and behaviour change, health campaign messages must convey a social or health benefit that the targeted hospital patients can identify with (see chapter 2, sections 2.8.1, and section 3.3.2 in this chapter). Health campaign messages thus deal with the "how to" and "when to" information to support health behaviour change (Snyder 2007:37).

Step 4: Developing of campaign messages content in accordance with the cultural and social context of the target audience.

At this stage, message content is now developed within the target audience's cultural and social context to encourage the desired health behaviour outcome. Accordingly, integrated cultural beliefs and experiences forms the foundation for culturally sensitive messages which will effectively address health issues among minority populations (see chapter 2, section 2.4 and 2.8.3). These health campaign messages must be tailored specifically for each target member for the targeted hospital patients to identify with the messages and the recommended application of health behaviour changes (see chapter 2, sections 2.3, 2.5.1 and 2.7). When health campaign messages appeal to the target audience, the hospital patients voluntarily cognitively process the content and changes their attitudes towards a health issue (see chapter 2, section 2.8.2). Thus, the structure, format, and content of the health campaign message provides guidance to facilitate positive health behaviour change by appealing to the targeted hospital patients (see chapter 2, sections 2.5 and 2.8.2.1).

Step 5: Selecting marketing communication mix instruments for tailor-made health campaign messages.

After the health campaign message objectives and content have been effectively formulated, the most appropriate marketing communication mix instruments are selected to reach all the targeted hospital patients (see section 3.5). Health campaign messages are planned for a segmented target hospital patients which has access to at least one marketing communication mix instruments. There may be environmental barriers such as accessibility and entrenched cultural beliefs in the South African context which need to be aligned to the marketing communication mix instruments. For example, some individuals do not have access to the internet or a smart phone so a combination of marketing communication instruments for IMC that convey consistent health campaign messages to the targeted hospital patients must be developed when promoting health behaviour change (Leibbrant *et al* 2011:9). The health organisation must choose applicable marketing communication mix

instruments tailored for its targeted hospital patients with health campaign messages adopted to suit each selected marketing communication instrument.

Furthermore, messages must be consistent and clear in facilitating understanding for all the segmented targeted hospital patients and the marketing communication instruments must inform, educate, encourage relevance, and foster application of recommended health behaviour. The selection of the marketing communication mix instruments is part of a marketing communication plan that includes health campaign messages that consider the cultural and social context of the targeted hospital patients (see section 3.4.2). IMC enables messages to be clearer, precise, and relevant to the target audience. Thus, when the marketing communication mix instruments to convey health campaign messages during a health promotion campaign are selected and blended, message consistency is enhanced, and this positively impacts the target audience's acceptance of the messages and recommended health behaviour change (see section 3.4).

Step 6: Outlining the IMC marketing communication mix instruments in a formal written document.

During this sixth step, a formal written document is developed that outlines the identified marketing communication mix instruments, namely, advertising, internet, social media, personal selling, direct marketing, publicity, and public relations, as discussed above (see section 3.5). The document will guide the health promotion practitioners to adopt an IMC approach when planning and implementing effective patient-centred health campaign messages communications (see chapter 2, section 2.3, 2.6 and 2.7). This document will also include information gathered about the social context and culture of the targeted hospital patients in the hospital patient's analysis from step 1 (see chapter 2, section 2.4). The sociocultural information will guide the selection of the marketing communication mix instruments for tailor-made health campaign messages that aim to be consistent and well-coordinated in encouraging acceptance and relevancy. Therefore, the formal document will assist to ensure that consistency and coordination is achieved throughout the implementation. Moreover, the beliefs, values, norms, and environment are considered in health campaign messages.

Step 7: Evaluation of the effectiveness of the health campaign messages.

During the final step, the effectiveness of considering the cultural and social context and adopting the IMC approach in health campaigns messages is evaluated to check if the intended objectives in step 3 were achieved. Evaluation includes health campaign messages effectiveness to communicate and change perceptions and attitudes towards a health issue in communities. Further, the evaluation is based on whether the health campaign messages encouraged the desired health outcome after exposure to the target audience. Upon this evaluation, the health communication practitioners must discuss the lessons learned from incorporating the sociocultural context and IMC approach in health campaign messages. If necessary, health communication practitioners may need to review the steps followed for health campaign messages. In addition, the health communication practitioners may conduct research with the targeted hospital patients after exposure to health campaign messages to allow for reflection of the impact of health campaign messages in meeting their cultural and social needs. Message consistency from an IMC approach assists in improving the proposed theoretical criteria moving forward. Table 3.2 below summarises the proposed steps to support health campaign messages from an IMC approach:

Table 3.2: Proposed steps to support health campaign messages

Proposed steps	Action taken	Examples
1. Hospital patients' analysis: for the inclusion of culture and social context in health campaign messages.	Research on the cultural and social context of the targeted hospital patients within which health is experienced and interpreted.	Patients' online surveys Door-to-door research campaigns SMS

		Focus groups interviews One-on-one interviews with opinion leaders such as priests, traditional healers, and councilors. Patient-doctor Interaction between health professionals and patients during consultation.
2. Formulation of health campaign messages objectives to encourage health behaviour change.	Health campaign messages objectives are formulated to suit the culture and social context of the target audience. Information collected from the hospital patient's analysis (step 1) on culture and social context of the targeted hospital patients is used as guidelines.	Messages that raise awareness on health problems aligned to cultural beliefs, values, and social influence. Messages that provide information on how to prevent health problems or issues within the target audience's cultural and social context.
3. Planning of health campaign messages with accordance to the patient-centred criteria in the South	Health campaign messages are planned to fit the patient-centred criteria including cultural values, beliefs, norms, traditional medicines and healers, family, community members,	Cultural and social context information from the hospital patient's analysis in step 1 is examined for health campaign messages to cater for diversity in South Africa.

African context.	significant others and language used within the social context in South Africa.	Language issues are identified, and phrases or words used for health information must be simple, socially acceptable, and clearly understood. In ensuring that health campaign messages are accepted cultural practices, myths and beliefs are included to explain health concepts and issues and health help seeking behaviour.
4. Developing of campaign messages content in accordance with the cultural and social context of the target audience.	Message content is developed within the context of the target audience's cultural and social context by using research gathered in step 1 which will also ensure message understanding, relevance, and acceptance.	Content of the messages are presented in a logical, easy to follow, coherent way. The language used for messages is simple (lay man's perspective) with no complicated medical jargon to facilitate understanding. All relevant cultural and social context information on health is included and highlighted. Graphs or statistics are used to explain health concepts and information is readable

		and clear. Visual aids such as cartoons, pictures, and videos must be an exact presentation of the target audience's culture and social context. For example, on Facebook a picture of a black woman can be used for the breast cancer campaign from Thelle- Mogoerane hospital for the Vosloorus community to foster interest and relevance.
5. Selecting marketing communication mix instruments for tailor-made health campaign messages.	Selecting the most appropriate marketing communication mix instruments to convey tailor-made health campaign messages to reach the targeted hospital patients and ensure message consistency.	Due to accessibility issues of marketing communication mix instruments in the diverse South African communities, all of the following must be considered: advertisements on local or community radio stations, magazines, newsletters, newspapers, television, community forums, and notice boards. Publicity through radio features or interviews. Newspaper articles. Community health imbizo,

		churches, school talks, meetings, and wellness days. Health organisation internal and external website. Social media (Facebook, Twitter, YouTube, and Instagram) as supportive communication tool in enhancing health messages facilitating health behaviour change through interaction with the community, family members, and significant others. HPP health education talks to patients during visitation at the hospital because interactive communication leads to patient-centered care. Catalogues. Brochures and flyers.
6. Outlining the IMC marketing communication mix instruments in a formal written	A formal written document is developed that outlines all the identified communication mix instruments such as advertising, direct marketing,	The document guides the adoption of an IMC approach when planning and implementing effective patient-centred health

document.	personal selling, public relations, publicity, internet, and social media to communicate tailor-made, consistent health campaign messages to the targeted hospital patients to encourage health behaviour change.	campaign messages communication from the cultural and social context.
7.Evaluation of the effectiveness of the health campaign messages.	Evaluating the effectiveness of considering the cultural and social context of the targeted hospital patients and adopting an IMC approach in ensuring health campaign messages relevance and consistency.	Focus groups interviews. Feedback on social media. Health promotional campaigns surveys and questionnaires.

3.7 SUMMARY

This chapter focused on theoretical guidelines that could be applied to support health campaign messages from an integrated marketing communication (IMC) approach. Marketing and marketing communication as the evolution of IMC was discussed. The traditional marketing mix was explained in the context of this study and included a brief overview on the expansion of the 4Ps of marketing mix. Then, the marketing-oriented approaches and different marketing perspectives were briefly defined and examined as IMC criteria in supporting health campaign messages. IMC was then evaluated by adopting a definition for the purpose of this study after an overview of several earlier and recent definitions. Furthermore, the nature of IMC was discussed and aligned with the aspects that facilitate the need for integration and message consistency. Additionally, the marketing communication mix instruments were conceptualised within the context of this study. Finally, the theoretical guidelines to

support health campaign messages within an IMC approach were proposed and summarised in a table. In the next chapter the research methodology and operationalisation for this study is discussed.

CHAPTER 4: RESEARCH METHODOLOGY AND OPERATIONALISATION

4.1 INTRODUCTION

This chapter address research questions 1 and 3 in that the research design for this study is discussed and operationalised. This includes the worldview and qualitative research approach adopted as well as explaining the single case study as the chosen research design. The research design is also discussed in terms of data collection methods, the targeted accessible population, sampling method, including the procedure and criteria for inclusion of participation. The three data collection methods adopted for the study are explained as well as trustworthiness. Lastly, the data analysis for the study is delineated.

4.2 QUALITATIVE RESEARCH APPROACH

A qualitative research approach and design was adopted for this study. A qualitative research design can be defined as "collecting and analysing data to understand concepts, opinions or experiences" (Busetto *et al* 2020:3). Qualitative research aims to understand the social world of people, being studied in their community to produce a detailed description of their cultural beliefs (Ritchie 2014:12). Qualitative research design is applicable for the purpose of this study, as studying people's cultural health beliefs within their social context was the phenomenon being explored in enhancing health campaign messages.

The following aspects were effective in accessing rich, comprehensive data for the study as discussed by Moola (2015:162) and Frankel and Devers (2000:253):

- **Emergent and flexible research design:** In gaining insight into the planning and development of health campaign messages by health promotion practitioners (HPPs), an open and flexible design was required. HPPs are viewed as "individuals who educate people in the local community about the importance of looking after their health" (CASCAID, 2019:1). Before data collection commenced, the researcher visited the research sites a few times engaging with the field environment, various social artefacts, patients, and the HPPs. This frequent exposure led to the researcher being familiar with the field, social artefacts, patients, and the HPPs, and vice versa. When data collection commenced at Thelle-Mogoerane regional hospital, a relationship was already

established between the researcher, patients, the field environment and the HPP. By engaging with the field environment, effective absorption into the hospitals setting assisted in the data collection and the data saturation process. Therefore, the occurrence in the field affected the ongoing phases of data collection.

- **Inductive and deductive:** The nature of a qualitative research design is both inductive and deductive, which logically informs the flow of the research method and process (Azunga 2018:389). Inductivity is conceptualised as a process that gives rise to or brings about logic explaining how specific and complete the research design and process will be (Azunga 2018:389). Being deductive entails applying theory to the data logically to test an existing theory (Miessler 2018 & Vanover 2021:18). Therefore, the qualitative researcher is often tasked with describing and understanding people or groups, social artefacts, specific situations, experiences, and exploring meaning before development or testing general theories and explanations of the phenomena under investigation (Moola 2015:162).

- **Non-linearity:** This process stipulates that data generating and data analysis occur simultaneously (Hess, 2016:5). Therefore, analysis immediately occurred from the beginning of the data collection process from Thelle-Mogoerane regional hospital (Hess, 2016:5). The researcher took note of the different interactive sessions with the HPP, including the patient's awareness of the health campaign messages during interaction with the HPP, staff members, nurses, and doctors before the interviews and content analysis. The researcher also noted and analysed posters on health campaign messages around the hospital on the walls and notice boards in addition to the interviews and content analysis. Data generated was used to answer the research questions in this study (Moola 2015:162).

The value of a qualitative research approach has gained acceptance in social behaviour research and this methodology was applicable to this study because the topic of interest was on supporting health campaign messages in encouraging patient acceptance and behaviour change (Nakopoulou *et al* 2009:2125). In addition,

a qualitative research approach is widely suited to and used in the field of health on various issues such as STIs and HIV/AIDS research as these studied phenomena are personal, intensively private, and sometimes illicit. Qualitative research methodology is based on the ideology that the world is real and the truth about reality is determined and constructed through measuring properties of phenomena using quantitative measurements (Walliman 2018:15). Although the data that is gathered should be objective, from a qualitative argument perspective, this is rarely sustained. For this study, it was significant to understand how meaning is constructed in health matters by incorporating aspects from a patient's beliefs, values, norms, and environment thereby extending beyond measuring behaviour through observation as is emphasised by the interpretivism paradigm. Therefore, it was evident that in-depth, comprehensive data can be generated by utilising the qualitative research design for this study. In the next section, the research paradigm is discussed in detail.

4.3 THE RESEARCH PARADIGM FOR THIS STUDY: INTERPRETIVISM

A research paradigm describes a worldview that is enlightened by philosophical assumptions about the nature of social reality (Cibangu 2010:177–178). Other paradigms that can be applied to different studies include, transformative, pragmatic, social, subjectivism, critical and postcolonial approaches. However, the two main paradigms are positivism and interpretivism. According to Rolfe (2006:306) the two paradigms are comprehensive in measuring perceived assumptions about social reality from an objective interpretation of the world. The positivist paradigm aims to acquire law-like generalisation through carrying out value free research to measure social phenomena (Aliyu *et al* 2014:79–95). Furthermore, researchers adhering to positivism believe that observations or experiences in research are detached from the researcher's thoughts or ideas.

However, this study adopted the interpretivism worldview in directing the qualitative research design. Interpretivism guided the interpretation of the construction of health campaign messages by Thelle-Mogoerane regional hospital for patients (Tshezi 2013:18). Health campaign messages must be developed from the patient's perspective to cater for individual patient's needs such as cultural and social determinants that influence health behaviour (Moola, 2010:45). Qualitative research design allowed the researcher to obtain access to personal, subjective experiences

using open-ended communication with participants (Cresswel & Poth 2018:17; Van der Hoven 2020:84). Moreover, the inference of messages from social artefacts and social artefacts helped to understand the influence of culture and social context determinants in enhancing health campaign message (Carcary 2009:13; Mupambirei 2013:27). In the next section the research design for this study is detailed.

4.4 RESEARCH DESIGN

This study adopted a single case study qualitative research design. A research design is defined "as a plan for a study, providing an overall framework for collecting data" (Leedy 1997:195; Gilliland 2014:90; Akhtar 2016:17). The goal of a sound research design is to provide results that are judged to be credible (Jilcha 2019:27). In this section, the following will be discussed for this study: the research problem statement, questions, objective, single case study research design, elements of a single case research design, research methods, target and accessible population, sampling method and procedure, data collection, and data analysis and interpretation.

4.4.1 Single case study research design

A single case study research design is adopted when a researcher conducts an in-depth analysis to understand a specific social phenomenon. According to Berg (2009:209), a single case study investigates a particular phenomenon by examining one case. This study aimed to understand how health campaign messages can be enhanced when adopting an IMC approach at Thelle-Mogoerane regional hospital (Rowley 2002:16 & Yin 2018:4).

Rowley (2002:16) and Yin (2018:4) provides the following advantages for adopting the single case study approach: A single case study research design allows for various research methodologies to be combined to obtain in-depth, rich, and reliable explanations of studied phenomena and is known as triangulation in research (Lawrence *et al* 2012:53). This study depended on multiple data sources which included, individual semi-structured face-to-face interviews, a focus group interview session, and a qualitative content analysis of the social artefacts. This contributed to a holistic understanding of the experiences and construction of health campaign messages. Another advantage of a single case study research is that the researcher

observes the case study directly and relates it to theory (Gustafsson 2017:3). This means that the researcher can get the data directly from the case and analyse it (Gustafsson 2017:3). For this study, five semi-structured face-to-face interviews with HPPs were conducted and one focus group interview session was held with the patients at Thelle-Mogoerane regional hospital. Furthermore, having open-ended conversations with participants that have first-hand experience with the hospital's health campaign messages allowed for unique insight into health perceptions. The researcher also asked questions and probed to get clarity in ensuring that the information and analyses was true to the hospital participants. In addition, the researcher collected and analysed data from social artefacts such as pamphlets, brochures, social media messages, the hospital newsletter, radio interviews, and the community newspaper for the hospital. This additional data assisted the researcher to collect valuable and accurate information from the hospital.

The final advantage of a single case study research design is it can encourage new research based on valuable findings to stimulate advancement in future studies upon completion (Margeviciute 2012:136). According to Mariotto *et al* (Mariotto *et al* 2014:358), there has been a great deal of research done that would have never been possible without a single case study design. This study aimed to contribute new knowledge to the health promotion and IMC fields. By combining health promotion and IMC to propose theoretical guidelines from an IMC approach, the researcher aimed to stimulate new thinking and research by other scholars in health promotion and IMC in South Africa.

The single case study research design allowed the researcher to gain access to useful information at Thelle-Mogoerane regional hospital since it considers the environmental, cultural, social, and historical setting of the health behaviours being studied by using multiple data sources (Van der Hoven 2020:88). In the next section, the adopted elements of a single case study research design as proposed by Rowley (2012:265) and Yin (2018:29) are explained.

4.4.2 Elements of a single case research design

Rowley (2002:265) and Yin (2018:29) outlined five elements that must be included in a single case study design. These elements are conceptualised within the context of this study as follows:

The research questions: This is the "who, what, how, why and where" of the study. In a case study the question is more specifically how and why. For the study, the research questions are provided above in section 4.4.2.

Its proposition, if any: A proposition is the foundation based on facts or reasoning that research uses as the starting point to investigate (Rowley 2002:67; Yin 2018:30). According to Moola (2015:167) a proposition shapes the focus of the study together with the specific research questions which help narrow the study's focus. A proposition was not applicable to the study as research questions were developed using qualitative research methodology.

Its unit(s) of analysis: The unit of analysis refers to the "object, phenomenon, entity, process, events or concepts a researcher is interested in and examines" (Patel 2009:2; Zongozzi, 2015:8). The units of analysis for this study included patients, HPPs and social artefacts such as pamphlets, brochures, social media messages, radio interviews, newsletters, and newspapers from Thelle-Mogoerane hospital.

The logic linking the data to the research questions: The following steps were used during data analysis and interpretation including: "pattern matching, explanation building, time series analysis, logical model and cross-case synthesis". The data gathered was set against the research questions of this study and Tesch's eight steps for interpreting and analysis were used to analyse the data collected and are outlined in section 4.4.11 (Tesch, 2013:142-145). Tesch's (2013:142-145) eight steps were suitable in comprehensively interpreting data collected from the HPPs, patients and social artefacts from Thelle-Mogoerane regional hospital within the context of the proposed theoretical guidelines from an IMC approach and the case study research design. The eight steps for interpretation and analysis provided rich descriptions of the phenomena in this study (Moola 2015:189).

The criteria for interpreting the findings: This study used the proposed theoretical guidelines from an IMC approach to interpret the findings. The study examined whether the data analysis based on the data collected supported the theoretical guidelines as proposed by the researcher in line with the aim of the study, that is, to propose theoretical guidelines from a patient-centred sociocultural perspective to support health campaign messages within an IMC approach. The study used a qualitative research design with three data collection techniques, namely, individual semi-structured face-to-face interviews, a focus group interview session, and qualitative content analysis of social artefacts. The combined integration of different data collection techniques provided an in-depth analysis to understand the single case study at hand. In the next section, the research methods used in this study are discussed.

4.4.3 Research methods

The research methods for this study are discussed below including semi-structured face-to-face interviews, a focus group interview session, and qualitative content analysis.

4.4.3.1 Semi-structured face-to-face interviews

Semi-structured face-to-face interviews are designed to encourage subjective responses from people regarding a certain situation they have experienced (Richards & Moss 2007:472). Semi-structured face-to-face interviews enable one-on-one conversational communication between the researcher and the HPPs. Guiding questions were predetermined yet flexible and the researcher followed these questions throughout the interview by probing and collecting efficient data from the HPPs for the study (Du Plooy 2009:197).

Five semi-structured face-to-face interviews were conducted with HPPs from Thelle-Mogoerane regional hospital. The purpose of the semi-structured face-to-face interviews was to answer research questions 1 and 2:

Research question 1: What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital?

Research question 2: How is an IMC approach adopted for health campaign messages at Thelle-Mogoerane regional hospital?

Several HPPs participated in semi-structured face-to-face interviews for this study. The HPPs worked in the following departments: marketing communication and public relations, quality assurance, dietary, and employee wellness. According to Yin (2018) and Rowley (2002) a semi-structured interview needs to operate on two levels, namely, the researcher asks questions that solicit responses, and the researcher poses friendly and non-threatening questions in an open manner. This study followed the two levels protocol by Yin (2018) during the interviews with the HPPs in that the researcher asked open-ended questions and allowed the participants to only answer questions that they were comfortable with.

4.4.3.2 Focus group interview

A focus group compromises of individuals with certain characteristics who focus discussions on a given issue or topic (Denscombe 2007:115). Focus group interviews create a more natural environment as participants influence and are influenced by others (Denscombe 2007:115). One focus group session was conducted for this study with patients from Thelle-Mogoerane regional hospital. The focus group interview was used in this study to answer research questions 1 and 3: What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital? Research question 3: How can the proposed theoretical guidelines from an IMC approach be refined after being applied to a single case to better support patient-centred health campaign messages?

The participants were all black South African females of different cultures and ethnicities from Vosloorus township. Participation for the focus group was voluntary and the only participants that volunteered were black females. The focus group was held to obtain a deeper understanding into the patient's perspective of health campaign messages. This links back to the nature of qualitative research designs since the participants shared their personal experiences on how meaning is constructed in health campaign messages from a cultural and social context.

As discussed in chapter 2, patients interpret health campaign messages from their cultural and social context before accepting and applying them to their health behaviour. The data collected from the focus group interview allowed for the evaluation of the effectiveness of planning various integrated marketing communication mix instruments components. In addition, this focus group assisted in setting the benchmark on how the proposed theoretical guidelines from an IMC approach as part of a health promotion strategy can promote message consistency and uniformity at an operational level thereby creating relevancy and message acceptance from the target audience.

4.4.3.3 Qualitative content analysis

This study made use of a qualitative content analysis to collect data from social artefacts and social media to address research questions 1 and 2. Research question 1: What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital? Research question 2: How is an IMC approach adopted for health campaign messages at Thelle-Mogoerane regional hospital?

A qualitative content analysis is defined as “a research methodology for the subjective interpretation of the context of text data through the systematic classification process of coding and identifying themes and patterns” (Chauke 2015:151). For a single case study research design, the most important use of social artefacts is to corroborate and argue evidence from other sources (Rowley 2002:27 & Yin 2018:107). This added credit to the data collection process for the study and was one of the three research methods used to strengthen the overall findings.

For the qualitative content analysis, the social artefacts analysed included health promotion campaign planning and implementation social artefacts from the Thelle-Mogoerane regional hospital, their Facebook and Twitter messages, posters, radio interview transcripts, newspaper articles, brochures, and hospital newsletters (see sections 4.6 and 4.7 in this chapter). The social artifacts were analysed using a coding scheme for the study by identifying coding categories reflected in the literature and the theoretical guidelines from an IMC approach.

4.4.4 Target population and accessible population

A population is a group or objects from which a researcher wants to draw conclusions (Mbokane 2004:85; Babbie 2014:115). The target population is defined as an "entire class or group of units, object, subject which one want to generalise the findings" (Du Plooy 2009:56; Chauke 2015:146). The target population for this study included all HPPs, various content from social artefacts on health campaign messages, as well as patients from all regional hospitals in South Africa. The accessible population is defined as "the units of analysis in the target population to which researcher have access" (Du Plooy 2009:51). In this study, the accessible population for the semi-structured face-to-face interviews included five HPPs selected by the hospital's marketing, communication and public relations department who were involved in the planning and implementation of health campaign messages.

For qualitative content analysis, the accessible social artefacts included six health promotion campaign planning and implementation documents (2013-2018), five radio interview transcripts, five newspaper articles, five hospital newsletters, five brochures, ten Facebook messages (2013-2018) and five posters. In addition, one focus group interview was conducted with eight female patient participants. One focus group was deemed sufficient since the insight gained from the participants provided an overall understanding of the patients' perceptions of the campaign messages. Also, the study was only aligned to Thelle-Mogoerane hospital but not generalised to other hospitals outside this context or community. In the next section the sample method and procedure for this study are discussed in detail.

4.4.5 Sample method and procedure

When conducting research about a group of people or social artefacts, it is rarely possible to collect data from every individual or social artefact in that group (Rule & John 2011:62). Rather, the researcher must choose a sample that is representative of the whole group for a single case study design (Rule & John 2011:62). There are two types of sampling methods that can be used to select a sample namely, probability and non-probability sampling. According to Babbie (2014:174) and Alva (2016:13) probability sampling is a sampling method that uses some form of random selection whereby every individual or social artefact within the identified population

has a chance of being considered and included in the study. In contrast, non-probability sampling is a judgement or non-random type of sampling (Alvi 2016:14). In non-probability sampling not every component of the identified population has an equal chance of participation in the study. According to Etikan and Bala (2017:1), “the selection of the sample is constructed based on subjective judgement of the investigator”. Therefore, this study adopted a non-probability sampling method which was used in qualitative research and did not aim to generalise the findings to the total population.

Purposive sampling was also adopted for this study. Purposive sampling is defined as “the deliberate selection of specific individuals, events or setting because of crucial information they provide that cannot be obtained through other channels” (Liamputtong, 2019:14). Similar to non-probability sampling methods, the aim of purposive sampling not to generalise findings to a larger population. Purposive sampling seeks to gain a deeper understanding of individuals, events, or settings (Neuman, 2017:142). For this study the HPPs, patients, and social artefacts were purposefully selected since the researcher aimed to propose comprehensive sociocultural theoretical guidelines to support health campaign messages from an IMC approach.

The selected patients, HPPs, and social artefacts had to conform to the inclusion criteria of collecting rich and detailed data since specific information was required for this study. Thus, it was significant to choose a sample that fit these criteria to progress the study. In the following section, the criteria for inclusion of participation is explained for this study.

4.4.6 Criteria for inclusion of participation

In this section the criteria for inclusion of the HPPs, patients, and social artefacts is explained.

4.4.6.1 Inclusion criteria for health promotion practitioners (HPPs)

The following criteria for inclusion guided the selection of HPPs for this study:

- Involved in the planning and development of health campaign messages for their department. Employed at the hospital for at least six months so they are familiar and aware of the health campaign messages being analysed. Agree to participate in the research voluntarily with informed consent.
- Be any race, gender, and age.

4.4.6.2 Inclusion criteria for patients

- Patients from Thelle-Mogoerane regional hospital.
- Agree to participate in the research voluntarily with informed consent.
- Be any race, gender, and age.

4.4.6.3 Inclusion criteria for social artefacts selection

- Content such as awareness on a health issue documented between 2014 to 2019 related to health campaign messages from Thelle-Mogoerane regional hospital were included in the sample (see section 5.6).
- Social artefacts that were analysed included the planning and implementation documents of selected campaigns which explained the planning and development of the health messages in the actual campaigns.
- Health promotional campaign brochures, for example, on HIV/AIDS or COVID-19.
- Radio interview recordings related to health campaign messages for the hospital from the local radio stations formed part of additional support and advertisement for selected health campaign messages.
- The hospital newsletter and community newspaper articles related to health campaign messages.
- The hospital's health promotional campaign posters which were part of advertising for selected health campaign messages.
- Facebook messages that were written as part of additional support and advertising for health campaign messages by HPPs in order to create awareness of campaigns from the hospital.

According to Chauke (2015:149), there is no set formula to determine an appropriate sample size when conducting qualitative research. Data saturation was used to justify the number of social artefacts and participants for this study. Data saturation

occurs when a researcher reaches a point in the analysis of data that sampling more data will not lead to more information related to their research questions (Faulkner 2017:143). Therefore, for this study, five semi-structured face-to-face interviews conducted with HPPs and a focus group with eight patients from Thelle-Mogoeranes regional hospital was sufficient for the data analysis (see section 4.8 in this chapter). The participants knew more about health campaign messages and were motivated by the topic, giving insightful, in-depth, rich data to answer the research questions (David & Sutton 2011:139). Table 4.1 below summarises the sample size for the social artefacts analysed using qualitative content analysis.

Table 4.1: Sample for social artefacts

Social artefacts	**Total number of selected social artifacts analysed for the study**
Health promotion campaign planning and implementation documents 2013-2018	6
Radio interviews recordings conducted between 2013-2018	5
Newspaper articles published between 2013-2018	5
Newsletters published between 2013-2018	5
Brochures published between 2013-2018	5
Facebook posts updates 2013-2018	10
Posters published between 2013-2018	5

In the next sub-section, the data collection process for this study is discussed in detail.

4.4.7 Data collection

The following data collection methods were used to collect data for this study, namely, an interview schedule, moderators guide, and a coding scheme for a

qualitative content analysis of social artefacts. This discussion starts with a brief explanation of the procedure followed by the researcher to gain access to the research site before data collection could commence.

4.4.7.1 Access to the research site for the study

Permission to access the research site and the selected social artefacts for this study was granted by the manager of Thelle-Mogoerane regional hospital. The researcher initiated the permission process by sending a letter of request for access to the hospital for research purposes. Details of the study were outlined and explained in the email correspondence. This was followed by a few meetings at the research site between the researcher and HPPs in order to answer any questions about the study and the process of planning the semi-structured face-to-face interviews with HPPs, the focus group with patients and access to social artefacts before data collection began. The researcher was required to sign several confidentiality forms from the research site as part of the research agreement. The department of marketing, communication and public relations assisted the researcher to identify research participants from the hospital.

4.4.7.2 Interview schedule

The interview schedule guided the semi-structured face-to-face interviews for this study (see annexure C). In developing questions for the interview schedule the researcher considered the literature reviewed in chapters 2 and 3 based on the research questions, problem statement and proposed theoretical guidelines to support health campaign messages from an IMC approach. Creswell and Poth (2018:164) stipulates that an interview schedule contains a set of questions that act as a guide when conducting interviews. A total of 15 open-ended questions, also known as core questions, were developed for the interview schedule in this study to address the key themes of the study. The purpose of these questions was to yield consistent and valid information from the participants (Singer & Couper 2017:2). The participants used their own words to elaborate on their points during the interviews thus ensuring that the researcher understood their perspective on how to adopt an IMC approach for health campaign messages at Thelle-Mogoerane regional hospital.

A pilot study was first conducted in relation to the semi-structured face-to-face interview questions on the interview schedule with four different HPPs from various hospitals in Springs. A pilot study is a small study to test data collection instruments, sample recruitment strategies, research protocol, and other researcher techniques used in preparation for a larger study (Hassan *et al* 2006:70). The following steps were followed: Each participant signed a consent form and thus participated voluntarily (see annexure C). The semi-structured face-to-face interviews with the HPPs were conducted with each participant in their office at the hospital after the researcher obtained permission from the clinic for the interviews and received ethical clearance from the Unisa (see annexure A). The researcher made participants feel as comfortable as possible by outlining the study and the purpose of the research. The researcher also explained the involvement of the chosen participants in the study, in other words the contribution of the participants to the study. Moreover, ethical issues that needed to be adhered to during the data collection process were addressed.

In this regard, prior to conducting the interviews, the researcher first introduced themself to each participant. The researcher clearly explained that the research was for completion of their Masters' degree as per requirements. Next, the researcher ensured confidentiality in terms of any information that would be revealed during the interview. The researcher stipulated that the consent form bound the researcher not to publicise any information revealed in the interviews which was part of research ethics. The researcher also gained informed consent from each participant to record the interviews prior to answering the interview questions. Then, the researcher that assured confidentiality of the collected data for the interview would be kept safely under lock and key. The researcher assured each participant that only the researcher and their supervisors would have access to collected data and that their real names would not be revealed during the reporting of the study's findings. After all permissions were granted, each semi-structured face-to-face interview was recorded using a digital recorder. In addition to the recording, the researcher took notes in a journal to help make the data analysis manageable and comprehensive.

The researcher debriefed participants after the interviews to assist HPPs to reflect on their experiences when developing health campaign messages in improving participation and in-depth responses to the open-ended questions as guided by the interview schedule. The duration of each interview was between 45 minutes to one hour.

4.4.7.3 Moderator's guide

The moderator's guide was used to guide the focus group discussion with open-ended questions (see annexure B). The moderator's guide contained the following components: research objectives, brief participant's profile, the address for prescribed meeting venues, the study topic, an introduction and 13 questions. The focus group interview was recorded using a digital recorder with signed informed consent and permission from the participants. In addition to the recording, the researcher took notes in a journal to help make the data analysis manageable and comprehensive. The same steps prior to the interview as for the semi-structured face-to-face interviews was followed for the focus group.

The focus group interview took place in the meeting hall at Agape family church near the hospital in Vosloorus. The Agape family church secretary assisted the researcher with the recruitment of participants because the public relations and marketing officer from the hospital was struggling to acquire patients from the hospital. Most participants were members of the church while others were members of the community. The same informed consent protocol as the semi-structured face-to-face interviews was followed for the focus group participants, as well as ethical adherence for the study (see section 4.8.2). In addition, the researcher set out the terms of the discussion so that every participant could get a chance to participate within the group. The researcher probed during the focus group interview to assist the participants to reflect on their experiences when exposed (or not exposed) to health campaign messages to improve their participation and in-depth responses to the open-ended questions as guided by the moderator's guide. The duration of the focus group interview was more than one hour.

4.4.7.4 Coding scheme for the qualitative content analysis

The coding scheme for the study involved identifying occurring coding categories in harmony with the literature and the theoretical guidelines from an IMC approach. The

data was analysed both manually and using the QDA Miner Lite software program by Provalis Research. The health promotion campaign planning and implementation social artefacts and radio interview recordings were analysed manually. The social artefacts were considered confidential; therefore, the hospital management did not grant the researcher permission to take the social artefacts home or make copies. In addition, social media messages, newsletters, newspaper articles, pamphlets and brochures were analysed using the software program, QDA Miner Lite because it allowed for greater reliability than human coding as data from the social artefacts was interrogated by producing accurate data analysis in enhancing health campaign messages (Du Plessis 2017:4; Adu 2019:184; Bayked *et al* 2021:120).

The following steps were manually followed to analyse the six-health promotion campaign planning and implementation social artefacts (year planners and reports) and five radio interviews recordings.

First, the researcher identified key concepts from the proposed theoretical guidelines from an IMC approach and relevant literature for initial codes. The researcher then created a list of these initial codes and defined each code. Next, the researcher read the data from the social artefacts to highlight any text that fit the initial codes list. For any text that did not fit the initial codes list but seem important for the study, the researcher created a new code to define it. The researcher evaluated the initial codes against the data from the social artefacts and grouped together similar codes. This was to see if the codes validated the proposed theoretical guidelines from an IMC approach and relevant literature. In addition, the researcher also examined the new codes created to see if the codes could be subcategories of the initial codes. The researcher then finalised the categories that were used for this study namely, message consistency, coordination of the IMC marketing communication instruments, social context on health promotional campaigns and culture on health messages for health promotional context to facilitate relevance, acceptance, and positive behaviour change.

The following steps were followed to analyse five newspaper articles, five newsletters, five brochures, ten Facebook messages, and five posters using the QDA Miner Lite software program.

First, an electronic coding scheme was verified by exploring the key categories for text retrieval and similar data was highlighted using different colours. Then the colour-coded data was arranged into subcategories, labelled, and checked for uniformity, error, similarities, and differences (Bayked *et al* 2021:121). The final code frame consisted of 36 individual codes which were interpreted deductively, and conclusions were drawn based on the facts obtained. Then, a manifest level (meaning visible in the text) was used, followed by a latent level (considering the deeper meaning of the text) to interpret the codes (Chauke 2015:171; Du Plessis 2017:4; Adu 2019:184; Bayked *et al* 2021:120).

In the next section, Tesch's eight steps for interpreting and analysis of the data collected from the semi-structured face-to-face interviews and the focus group interview are discussed. Furthermore, deductive qualitative content analysis for this study is also discussed.

4.4.8 Data analysis and interpretation

Tesch's (2013:142-145) eight steps were adopted to interpret and analyse data collected from the semi-structured face-to-face interviews and the focus group. Tesch (2013:142-145) outlined the manual steps as follows:

Step 1: The researcher read the entire transcript from all semi-structured face-to-face interviews with HPPs and the focus group session with patients respectively to carefully obtain a sense of the groups' trail of thought and to write down some ideas.

Step 2: The researcher selected cases and asked themself, "What was this about?" and thought about the underlying meaning in the information. The researcher's thoughts were written in the margin.

Step 3: A list was made of all the themes and topics. Similar themes were clustered together.

Step 4: The researcher applied the list of themes to the data. The themes were abbreviated as codes and were written next to the appropriate segments of the

transcripts. The researcher used the preliminary organising scheme as new categories of themes and codes emerged.

Step 5: The researcher found the most descriptive wording for the themes and categorised them. Lines were drawn between categories to show relationships.

Step 6: The researcher then made a final decision on the abbreviation for each category and alphabetised the codes.

Step 7: The data material belonging to each category was assembled and a preliminary analysis was performed.

Step 8: The researcher would recode the existing material where necessary.

4.4.9 A deductive approach to analyse and interpret social artefacts

The researcher did the analysis in accordance with a coding scheme (the coding sheets and raw data are available on request) based on the existing literature and then proposed theoretical guidelines from an IMC approach to analyse the data. This refers to the adopted deductive approach to the qualitative content analysis. A deductive content analysis is concerned with "developing a hypothesis based on existing theory, and then designing a research strategy to test the hypothesis (Woiceshyn & Daellenbach 2018:184). For this study, a deductive approach compromises of a large quantity of measurable information guided by the literature and theoretical guidelines from an IMC approach (Vashishth & Chakraborty 2019:259). Therefore, the deductive approach was used in conducting the content analysis to explore the cultural and social context elements from the recommended social artefacts (see 4.5.3 and 4.7.1.3). The following steps guided the deductive content analysis process, namely, identification of key concepts or variables, developing operational definitions, review of social artefacts and social media messages, and coding text into categories (Woiceshyn & Daellenbach 2018:184).

4.4.9.1 Identification of key concepts or variables

Key concepts or variables were identified as initial coding categories as the first step (Yin 2018:106; Hsieh & Shannon 2005:1281; Chauke 2015:170). These key

categories are discussed in section 4.8.4 in this chapter. The proposed theoretical guidelines to support health campaign messages from an IMC approach in chapter 3 and literature review of the study were used to create initial coding categories. The initial coding categories supported the premise of theoretical guidelines to support health campaign messages towards a patient-centred perspective from the cultural and social context (see chapter 3, section 3.6)

4.4.9.2 Developing operational definition

After identifying key concepts for coding categories for this study, the operational definition was developed (Hashemnezhad 2015:59). This was accomplished in the development, tabulation, and discussion of the steps for health campaign messages in chapter 3 (see section 3.6), as well as the literature reviewed in chapters 2 and 3. The detailed discussion of the steps in supporting health campaign messages and reviewed literature were used to develop the operational definition that clearly demonstrated the proposed action for each step in ensuring that the health campaign messages meet the cultural and social context of the patient in South Africa.

4.4.9.3 Review of social artefacts and social media messages

Reviewing the social artefacts and social media messages involved the selection of specific information to analyse and identifying and considering the samples for the content analysis (Elo & Kyngas 2008:109). For this study, the selection and justification of the use of specific social media messages and social artefacts such as pamphlets and posters on health issues for review is discussed in section 4.6.3. All these social artefacts and social media messages were read and analysed carefully in detail manually and analysed with QDA Miner Lite software program to identify whether the cultural and social context criteria needs were met. The researcher re-read these social artefacts and social media messages several times to immerse themself with the data. This process of reading through the information several times was related to the aim of evaluating and understanding the context of previously developed health campaign messages in relation to the cultural and social context of the patient. This was achieved by uncovering the deeper hidden meaning within the content in these social media messages and social artefacts (latent level).

4.4.9.4 Coding text into categories

This step involved identifying and categorising text for the qualitative content analysis. Text during the data collection process was identified as a representation of a specific category, for example, the cultural and social context in health campaign messages. This text was then highlighted and coded into specified categories using both manual coding and the QDA Miner Lite coding software program (see section 4.8.4 in this chapter). It was important to acknowledge that not all the text fit into all the proposed IMC theoretical guideline categories. Therefore, when the categories did not fit the guidelines, the researcher gave the text a new label, for example, message consistency (see section 4.8.4 in this chapter) (Hashemnezhad 2015:59). In addition, the researcher evaluated each category to determine the need for subcategories from the data analysed (Chauke 2015:172). In the next section, the trustworthiness of the qualitative findings is discussed with regards to the three data collection methods, respectively.

4.5 THE TRUSTWORTHINESS OF THE QUALITATIVE FINDINGS

Trustworthiness of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of the study (Connelly 2016:435). A researcher must ensure trustworthiness to persuade themself and the readers that their research findings are worthy of attention (Nowell *et al* 2017:3). However, trustworthiness was only applied to the research after the data was collected. During the research planning of this study the researcher identified ways in ensuring trustworthiness (Nowell *et al* 2017:4).

Trustworthiness was determined by theory triangulation (literature on health promotion and IMC), triangulation of data collection methods (semi-structured face-to-face interviews, the focus group interview, and qualitative content analysis), a pilot study and diary entries, and notes taken during the data collection process. This prevented the researcher from missing important information and addressing and correcting any threats to trustworthiness earlier rather than later (Morse *et al* 2002:5; Skipper & Ellis 2013:761). In the next section, trustworthiness is discussed with regards to the semi-structured face-to-face interviews, focus group interview, and the qualitative content analysis.

4.5.1 Trustworthiness for semi-structured face-to-face interviews, focus group interview and qualitative content analysis

For this study, the following trustworthiness concepts for semi-structured face-to-face interviews, the focus group interview and qualitative content analysis were suitable and are discussed below: confirmability (construct validity), credibility (internal validity), transferability (external validity), and dependability (reliability).

4.5.1.1 Confirmability

Confirmability refers to the degree to which the results could be confirmed or corroborated by other researchers (Cope 2014:90). According to Anney (2014:279), confirmability is "concerned with establishing the data and interpretations of the findings are not figments of inquirers' of the imagination but clearly derived from the data". In ensuring confirmability the researcher explained in detail the process and protocol followed to collect data for semi-structured face-to-face interviews, the focus group interview, and the qualitative content analysis. The study was conducted under Rowley (2002:27) and Yin's (2018:107) case study design protocol, whereas the qualitative content analysis took a direct approach (see section 4.8.4 in this section). This also included a discussion on data analysis and interpretation for this study (see section 4.9 in this section). Furthermore, transcripts for semi-structured face-to-face interviews, the focus group interview, hospital newsletters, newspaper articles, health promotional campaigns development social artefacts, posters, pamphlets, and Facebook messages, were retained by the researcher. All data used was stored safely for reanalysis by other researchers at a later stage if required.

4.5.1.2 Credibility

According to Anney (2014:276), credibility establishes whether the research findings represent plausible information drawn from the participant's original data and is a correct interpretation of the participant's original views. In addition, a qualitative researcher establishes rigorous inquiry by adopting credibility strategies such as prolonged and varied field experience, time sampling, reflexivity (field journal), triangulation, member checking, peer examination, interview technique, establishing authority of the researcher, and structural coherence (Anney, 2014:276).

This study used consistent researcher self-monitoring and triangulation to ensure credibility. All questions for the interview schedule and moderator's guide were also pre-tested to ensure that questions were clear and simple (see section 4.8.2 and 4.8.3 in this section). The credibility of the qualitative content analysis was achieved through intercoder reliability and ensuring construct validity by using a coding scheme. Intercoder reliability is a numerical measure of the agreement between different coders regarding how the same data should be coded (O'Connor & Joffe 2020:3). The intercoder reliability improves the quality, transparency, and reception of the content analysis (O'Connor & Joffe 2020:3).

The structural coherence of the study included theoretical triangulation (health promotion and IMC approach). Furthermore, other researchers within the field of health promotion and communication, and the IMC approach, have previously examined the difference and similarities of categories from the semi-structured face-to-face interviews, focus group interview transcripts, and qualitative content analysis.

4.5.1.3 Transferability

Transferability is viewed as the interpretive equivalent of generalisability (Burchett *et al* 2011:239). This simply means the degree to which the qualitative study's findings can be drawn to other contexts. According to Chi *et al* (2011:653) transferability involves the use of thick description and purposeful sampling. The researcher ensured transferability by taking notes during the semi-structured face-to-face interviews, the focus group interview, and the qualitative content analysis of different selected social artefacts. Note taking as part of transferability was also adopted for the semi-structured face-to-face interviews and the focus group interview when analysing the transcripts, and during qualitative content analysis when listening to the radio recordings from the hospital. The findings for this study were only generalised to Thelle-Mogoerane regional hospital's health campaign messages.

4.5.1.4 Dependability

Dependability refers to the consistency and reliability of the research findings (Morrison 2013:148; Anney 2014:278; Van der Hoven 2020:102). In this regard, the interview process was identical for all participants in this study. The researchers also ensured that participants responded on their own terms to the questions posed.

Furthermore, the research procedures that were followed for this study were documented, which allows for others outside the research endeavour to follow, audit, and critique the research process (Carcary 2009:15). For this study, there was a paper trail of the research protocol and procedure followed to ensure dependability and transparency.

For content analysis dependability, the inter-coder reliability method was used for each code (see section 4.5.1.2 in this chapter). According to Connor and Joffe (2020:3), intercoder agreement is "an extent to which independent researchers or coders evaluate the characteristic of a message to reach the same conclusion". If the coding results were the same and in agreement the reliability of the qualitative content analysis of the study was enhanced. This involved another researcher/coder analysing the exact social artefacts to reproduce the same results (Anney 2014:278). The second researcher/coder checked the reliability by checking similarities, differences in readings, responses, interpretations, and use of text or data (Connor & Joffe 2020:3). The generated analysis by the researcher and the second researcher was then compared to see if the results were the same or different for the semi-structured face-to-face interviews, the focus group interview, and the content analysis (Anney 2014:278). The second researcher's/coder's results were the same as the primary researcher after the analysis. This meant that the researcher and the second researcher/coder reached an intercoder agreement (Connor & Joffe 2020:3). The summary of the triangulation for this study is tabulated in table 4.2 below as follow:

Table 4.2: Triangulation of data

Data collection methods	Triangulation process
In-depth semi-structured face-to-face interviews data decoded	Transcribed, read, noted, and compared to the focus group transcript and journal notes.
Focus group interview data decoded	Transcribed, read, noted, and compared to the in-depth semi-structured face-to-face interviews transcripts and journal

	notes.
Content analysis of hospital social artefacts	Manual and software coding cross-check for the social artefacts and social media messages against each other, and against the in-depth semi-structured face-to-face interviews and focus group interviews.
Theory triangulation	Literature review conducted was consulted to analyse and interpret data (similarities and differences were noted from the literature reviewed)

4.6 SUMMARY

In this chapter, the research methodology and operationalisation of research criteria were discussed in detail. The interpretivism paradigm informed the study and supported the qualitative perspective employed in this single case study research design informed by Rowley (2002:18) and Yin's (2018:17) qualitative research criteria. The population of HPPs, patients, social media messages and social artefacts was outlined clearly as criteria for inclusion to direct the sampling for the study. In addition, data collection using in-depth semi-structured face-to-face interviews and the focus group interview was explained. Qualitative content analysis was identified as a data collection and analysis method for social artefacts and social media messages. The deductive approach was used to analyse data from the selected social artefacts and social media messages, as well as for the semi-structured face-to-face interviews and focus group interview. Tesch's eight steps guided the analysis process. The following aspects, namely, conformity, credibility, transferability, and dependability for qualitative content analysis, the in-depth individual semi-structured face-to-face interviews, and the focus group interview were explained as important quality measures for this study.

In the next chapter, chapter 5, the findings, and interpretation of the findings of the face-to-face semi-structured interviews and the focus group interview are discussed in detail.

CHAPTER 5: FINDINGS AND INTERPRETATION OF THE FINDINGS OF THE SEMI-STRUCTURED FACE-TO-FACE INTERVIEWS AND THE FOCUS GROUP INTERVIEW

5.1 INTRODUCTION

This chapter addresses research questions 1 and 2 and the findings and interpretation of the data for this study are detailed. This is the first chapter that focuses on the reporting and interpretation of the qualitative findings of the five semi-structured face-to-face interviews and one focus group interview from Thelle-Mogoerane regional hospital. The following discussion is guided by themes that emerged during the data analysis process. The findings are discussed within the context of the proposed theoretical guidelines to support health campaign messages from an Integrated Marketing Communication (IMC) approach.

5.2 FINDINGS OF THE QUALITATIVE SEMI-STRUCTURED FACE-TO-FACE INTERVIEWS AND THE FOCUS GROUP INTERVIEW

The findings of the semi-structured face-to-face interviews followed by the focus group interview are now discussed.

5.2.1 Semi-structured face-to-face interviews

The semi-structured face-to-face interviews were conducted with five Health Promotion Practitioners (HPPs) from Thelle-Mogoerane regional hospital. The HPPs were based at the marketing, communication and public relations department, quality assurance department, wellness department and dietary department. The HPPs were made up of four black females and one black male, all who have worked for the hospital for more than six months and up to 22 years. The reason for including HPPs from the Department of Health for this study was because some HPPs were moved from the hospital to the head office and staff members from the head office to the hospital. The structural change occurred because of the *klebsiella* outbreak in 2018.

Klebsiella is a type of Gram-negative bacteria that can cause different types of healthcare associated infections, including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis (CDC, 2015:24). Most

Klebsiella infections are acquired in the hospital setting or in long-term care facilities (NIH, 2018).

Five infants after birth died mysteriously in the hospital within a week. After a post-mortem was done on the bodies of the babies, it was announced that the cause of the deaths was *klebsiella* (Pijoo, 2018*)*. The hospital CEO was then suspended for six months because of negligence in a healthcare setting (Sicetsha, 2019). Later, the CEO was moved to the Department of Health and a new acting CEO was appointed for Thelle-Mogoerane regional hospital (Sicetsha, 2019). All these changes made it difficult to access the number of HPPs from the intended departments as discussed with the previous marketing and public relations officer who was moved to the Department of Health (Sicetsha, 2019). The new marketing and public relations officer did not know and have access to most staff members who were involved in the development of health campaign messages. The demography of the HPPs who participated in the semi-structured face-to-face interviews is tabulated in table 7 as follows:

Table 5.1: Demographics of HPPs

Health Promotion Practitioner (HPP) position	**Age**	**Gender**	**Ethnicity**	**Language**	**Department in the hospital**	**Number of years employed at the hospital**
Public relations intern	22	Female	Black	Sesotho	Marketing, communication, and public relations	6 months
Public relations officer	36	Male	Black	Sesotho	Marketing, communication, and public relations	2 years
Social worker	41	Female	Black	Sepedi	Employee wellness	4 years

Quality assurance officer - healthcare services	44	Female	Black	Tsonga	Quality assurance	6 years
Chief dietician	46	Female	Black	Venda	Dietary	20 years

After conducting the semi-structured face-to-face interviews with the above participants and analysing the data, specific themes and sub-themes emerged. In the next section, the findings from the semi-structured face-to-face interviews are discussed under each theme and sub-theme.

5.2.1.1 Theme: Collaboration between different departments

Theme 1 encompasses the idea that for the hospital to effectively adopt the IMC approach to support health campaign messages towards a patient-centred perspective, a hospital patients analysis must be conducted. For a comprehensive hospital patients analysis, all different departments within Thelle-Mogoerane regional hospital must be involved in doing research and collecting information on the beliefs, values, norms, and environment from the patients. Patients targeted for health campaign messages visit the different departments within the hospital for various health service needs. There are various methods that can be used to do research and collect information from patients such as surveys, hospital in-patient forms, and doctor-patient or HPP-patient interactions during a consultation. All the interactions are efficient because HPPs in different departments openly communicate with patients daily during healthcare interactions, consultations, and service delivery. During these interactions, HPPs can learn about the beliefs, values, norms, and environment of the patients that influence health. Patients in these interactions sometimes communicate openly about their cultural and social context health needs, expectations, concerns, and feelings (Naughon 2018:2). HPPs can therefore use this information to contribute towards the theoretical guidelines to support patient-centred health campaign messages from an IMC approach to meet the patient's beliefs,

norms, values, and environmental needs within their everyday health parameters during the planning and development process of health campaign messages.

As a pre-requisite, all health experts from different departments must meet to plan upcoming health campaign messages. However, the different health experts must contribute with any relevant information on the patients and habits that influence their health. This facilitates the patient-centred perspective during planning and has the potential to result in health campaign message creation that is relevant, understood, and accepted by the patients. Therefore, it is important for all health experts in their different departments to provide information on the patients' cultural and social context. Therefore, it should also be mandatory for all health experts in their respective departments to submit their hospital patients analyses during the planning phase. All the hospital patients analyses can then be combined and examined by all the health experts to ensure that accurate information on the cultural and social context of the patients is included and finalised for health campaign messages. Thus, a collaborative effort between different HPPs from different departments is supportive and imperative when planning health campaign messages.

As discussed in chapter 2, there is a need to understand the patient's situation, background, cultural beliefs, and social support systems that motivate the patient to accept health campaign message and adopt new health behaviour changes established by HPPs at the forefront of facilitating patient-centred health campaign messages which are culturally sensitive and acknowledge the impact of the environment on health behaviour (Tountas 2009:185; Weng & Landes 2017:900-909).

The finding from this study support scholarly views by Leonard (2004:40), Longo (2005:2859) and Daniel and Rosenstein (2008:38), whereby collaboration in health care is an essential way in which health care professionals adopt complementary roles and cooperatively work together in delivering efficient patient-centred health care. This ensures sharing responsibilities for problem solving and making decisions towards the planning and implementation of effective and supportive patient-centred health care from the cultural and social context (Daniel & Rosenstein 2008:38). For the theoretical guidelines to support patient-centred health campaign messages

within an IMC approach, HPPs are required to have a full comprehensive understanding of the patients, their family and community members, to be able to meet health care communication needs effectively (see chapter 3, section 3.6). This can be achieved by acknowledging the diverse values, beliefs, opinions, and knowledge of the patients and members of the community at large. In this regard, knowledge refers to health expertise in the medical field pertaining to specific illnesses or problems aligned with health campaign messages (Campbell 2010:20).

Findings of the collaboration between departments theme suggest that HPPs have an important impact when collaborating during the planning and implementation of health campaign messages at Thelle-Mogoerane regional hospital. For example, each department is given the responsibility to implement a particular health promotional campaign depending on their field of expertise. HPPs within a particular department (dietary, wellness or quality assurance) initiated collaboration with other departments during planning meetings. While collaboration is initiated by the different HPPs, the role of the communications, marketing and public relations department plays several roles in the health campaign message development and implementation process. This includes development, contribution, and dissemination of all health campaign messages via the hospital's various marketing communication mix instruments (for example, radio, Facebook, Twitter, and newsletters, to name a few) (see chapter 3, section 3.5). The following verbatim quotations of HPP participants support the above arguments:

HPP (1): "You know other departments they are very reliant on PR, others you know, you wouldn't think PR is important, it just like important hey, when finance wants to get messages out goes through us before it goes to the CEO, we are the ones who rectifies it when its wrong even HR we are the ones who have to word it in such a way, they just do their wording there but it's a bit rough we the ones who actually makes it professional, I think in terms of getting messages out to people it's a 50-50."

HPP (2): "As I have said, firstly the unit will come to us, the unit will come to us and say this is the campaign that we are working on, this is the theme, this is how we want to communicate to the public yeah, it either we design banners like I have said or we will design something that will go to the radio or TV or editorial you know this

advertisements you find in newspapers so ours is just to communicate to the media or the public because right now we have social media so it's easy for us to reach the public out there yeah so but we will have meetings to say what we want to say, how we want to say it, why do you want to say it, when like time frame yeah!"

HPP(3): "Okay its different people from different departments, there is my department which is the employee wellness, there is the communication department because they assist us in terms of posters, developing the messages around it and circulating invitation to the stuff then there is the nursing directorate because we are in a hospital there are nurses then we have got somebody who is representing the doctors as well and then we've got somebody from administration and HR."

HPP (4): "I think there is co-operation between department because we all work together, if there ward 3 is dealing with maybe, they have this incident we do communicate with them like yes, we are from quality assurance."

HPP (5): "Okay, yeah ideally it should be different professions like for example for breastfeeding week it should be the nurses, dietitians and the doctors."

HPP (3): "People are always saying they are short staffed at the time and when you call meetings to try and prepare and then people don't pitch up, they would like to pitch up on the day of the campaign and say but you did not involve us but then we are saying we have called the meeting but nobody came, before the event people are reluctant but on the day of the event you find that they are those that will come."

From the above verbatim quotations, all HPPs contributed during the planning of health campaign messages, this occur because different HPPs have some knowledge on the culture and social context of the patients from the hospital. When linked to the literature, patient-centred health campaign messages facilitate acceptance and encourage health behaviour change (Ahmed & Mousa 2018:236). Therefore, this ties into the overall context of this research since the cultural and social context dimensions are considered important for theoretical guidelines to support patient-centred health campaign messages from an IMC approach suited for

South African patients and should therefore be considered in step 1 (see chapter 3, section 3,6).

It also became evident that sometimes due to different departments being understaffed or overwhelmed with work, collaboration was not always possible and the responsible department, such as dietary or nursing, had to plan and implement the campaign solely. Furthermore, due to issues surrounding attendance at campaign planning, sometime the different departments only become involved during the implementation phase of the health campaign messages.

From the data reviewed, the sole involvement of one department was a challenge for planning patient-centred health campaign messages from the cultural and social context. Specifically, cultural, and social context aspects such as preferred languages and educational level are not necessarily accounted for. These aspects are limited to a fraction of the targeted patients that visit each department for their health needs, which does not include all patients from the hospital. This supports the literature in that health campaign messages become subjective, unclear, and misunderstood by the patients, as noted in section 2.7 of chapter 2.

In South Africa, for example, the goal of health campaign messages is to educate patients on health issues. Therefore, using preferred, relevant languages would ensure that patients understand the messages and engage with the content appropriately. This allows the patients to understand the messages from their cultural perspective and facilitates in adopting the recommended health behaviour. In relation to the literature, when health campaign messages do not include the beliefs, values, norms, and environmental needs of the patients, healthcare needs of the targeted patients cannot be met adequately (Kamaker 2015). Consequently, forfeiting the purpose to educate and empower patients from a patient-centred perspective in health campaign messages can negatively impact how patients take responsibility for their health in the South African context (see chapter 2, section 2.7). Specifically, health campaign messages must include the social and cultural context for patients to understand and adhere to recommended health behaviour change.

5.2.1.2 Theme: Formative research of the target audience's cultural influences in health decisions

Theme 2 encompasses the importance of conducting formative research on the beliefs, values, norms, customs, and environment of the targeted hospital patients before the planning of health campaign messages. Formative research is the process by which health practitioners define a community of interest, determine how to access that community, and describe the attributes of the community relevant to a specific public health issue (CDC, 2013:1). As discussed in chapters 2 and 3, formative research provides accurate information needed for patient-centred theoretical guidelines to support health campaign messages from an IMC approach (Abiodunm 2011:28).

The findings from Thelle-Mogoerane regional hospital indicate that there is a lack of formative research to collect information on the patient's culture and social context. This is important as understanding the culture and social context enables HPPs to develop quality health campaign messages aligned with the culture, ethnicity, and race of the targeted hospital patients (Sperber, 2009:352). This finding supports the literature from the PEN-3 model of culture that emphasises how culture assists in understanding the complex nature of social barriers that prevent health behaviour change in African societies (Airhihenbuwa *et al* 2009:415). Thus, the findings in this study determine that formative cultural and social context research as a necessity for health campaign messages development and implementation was unfortunately neglected at the hospital even though there was recognition for how important the sociocultural contexts are. As indicated from the interviews, HPPs consider formative research important, however, they do not necessarily focus on the target audience's culture and social context prior to formulating health campaign messages.

Cultural and social context aspects such as preferred language and community relationships in South Africa influence understanding, acceptance, and health decisions related to health campaign messages, as is evident in the theoretical guidelines from an IMC approach to support patient-centred health campaign messages (see chapter 3, section 3.6). Although the hospital gathers demographic information from the patients prior to a consultation, this information is not adequately used to formulate appropriate health campaign messages. This includes

information on preference in terms of language, race, ethnicity, and gender. This was confirmed by one of the HPPs as follows:

HPP (1): **"***All of them, whoever is our patients fills in hospital form, I think there is an option for a language of preference, so this information is taken from there"*

The findings indicate that even though patients' demographic information such as age, language and gender are considered important, HPPs or departments did not conduct formative research on patients' culture prior to formulating health campaign messages. For example, the findings indicated that the HPPs had no knowledge on how research was conducted for a hospital patients' analysis or who was responsible for this. Rather, research data on the target hospital patients was handed down from head office or by management to HPPs at the hospital for purposes of planning health campaign messages. This meant that the cultural and social context information was not specific to Thelle-Mogoerane regional hospital patients but the public.

Some of the important cultural and social context aspects, such as the preferred languages that facilitate messages understanding for the hospital's patients, was not included. This finding is supported by the reviewed literature in that patients will not pay attention to or accept messages as relevant to their health context when sociocultural dimensions are not adequately addressed, as indicated in section 2.8.2.1 of chapter 2. Therefore, the health campaign messages were not effective in educating patients on health information to encourage adopting the recommended health behaviours. The following verbatim quotations of HPP participants support the above argument:

HPP (3): "I don't know how they actually conduct the research because am at a lower level of management, so I think that is more of a higher-level kind of responsibility that am not exposed to in terms of how they exactly conduct the research."

*HPP (2)***: "***No, not at all but we do have people who do research for the department yeah there is going to be if you look at am going to show you, you saw it, we recently launched a new website."*

HPP (4): **"***I am not sure, I am not sure about that, am not sure about research, people that go out there to do research."*

From the above verbatim quotations, research was not conducted by the various interviewed departments and was not a requirement at the hospital before planning health campaign messages. When linking this to the literature, research is a fundamental tool that provides accurate and relevant information on the culture and social context of the patients and formative research provides a full scope of the target patients' cultural and social contextual elements that influence health and behaviour (Naughon, 2018:2). Therefore, this ties into the overall context of the research since the cultural and social context of the patients are central to the theoretical guidelines proposed to support patient-centred health campaign messages from an IMC approach in South Africa and must be considered in step 4 (see chapter 3, section 3.6).

As stipulated in chapter 2 section 2.4, culture, ethnicity, and race are interrelated in health and need to be included when formulating health campaign messages for South African audiences (O'mara *et al* 2009:23). For health campaign messages to be effective, the culture and social context must be considered by, for example, using all the preferred languages and simple words that are accepted and understood by patients in their communities. This will facilitate messages understanding from the cultural and social context of the patients. South African hospital patients are composed of different individuals from diverse ethnic backgrounds and languages, as such, these sociocultural elements must be considered during formative research and the development of health campaign messages (O'mara *et al* 2009: 23).

Cultural beliefs, values, and norms that are related to health and health behaviour is mostly learnt from one's ethnic background (David 2013:13). This includes the language used to understand health information by patients from health campaign messages. However, within the same culture there are different ethnic groups that exist and cultural meanings are derived from the language used for health information which might be understood differently by different people within the same culture (Idang 2018: 102). For example, within the IsiXhosa culture, which is one of

the prominent cultures in South Africa, there are different ethnic groups such as *Amampondo* and *Amabaca.* These groups fall within the IsiXhosa culture, but their language, including words and pronunciation, as well as traditional outfits, foods, rituals, and practices are different from other IsiXhosa groups. These ethnic groups create their own understanding and interpretation of health and illness based on the central IsiXhosa cultural values, beliefs, and norms.

As such, certain cultural practices that are socially constructed are accepted by members of these ethnic groups, but not necessarily everyone who is ethnically or culturally identified as Xhosa. Therefore, patients from this community will interpret the health campaign message differently which may cause conflict in understanding the health information and applying the recommended health behaviours. Overall, the findings from this study suggest that such cultural aspects have been neglected by HPPs in the planning of health campaign messages for facilitating positive health behaviour change within Thelle-Mogoerane regional hospital (Idang 2018:102; Moola 2015:113).

The findings from this study further indicate that HPPs realise the importance of formative research on the ethnic background and language of the target audience, even though this has not been implemented. This is important because the health campaign messages communicated by the hospital are misunderstood and do not convey the intended meaning applicable to health behaviour (Coleman *et al* 2006:105 & Fairall *et al* 2012:16). As such, health campaign messages have not been reflecting all the languages and ethnic aspects of the target patients.

Using all the preferred languages of the patients to facilitate accurate meaning and understanding of messages needs to be addressed by the hospital (Moola, 2015:72). This is supported by the literature in that patients in the same community might understand messages from their own cultural context language (Hubinette *et al* 2017:129). Health campaign messages must educate patients to encourage health behaviour change from using accepted simple and common words or phrases so that consensus can be reached between the HPPs and patients towards adopting the recommended health behaviour (Hubinette *et al* 2017:129). As such, health campaign messages must not be restricted to dominant languages and ethnic aspects which do not cater for diversity.

As discussed in chapter 2, health campaign messages that did not respect the ethnic background and language of the patients will not lead to the intended response of the health needs of diverse groups (Napier *et al* 2007:4). This means that health campaign messages developed in this manner are unsuccessful in promoting healthy behaviours and preventing health issues. Therefore, formative research must be a requirement before the planning of health campaign messages as the cultural and social context facilitates relevant theoretical guidelines from an IMC approach which encourages acceptance and positive health behaviour change in South African communities as comprehensive enhancement and must be considered in step 1 (see chapter 3, section 3.6).

5.2.1.2.1 Sub-theme: Traditional or alternative healers and medicines role in health behaviour:

The findings in this study also indicated that all HPPs believed that traditional or alternative healers and medicines influence the understanding of health campaign messages and thus plays a crucial role in encouraging health behaviour and positive health outcomes. HPPs had experiences either with family members, friends, or significant others, about stories regarding traditional or alternative healers and medicines or experiences of some patients that came to the hospital. Part of the cultural beliefs and norms of the targeted hospital patients include traditional or alternative healers and medicines when dealing with a health problem. Traditional or alternative healers and medicines have been instrumental in the health behaviour composition and understanding in societies with reference to eradicating some health burdens that are not believed to be biomedical but supernatural in nature (Campbell 2010:20, Summerton 2015:65). In chapter 2, section 2,6 the traditional medicine policy that was implemented in South Africa was discussed and demonstrated the impact of this perspective in health. Even today, large portions of South Africans continue to use traditional healers first as compared to hospitals or biomedical health facilities when dealing with a health problem (Bhikha & Glynn 2013:1). Therefore, traditional or alternative healers and medicines must be considered for the theoretical guidelines as an important cultural aspect to support

patient-centred health campaign messages within the patient's social context from an IMC approach, considered in step 1 (see chapter 3, section 3.6).

Some of the HPPs mentioned that they also consulted with traditional or alternative healers and medicines when they have had health issues. The HPPs also explained that some of the health issues that the patients bring to the hospital are not necessarily biomedical because of the symptoms. Specifically, symptoms that cannot be explained by doctors or health experts in general and therefore lead to no diagnosis while the patient is still impacted negatively. This stems from the HPPs years of experience in healthcare and being part of the community or being black within the South Africa context. Although the HPPs notice this, they are not allowed to advise their patients to use Traditional or alternative healers and medicines because they must adhere to a code of conduct and professionalism. This requires that the HPPs encourage patients to only seek health help from the biomedical perspective. This finding is supported by the literature whereby the two perspectives (biomedical versus traditional or alternative healers and medicines) each play a role in the healing process and management of an illness or disease in communities, as pointed out in section 2.5.1 of chapter 2 (Campbell 2010:20).

The following verbatim quotations of two HPPs supports the above arguments:

HPP (3): "*It is a very complexed topic that one, right and my opinion is that there must be some form of integration of the two right, I don't believe in the notion that says you can choose one and abandon the other because I believe both have a good place in our society, they have good intentions as long as they are meant to enhance wellbeing."*

HPP (4): "*I would not say they (traditional or alternative healers and medicines) should be catered for because we (black people) use the traditional way and they use the western way, for instance when a doctor wants to operate on you traditional the traditional healer does not operate, they give you medicine that will heal that illness so traditional way can be used separately and western separately."*

From the above verbatim quotations, traditional or alternative healers and medicines as well as biomedical medicine must be integrated in enhancing health campaign messages to be effective. Therefore, traditional, and biomedical medicines can work in combination to help manage health issues in communities because of the various cultural beliefs held by patients. However, at Thelle-Mogoerane regional hospital, patients must have a referral letter from the local clinic to see a doctor or HPP. This referral letter must be issued to a patient by the HPP when an illness is seen as fatal and needs intensive medical attention. The doctor or HPP will further diagnose a patient based on the biomedical criteria using, for example, medical machines and blood tests. Then treatment will be prescribed to a patient to treat the specific illness that has been diagnosed and these may include, but are not limited to, prescribed drugs, dialysis and/or medical surgery (Kumar *et al* 2019:634). Thelle-Mogoerane regional hospital uses the biomedical care system because this is the required practice for all hospitals that provide medical care in South Africa by the government.

From the findings in this study, a supportive health care approach would take into consideration traditional or alternative healers and medicines. The hospital could make provision for traditional healers or medicines because HPPs know the effectiveness of these approaches in health treatment. Patients from the hospital simultaneously consult traditional or alternative healers and medicines as well as clinics for health problems to seek health treatments (Mokgobi 2013:48). Therefore, the reviewed literature for this study supports the finding that traditional or alternative healers and medicines may be complimentary to biomedical medicine because health is learned and experienced within culture and is perpetuated daily in the community (De Wet *et al* 2012:18; Bhikha & Glynn 2013:1). Therefore, this ties into the overall context of the research since the aim is to propose theoretical guidelines that support health campaign messages that respect the patient's cultural aspects within their social context from an IMC approach and should be considered in step 4 (see chapter 3, section 3.6).

5.2.1.3 Theme: Application of the social context in health behaviour change messages

Theme 3 encompasses the importance of considering the patient's social context in health campaign messages. Like culture, the social context creates a set of similar beliefs and norms that people learn to understand and relate to health problems in

line with social elements such as education level and access to healthcare facilities (Cowan 2006:4; Dodds 2016:4). As explained in chapter 2, section 2.2, the social context embodies the factors that directly and indirectly influence health behaviour. This means that patients learn to interpret health and health seeking behaviours from their social and environmental context (Ahmed & Mousa 2018:237).

According to Lippman *et al* (Lippman *et al* 2018:98), the social context contributes to positive health behaviour change and improved health outcomes in different communities. It is important to gather information on the social context because this information will assist in outlining all the social aspects that could impact the patient's health lifestyle in health campaign messages (Ahmed & Mousa 2018:40). The social context aspects will not necessarily be aligned to culture but to the shared community accepted behaviours and actions which differs from an individual's own culture. According to Ahmed and Mousa (2018:41), in South Africa, the social context impacts everyday health behaviour, therefore it is imperative to include the social context alongside culture for theoretical guidelines to support patient-centred health campaign messages from an IMC approach and must be considered in step 4 (see chapter 3, section 3,6).

From the interviews conducted with HPPs, the social context, including aspects such as education level and access to health facilities for the patient, are major contributors to health behaviour change. Specifically, the social context enables a patient to apply the health behaviour that is recommended from health campaign messages. For example, if a health campaign message on breast cancer awareness gives instructions on self-examining breasts to check for lumps but the patient does not understand the message, then the patient will not correctly examine their breasts or check for possible lumps. As such, this means that the patient would not be able to detect the risk of breast cancer early which is easier to treat than compared to later stages (CDC: 2021).

The following verbatim quotations by two HPPs supports the above arguments:

HPP (3): "*This is (social context) very, very important I assume it is useless to create a messages that the hospital patients you are trying to connect with do not*

understand, or connect with, it is very important that for whatever message we are communicating it must resonate, it must connect you know with the hospital patients that we are trying to target so that for us is one of the most important things."

HPP (1): "*As I have said knowing your targeted hospital patients is important, when you for instance use like a townhouse, a big house these people from this township do not know it, they do not live in any of them right, so you want people to look at that and say oh I relate to that, let me see what they say about me because when you are looking at that poster you see yourself so we want, we want to be inclusive of our target audience."*

From the meaning interpreted based on the above verbatim quotations, it appears that patients may be unable to take control of their health and increase positive health outcomes because of these social context issues. As discussed in the literature in chapter 2, health promotion from health campaign messages stems from the importance of individuals taking control of their health, thereby stabilising health problems in society (Weng & Landes 2017:900-909). For individuals to take control of their health, targeted health campaign messages from the hospital need to understand the social context aspects including education level, community relationships, and access to health care facilities in which health is experienced (Cowan 2006:4; Dodds 2016:4). This is supported by the literature on the empowerment theory that emphasises the importance of social factors that allow patients to take control of their health and empowers patients to make positive health decisions based on their everyday experiences (Kaldoudi & Makris 2015:606).

The findings about the importance of the social context in behaviour change also indicated that the HPPs recognised that community relationships influence health decisions. Community relationships are formed through trust in which people create a strong bond and therefore health decisions may be influenced by the various ways that community members share and explain health information with each other. The social context or community relationships, for example, include family, community members, friends, and significant others in the environment. These social

relationships are formed mostly with people that share the same cultural values, beliefs, and norms in the community.

As discussed in chapter 2, patients learn and experience health and behaviour from their culture with or from their family members. Specifically, family members inform the patient's perception of health issues and responsive behaviour by teaching what is acceptable in terms of health beliefs, norms, values, and behaviour. Therefore, when a patient is exposed to a health campaign message, the patient would likely discuss the information with family members and see how they respond and interpret the message, and using this feedback, the patient will then make decisions related to health behaviours. Thus, the community, family, and significant others play an important role in providing a set of criteria that a patient will use to interpret and understand health campaign messages and whether to accept health information from health campaign messages related to the feedback received within the context of their social relationships.

The following verbatim quotations from two HPPs support the above arguments:

HPP (3): "They are highly influential remember the family is the primary unit that influences your thought and your feelings and ultimately your behaviour right so if you get your information from the family most definitely then it will influence the choice you make in terms of the kind of health care or health seeking behaviour that you are going to implement so yes the family is the basic unit of society, if they believe in the family that we don't go to hospital you know that will have an impact in the quality of life, those people that belong in that family will have and if there is a family that believes you know we go to the hospital, we get information, we get knowledge from the clinics we know that family will be much healthier than a family that is not exposed to health information therefore it does have an impact, it does have a big influence in terms of how people behave and the kind of health seeking behaviour that they going to implement in their lives."

HPP (5): "Yeah, If I hear about it from my brother the chances are, the chances that I will do it is much more than hearing it from somebody who is wearing a uniform in the hospital and when am hearing it like maybe in the community I'll, I think I will

understand it better than if I am hearing it in the hospital because when am in the hospital maybe I am just here for my clinical check-up so my mind is not on that yeah."

Based on the above verbatim quotations, the social context, especially family members, plays an important part in influencing health decisions related to dealing with a health problem (Cowan 2006:4; Dodds 2016:4). The literature reviewed states that the social environment creates a favourable impression for patients, facilitating relevance and acceptance of health campaign messages, specifically within the South African context (Mbanya *et al* 2010:2258). Therefore, it is important to ensure, for example, that simple words or phrases that are understood by everyone in the community are used to explain health concepts in health campaign messages. The findings of this study thus emphasise that the environment of the patients must be prioritised in the theoretical guidelines to effectively support patient-centred health campaign messages from an IMC approach. This should be considered in step 4 (see chapter 3, section 3.6).

5.2.1.4 Theme: Marketing communication mix instruments to communicate health campaign messages

Theme 4 addresses role that marketing communication mix instruments play in effectively communicating health campaign messages from Thelle-Mogoerane regional hospital. Health campaign messages are communicated with the aim to reach the targeted hospital patients and create the intended health outcomes within the South African context. As discussed in chapter 2, section 2.6, a comprehensive health promotion strategy in health prevention ensures that all members of the targeted hospital patients are reached. This required the use of different communication instruments that the targeted hospital patients had access to within their social context (Leviton *et al* 2000:864; Kreps & Maibach 2008:732–748; Fernane *et al* 2012:5; Frantz & Ngambare 2013:17).

Health campaign messages needed to be constructed and communicated to get the patient's attention, facilitate cognitive processing, and produce acceptance of health behaviour using marketing communication instruments. This information is related to literature from the Elaborative Likelihood Model (ELM) in that effective cognitive

processing of health messages will lead to health information engagement and motivation towards recommended health behaviours (Webb *et al* 2010:1885). For this to be achieved, the health campaign messages must be patient-centred, meaning that the beliefs, norms, values, and social environment need to be catered for. This relates to the notion that patients are more likely to be receptive to health campaign messages that respect their culture and the social context in which health is experienced.

As discussed in chapter 3, the IMC approach is better suited to ensure that the health campaign messages will have a positive effect in patients accepting the recommended health behaviour that is communicated in health campaign messages when they are unified. The IMC approach emphasises integrating different marketing communication instruments in communicating confined and consistent messages that will encourage health message engagement, understanding, and acceptance from the targeted hospital patients (Kuang *et al* 2015:101). Therefore, IMC enables health campaign messages to be enhanced, well-coordinated, and consistent in communicating health information effectively for patients in South Africa. As such, the IMC approach to support patient-centred health campaign messages must be considered in step 5 (see chapter 3, section 3.6).

The findings from this study indicate that Thelle-Mogoerane regional hospital uses the following marketing communication mix instruments in communicating health campaign message, namely, advertising, internet (website), social media, personal selling (radio interviews), direct marketing, publicity, and public relations (see chapter 3, section 3.5). The marketing communication mix instruments included the production and distribution of new digital social media technologies such as Facebook, Twitter, Instagram, and a website in addition to posters, brochures, newsletters, newspaper articles, as well as community talks and workshops on health topics. These demonstrate a diverse array of marketing communication mix instruments that guarantees that the health campaign messages will reach all members of the segmented target audience. As discussed in chapter 3, section 3,5, the segmented targeted hospital patients will have access to at least two marketing communication instruments in the South African context.

The marketing, communications, and public relations department is solely responsible for ensuring that the different marketing communication mix instruments are used for health campaign messages. The HPPs expressed that the marketing, communication, and public relations department was well equipped to deal with disseminating health campaign messages. Furthermore, various HPPs often sought advice from the marketing, communications, and public relations department on the construction of patient-centred health campaign messages for different marketing communication instruments (see chapters 2 and 3).

A summary of the steps for the development and implementation of health campaign messages at Thelle-Mogoerane regional hospital by the marketing, communication, and public relations department is outlined here. First, health campaign messages are sent by HPPs to the marketing, communication, and public relations department prior implementation for the public relations officer to check. The public relations officer ensures that the health campaign messages are patient-centred, clear, consistent, and well-integrated across multiple marketing communication instruments. If the health campaign message does not meet this criterion, the health campaign message is sent back to the HPPs in the relevant department with points for corrections to consider. This information is supported by the reviewed literature in that health campaign messages that are not patient-centred will not be able to assist the hospital to dialogue with and maintain relationships with patients, as pointed out in chapter 3 (Keller, 2009:141). Henceforth, health campaign messages must be patient-centred in encouraging health behaviour change through integrated and consistent communication from various marketing communication instruments and must be considered in step 5 (see chapter 3, section 3,6).

The following verbatim quotations from four HPPs support the above argument:

HPP (1): "*We use social media, excuse me, we also have a Tweeter page, social media is instant, people get to know something as it is happening, it's unlike a paper, you have to wait for it to print."*

HPP (3): "*Okay I know the hospital, I don't remember because we have the new guy during the former marketing and communication officer's time, he has got a slot in*

the radio every week and he organise that different units maybe rather this week lets focus on the women's clinic, let's go, go with me and have that slot."

HPP (4): "Ahh when we have this campaigns right every month where we reach out to the people we invite, we interact also with the community either the internal Thelle community or the external meaning we go out either to the school or taxi rank or maybe to a church where we talk to the community and we also have our internal newsletter that he circulates via emails to all the staff members maybe a specific issue."

HPP (5): "*Yeah, we use Kasi FM, our campaigns are on Facebook, hospital webpage and the hospital newspaper as well."*

The findings also indicated that the hospital also used traditional media such as social interaction to communicate health campaign messages. The social interactions included talks at the taxi ranks, schools, and churches in the community. The various social interaction platforms were chosen depending on the targeted hospital patients that the health campaign messages were developed for. For example, the taxi rank was chosen when the health campaign messages aimed at targeting all the members of the community. This is because most members of the Vosloorus community use taxis to travel to different places daily. HPPs therefore have access to a large number of the targeted hospital patients to educate them through interacting with community members and facilitating understanding of health information (see chapter 2). Furthermore, based on the discussions with the HPPs, they believed that social interaction supports the marketing communication instruments in further reaching the targeted hospital patients in encouraging messages acceptance and facilitating health behaviour change.

In addition, the hospital did radio interviews to communicate health campaign messages to the target audience. The hospital only conducted the interviews at the local radio station in Vosloorus called *Kasi FM*. The hospital would send a request to the radio station prior to the launch and implementation of a health promotion campaign. Different HPPs were then sent to the radio station to communicate the different health campaign messages. The dominant language for the interviews is

Zulu, however, the HPPs would also use various languages depending on their personal ethnic language. The radio show also allowed the members of the community to call in and ask questions in their preferred languages. Some HPPs that were fluent in different languages communicated in the audience's preferred language when answering questions and further clarifying health campaign messages. The radio show as a means of communicating health campaign messages to the targeted hospital patients in their preferred languages effectively facilitates health education and promotes patient understanding, relevance, and acceptance of messages.

From the above discussion, it is clear that a diverse set of marketing communication instruments are used to communicate health campaign messages by Thelle-Mogoerane regional hospital. This occurs because HPPs are aware of the importance of integrating different marketing communication instruments in reaching all the patients in the community. In relation to the literature in this study, the integration of the marketing communication mix instruments ensures message consistency, strong relevancy, and acceptance of health messages from patients (Sener & Behdioglu 2014:83). Therefore, this ties into the overall context of the research since consistent health campaign messages must be supported by theoretical guidelines from an IMC approach in facilitating relevance which encourages acceptance and application to health behaviour in South Africa. As such, these integrated marketing communication methods must be considered in step 5 (see chapter 3, section 3,6).

5.2.1.4.1 Sub-theme: The dominant social media platform the hospital uses to communicate health campaign messages to patients: Facebook

The findings from the five semi-structured face-to-face interviews with the HPPs further indicate that Facebook is the main social media platform that Thelle-Mogoerane uses to communicate health campaign messages to patients. While the hospital also has a Twitter page, important health campaign messages were only posted on Facebook. This is because Facebook has been the most interactive communication platform that has been easier to use by the hospital to interact with

patients daily at a lower cost (George *et al* 2013). The hospital has relied on Facebook to communicate all their health campaign messages and dialogue interactively with the patients. However, the tendency to mainly rely on Facebook has been problematic for the following reasons: firstly, a segment of the targeted hospital patients is excluded because they do not have access to a smartphone and internet. In addition, some patients are illiterate and therefore do not know how to use the social media platform or read the messages. Consequently, the hospital is failing to reach, educate, and facilitate understanding with patients from consistent, relevant health campaign messages (see chapter 2 and 3). Due to the diversity of the South African context, it is important that all marketing communication instruments are integrated in communicating health campaign messages since the country still experiences inequality in terms of access to the internet, education, and accessible resources (Farrell 2016:34).

Secondly, Facebook was reported to be the most demanding marketing communication instrument that HPPs could not manage effectively due to capacity. Specifically, the department of marketing, communication and public relations could not always respond to all comments or questions posed on Facebook about health campaign messages. The patients would normally ask questions for clarity on health information, words or phrases, and treatment. However, if health experts from the hospital do not answer these questions, some patients will try to explain and assist others on Facebook from their personal perspective. This perspective on a health issue is not informed by HPPs and can therefore be inaccurate and guided by the public's cultural and social context. As such, patients are at risk of forming false interpretations and misunderstanding of the health messages. This can lead to distorting the intended meaning by the HPPs and the hospital overall (Kaldoudi & Makris 2015:605).

The following verbatim quotations of the three HPPs inform the above argument:

HPP (1): "You know we are always on our phones, it's the quickest method but on Facebook our main target is the youth cause we also like feedback from them so they can comment."

HPP (4): "*It's [Facebook] the quickest method but on social media our main target is the youth cause we also like feedback from them so they can comment, whether they are complimenting or telling us where to get off, but we use them all newsletter."*

HPP (2): "*Well we have to use Facebook because people are, lots of people are on social media, so we have to communicate so social media posters as well because I mean if we are going to rely entirely on media, newspapers, on TV remember there gatekeepers process there, editors there, editors only communicate what they want to communicate, you know they won't tell you about 95% of people that the hospital has managed to save their lives, they will only focus (…), 5 % that were not helped at the hospital so I mean we have to use different platforms, in this day and age we cannot entirely rely on newspapers like we do traditional media, social media people can ask questions, you can immediately respond and engage with people."*

The findings regarding social media further indicated that the HPPs believed that Facebook encouraged youth interaction. This supports the literature in that the majority of South African youth use Facebook to socialise with different people and access health information as outlined in section 3.5.3 of chapter 3. The youth actively interact with each other on Facebook and play an important role in influencing the understanding, relevance, and acceptance of health campaign messages. The youth share health information, health experiences, and behaviour recommendations from their culture and social context. Therefore, it is important for health experts to communicate and answer questions about health campaign messages on Facebook to clarify information, demystify health myths, and facilitate understanding of misunderstood health words, phrases, or treatment recommendations. However, Facebook does not reach all of the targeted Hospital patients as intended by the hospital and therefore negates to educate and promote better health for all in the community.

HPPs also indicated that they embraced the use of Facebook to communicate health campaign messages rather than traditional media methods because Facebook allows for interaction between HPPs and patients during the implementation of health campaign messages. Traditional media, such as community newspapers, are not accessed by all members in the community due to limited distribution to certain areas and a specific number of households. Therefore, HPPs prefer Facebook as a

marketing communication instrument for health campaign messages as they can interactively shape the understanding and perception of the messages in educating the patients. Facebook allows patients to participate, comment, and ask questions on health information, and HPPs can communicate messages to patients using their preferred language, therefore providing accurate health information and recommended behaviour changes (see chapter 2). Thus, health campaign messages using this designated social media approach tend to be patient-centred and authentic from the cultural and social context.

From the above discussion, HPPs acknowledge that Facebook helps to effectively communicate health campaign messages because of engagement and feedback with the patients. In relation to the reviewed literature, this supports the notions of two-way communication and feedback that allow for health campaign messages to be patient-centred (Van Dijck & Poell 2013:6). Therefore, this ties into the overall context of the research since theoretical guidelines must support patient-centred health campaign messages from an IMC approach to facilitate relevance, acceptance and health behaviour change from patients in communities and must be considered in step 4 (see chapter 3, section 3.6).

5.2.1.4.2. Sub-theme: Lack of consistent health campaign messages in marketing communication mix instruments

The findings for this sub-theme emerged because HPPs indicated that there is a lack of consistent health campaign messages communicated by the hospital on the different marketing communication mix instruments. As discussed in chapter 2 and 3, consistency of all messages communicated in health interventions on different communication instruments is the crux of a successful health strategy (Jackson *et al* 2007:75). IMC approach also emphasises message consistency in strategically directing behaviour and perceptions of health campaign messages (see chapter 3, section 3.4.2).

The hospital plans which marketing communication mix instruments will be used prior to communicating health campaign messages. However, the marketing, communication and public relations department had the challenge of being solely responsible for checking, modifying, and disseminating health campaign messages

for all departments using various marketing communication instruments (see chapter 3, section 3.5). One major challenge experienced by the marketing, communication, and public relations department was a shortage of staff members to handle all the work. The department has been solely tasked to ensure that all health campaign messages are properly developed and are consistent in all IMC marketing communication mix instruments by the stipulated deadline. As such, this department must be consistent in creating patient-centred health campaign messages that encourage understanding, relevance, acceptance, and adoption of recommended health behaviour as stipulated in the literature in chapter 3 (Kitchen & Burgmann 2015:34–39; Navarro-Bailo 2011:189; Martin 2014:5).

The following verbatim quotations of four HHPs support the above discussion:

HPP (2): "I don't think it's consistent because now am the only one who is doing communication you see if the, I don't have detail will I have time to do all those things, I won't be able to create a banner for social media, posters, write an article and do all these things because am the only one you see so I don't think I can do a banner today, write an article for an events all in one day yeah."

HPP (1): "Like we try to post as much as we can, when something happens, we try to make sure that people know that this is happening right now some days are slow, some days you won't post at all maybe you just going to respond on the messages."

HPP (3): (silent) "I don't think they are consistent as such but I think they respond, they are responsive to the means, long time ago when I started working in the health department we didn't have a Facebook presence you know, we didn't have as much email presence as we do now and because of the need because they have seen that people are more literate, people are able to use cell phones you know then they are engaging with us more in their platforms so I think they are responding to the needs you know in terms of what the market is doing out there and I think for now is appropriate although it is not sufficient."

HPP (4): "I would say even if the messages are not consistent the message would be communicating the same thing, if we are communicating about for instance breastfeeding, breastfeeding is breastfeeding the message must communicate the same thing and the community will be getting the information even if they are not consistent."

The findings in this study further indicated that the public relations officer had the sole responsibility for managing the communication of all health campaign messages in the various marketing communication mix instruments. The public relations officer had to manage the communication on the marketing communication instruments in addition to his responsibilities that included attending meetings, writing articles, organising health talks, conducting interviews, and creating pamphlets during the implementation of health campaign messages. This resulted in the public relations officer not being able to scrutinise and comprehensively check for messages consistency in all marketing instruments and thus affected the coordination and understanding of the health messages for the target audience. For example, due to the magnitude of the workload, the hospital could not always post the required messages on Facebook to support the implementation of health campaign messages or consistently respond to every question asked by the target audience.

As discussed in chapter 2, health campaign messages must educate patients, however, if the messages are not clear and simple then patients may not understand the health information and apply the recommended behaviour. The public relations officer could not track every response of the targeted hospital patients to the health campaign messages. However, tracking responses can help the hospital to see the perceptions and reception of the patients to the health campaign messages. Moreover, the feedback can also help determine if the health campaign messages are meeting the intended objectives set by the hospital and which must be considered in step 2 (see chapter 3, section 3,6). Therefore, the marketing communication mix instruments consistency will ensure that health campaign messages are patient-centred and meet the intended health objectives which is to ultimately promote better health in South Africa communities.

From the above discussion, there a appears to be a lack of consistent health campaign messages from the hospital communicated in all the different marketing communication instruments. This occurred because HPPs did not understand the importance of consistent health campaign messages from an IMC approach. When linked to the literature, consistency from an IMC approach ensures that all patients are reached and are impacted positively by health campaign messages (Kuang-Jung *et al* 2015:101). Therefore, this ties into the overall context of the research since the theoretical guidelines are proposed to support patient-centred health campaign messages from an IMC approach to effectively be accepted and change health behaviour in society.

5.2.1.5 Theme: Documentation and evaluation of health campaign messages

Theme 5 refers to the significance of documenting the planning of health campaign messages after implementation for evaluation from the hospital. This process of evaluating health campaign messages determines how effective the theoretical guidelines proposed have supported health campaign messages from an IMC approach.

As discussed in chapter 2, HPPs needed to carry out the planning and implementation process of health campaign messages holistically and use accurate information on the culture and social context of the patients. This is supported by literature as accurately including the cultural and social context information ensures success in achieving intended health outcomes for the patients from the hospital, as outlined in section 2.7 of chapter 2. Meeting the objectives by the HPPs involves continuous planning and implementation of various health campaign messages and therefore documentation of this process plays a significant role in assisting the hospital to maximise their efforts. Documenting gives the hospital the opportunity to evaluate the health campaign messages after implementation to scrutinise whether the patient's communication needs are met. This becomes a referencing point for the planning, implementation, and evaluation of different communication strategies.

The findings reveal that Thelle-Mogoerane regional hospital does not have a culture of documenting the planning and implementation of their health campaign messages despite having a planning committee and attendance meetings for health campaign messages.

The following verbatim quotations of four HPPs support the discussion above:

HPP (2): "The content that you put on social media mostly based on health calendar and events we had, we had hospital events and maybe the complement or any useful information find but we don't have any particular document to say okay this is how we write, yeah this is how we write."

HPP (3): "No on my side I don't, well I document the summary of the decisions not everything like after we have agreed that this is the program for the year, we have created the schedule for the year, so I document that and some of the things not everything, not everything."

HPP (1): "I just take them to the CEO, every week, every week CEO wants to know what you did, how you did, this is what we call the weekly planner, our weekly planner we write that this is what we wrote on social media, these are the posters we put out, these are the memos we put out, there has to be a record so as because on our side it's on our emails so when we want to check we go back to the our emails, the CEO puts them on a file."

"HPP (4): That one I would not answer yes am not the one who is responsible for all the campaigns, but I don't know how they communicate, if there is somebody but I think they have it yeah but it's just I don't know."

From the above verbatim quotations, it appears that any documents that capture the planning and implementation process from the hospital are not a necessity and are not required because the hospital does not evaluate health campaign messages. However, the guiding literature for this study stipulates that documentation and evaluation of health campaign messages will comprehensively contribute to proposed theoretical guidelines that are patient-centred to support health campaign messages from an IMC approach. As such, documentation and evaluation are important aspects for influencing and developing health campaign message acceptance and relevance, and therefore these processes must be considered in step 6 and 7 (see chapter 3, section 3,6) (Kumar & Preetha 2012:7). This ties into

the overall context of the research since health campaign messages must meet the communication needs of the patients to effectively change behaviour in society.

5.2.1.5.1 Sub-theme: Barriers to evaluating health campaign messages

Even though it has been stipulated that documentation assists with evaluating health campaign messages, the HPPs have not considered this as something that should be done after the implementation of any health promotional campaign. This was due to a lack of time and significant workload experienced by HPPs in addition to the planning and implementation of health campaign messages. HPPs wrote various reports and used these reports to check attendance or summarised information when issues needed to be addressed aligned to past health promotional campaigns.

The findings indicate HPPs did not have a system in place to evaluate health campaign messages after implementation. This had a negative impact on health campaign messages for achieving the intended outcomes because the hospital is unable to evaluate the effectiveness of health campaign messages and whether specific issues need to be addressed in order to meet campaign goals (Tshezi 2012:245). By implementing a system to evaluate the effectiveness of health campaign messages, HPPs can learn and make future decisions that will comprehensively lead towards patient-centred theoretical guidelines to support health campaign messages from an IMC approach (Hubinette *et al* 2017:129). The purpose of evaluation is to ensure that patients can understand and learn about health issues and adopt recommended health behaviours from health campaign messages. As noted in the literature, health campaign messages must be patient-centred to increase the likelihood of acceptance and application to health behaviour from the patient's cultural perspective within their social context, as outlined in section 2.8.2 in chapter 2. However, there were a few reasons why HPPs could not evaluate health campaign messages after implementation.

Firstly, the HPPs mostly had challenges during the planning and implementation of the health promotional campaigns. There was a lack of participation and contribution from other HPPs, for example, in relation to meeting attendance and content development for the health campaign messages. Secondly, there was no budget

allocated for an evaluation process, therefore, HPPs saw evaluation as another daunting responsibility that would overwhelm their existing workload. Finally, evaluating health campaign messages was not a requirement from the hospital after implementation.

After the implementation of health campaigns, HPPs would forget about the messages until the next year when a campaign needed to be carried out again. Furthermore, HPPs did not refer to the previous year's health campaign messages during subsequent planning of campaigns. Every time a health campaign message had to be planned and implemented, it brought a new experience for the HPPs, not guided by previous campaigns, making it a challenge to effectively meet patients' health needs within the South African context (see chapter 2, section 2,7). Therefore, the quality of health campaign messages cannot improve in future without evaluation in respect to the patient-centred perspective for improving health in communities.

The following verbatim quotations of three HPPs support the above arguments:

HPP (2): "No remember I have to produce a report every week so those reports are on my PC so I can go back to that report because I title them with dates and so on so I can go back there and check those reports and look at dates and go back to find that campaign."

HPP (3): "Absolutely we do that we look at last year, this was the event that we hosted, where did we go wrong, what were our strengths, where can we improve with that one that we are now about to plan so we take that into consideration."

HPP (5): "With us we don't, we did, and it has passed (laughs), We will see the following year (laughs) last year this was the problems and yeah!"

From the above verbatim quotations there are components that did not allow the HPPs to evaluate health campaign messages after the implementation from the hospital. Evaluation of previous health campaign messages was not considered an important process in achieving the intended outcomes. Literature highlights the importance of evaluation as information can be reflected upon to improve the interpretation and understanding of health campaign messages influencing

acceptance from the intended patients (Moola 2015:33; Weng & Landes 2017:900-909). Therefore, evaluation as part this study's proposed theoretical guidelines to support patient-centred health campaign messages from an IMC approach to encourage recommended health behaviour change must be consider in step 3 (see chapter 3, section 3.6).

In the next section, the findings of the focus group interview are discussed.

5.3 FINDINGS FROM THE FOCUS GROUP INTERVIEW

One focus group interview was conducted consisting of eight black females aged from 25 to late 60s. Only female patients volunteered to participate in the study during the recruitment process, while no males showed interest. The female patients who were part of the focus group interview have been part of the local community and have accessed health care from Thelle-Mogoerane regional hospital for more than 10 years. As such, the focus group participants have, at some point, been exposed to and interacted with health campaign messages from the hospital. Most of the participants were the elderly who visited the hospital more than once a month for their different check-ups and to receive treatment or collect medication.

The demographic information of the participants is summarised in table 5.2 below:

Table 5.2: Demographics of focus group participants

PARTICIPANT	GENDER	AGE	ETHNICITY	AREA
1	Female	38	Black	Vosloorus
2	Female	48	Black	Vosloorus
3	Female	50	Black	Vosloorus
4	Female	52	Black	Vosloorus
5	Female	55	Black	Vosloorus
6	Female	56	Black	Vosloorus
7	Female	60	Black	Vosloorus
8	Female	64	Black	Vosloorus

The data collected form this focus group was adequate to provide insight into the understanding and acceptance of health campaign messages from the patients'

perspectives (see chapter 4, section 4.5.2). The findings also provide insight into how health campaign messages can be enhanced within a cultural and social context. The themes and sub-themes are discussed in the following sections.

5.3.1 Theme 1: Patients have limited awareness of health campaign messages which reduces their knowledge on important health issues in the community

In this section, theme 1 explains the impact of limited awareness of health campaign messages in the community. As discussed in chapter 2, health promotion educates community members about significant health issues using health campaign messages. The health campaign messages must be understandable and clear for patients to pay attention and engage accordingly by adopting necessary health behaviours (Hubinette *et al* 2017:129). Effective health campaigns messages, for example, use different languages and simple words or phrases that are understandable and accepted in the community. This is related to supporting literature on the Elaborative Likelihood Model (ELM) which acknowledges that patient's engagement of health campaign messages will result in the patient cognitively processing the health information effectively and thus expanding their knowledge on health issues (see chapter 2, section 2.8.2).

The health knowledge aims to empower patients to understand their health risks and the benefits of adopting recommended health behaviours (see chapter 2, section 2.8.1). However, these health benefits must be patient-centred which entails aligning messages with the patients' acceptable health norms, habits, beliefs, and values (see chapter 2, section 2.7). Therefore, patient-centred health campaign messages must be developed from the cultural and social context in which health and health behaviour is learned, influenced, and accepted (Fairall *et al* 2012:16). According to Whitehead (2004:313), health promotional efforts such as health campaign messages influence the individual's perception and attitudes on health issues and behaviour. When health campaign messages account for the social and cultural elements within the environment, this contributes towards the patient's knowledge on health issues which encourages voluntarily altering one's attitudes and perceptions concerning the health issues and recommended health behaviours (Tavafian 2013:9).

The findings from the focus group interview indicate that participants were seldomly aware of health campaign messages in the community unless the participant visited the hospital either for regular check-ups, collection of medication, or treatment as an in-patient during visiting hours. Participant 1 admitted that she was exposed more to health campaign messages when she was employed at the hospital for a few months. This is supported by the verbatim quotations below by participants:

PARTICIPANT (1): "We were cleaners, we were on contract for a few months, I was just a spectator, they just told us on that particular day that there is this campaign, I was very happy about the female condoms, yes, yes!"

PARTICIPANT (3): "You just see a tent there, sometimes you are just passing by and you see a tent and they call you "come we are testing for high blood pressure, the elderly please come."

PARTICIPANT (4): "No but besides when they have tents outside in the community for testing, tents in like an open space, (mmmm)."

PARTICIPANT (5): "I have never seen the health campaign messages on Facebook."

From the above verbatim quotations, for patients to be aware of any health campaign messages, they needed to visit the hospital daily for various health issues. When linked to the literature, health campaign messages must be communicated in the various patient-centred marketing communication mix instruments consistently to ensure exposure to all the target audiences since this will create awareness and educate the targeted hospital patients on health issues and recommended behaviour (see chapter 3, section 3.5). This means increasing health knowledge on how to take responsibility and engage in self-management of an illness within the community (Prace 2011:22). Therefore, patients are encouraged to take responsibility and accurately apply the recommended health behaviours within their social context as guided by this study and the proposed theoretical guidelines for supporting patient-

centred health campaign message from an IMC approach. As such, taking responsibility for one's health must be considered in step 5 (see chapter 3, section 3.6).

The findings further indicate that another way that patients became aware of some of the health campaign messages and health issues involved seeing a tent either inside or outside the hospital's premises when the campaign was implemented. In these situations, participants were either going to the hospital for check-ups, to collect medication, or to receive treatment, or they were there for work, visiting friends, or in town for shopping. The tent would be seen because there would be visual cues like the hospital's branding and banners around it. The labelling of banners would be of the health issue or problem that the health campaign messages were focusing on. The hospital staff members would also be outside the tent encouraging people to come learn about a health issue, recommended behaviour, or, for example, encouraged to participate in the health promotional campaign by getting their blood pressure checked. In such situations, participants would go learn about the health issue introduced by the campaign to know what was being offered or to widen their knowledge on the health issue and applicable to their health behaviours.

Findings from the focus group also indicated that health campaign messages were not well-coordinated and communicated consistently in all the marketing communication mix instruments. Participants noted they still had limited awareness of health campaign messages even though each participant had access to at least two marketing instruments. Participants mentioned that they had access to at least two of the following marketing communication mix instruments, namely: radio, newspaper, social media, posters, and pamphlets. As discussed in chapter 3, section 3.5 a combination of various marketing communication mix instruments was used by the hospital because the targeted hospital patients had access to at least one or two communication instruments within the South African context (Bolla 2015:17). Accessibility to health marketing instruments was related to patients' preference, literacy level, cultural norms, values, and financial and internet access (for example, having money to buy a smartphone and data for social media access). In this study, financial resources were an important feature of accessibility as some

participants were unemployed and others relied on pension, while only two participants were employed at the time the interview was conducted.

Cultural values and norms also play an important role in what marketing communication instruments are acceptable in a given community. Depending on the relevance of the marketing instrument, this has the potential to influence the perceptions and attitudes of participants relate to access and use of health information (Fosse & Helgesen 2017:2). Furthermore, cultural values and norms teach people what health communication and information are socially accepted in a community (Hubinette *et al* 2017:129). Therefore, health messages should be able to provide meaning of health words and phrases through communication in preferred languages for recommended health behaviours. The marketing communication mix instruments is a means of communicating, informing, and educating individuals in communities on health issues and thus teaches people about recommended and acceptable behaviours in society. While social media shows how individuals should or should not act and present themselves in society, this marketing strategy is better suited for the youth while the elderly tend to rely on more traditional methods of health messages communication (Mullick *et al* 2020:39).

Furthermore, people in society are not merely passive recipients of information and the acceptance of health messages and the application of recommended behaviours is not simple. Individuals have their own perceptions of messages and recommended behaviours learned from and based on their culture and social context (Fosse & Helgesen 2017:2). Therefore, the marketing communication mix instruments must communicate patient-centred health campaign messages from the cultural and social context in creating health messages awareness and engagement. This is supported by literature on the PEN-3 model of culture and states that health campaign messages that consider the perceived believes, values, and available health resources in society, are more effective in encouraging the adoption of the recommended health behaviours (Airhihenbuwa *et al* 2009:415).

From the above discussion, the selected marketing communication mix instruments from the hospital did not create enough awareness and knowledge on health issues because patients were not always aware of existing health campaign messages.

Thus, a lack of patient-centred marketing communication instruments and messages resulted in limited reach of the target audience. This finding also contributes to the targeted hospital patients not sharing health campaign messages in their community. Health campaign messages aim to promote better health in communities, and it is therefore important that all individuals in the community were aware of and educated on health issues from health campaign messages (see chapter 2). Community members form social context relationships which influence health behaviours and the reception of health campaign messages (Kitchen & Burgmann 2015:34–39). Health information in the social context is shared through mutual trust, the same cultural norms and values and can help members of the community better understand health meanings and recommendations. People in communities share messages to protect each other from health issues thus eliminating health burdens (Grace *et al* 2008:337). Hence, health campaign messages must be patient-centred, accurate, and able to reach all community members consistently.

In relation to the literature, the marketing communication mix instruments is essential in reaching and educating patients on health issues that burden the society and offer corrective measures (Sener & Behdioglu 2014:88). As such, this research study informs the theoretical guidelines proposed to support patient-centred health campaign messages from an IMC approach to educate, persuade, and motivate patients towards the desired health behaviour change and should be considered in step 5 (see chapter 3, section 3.6)

5.3.1.1 Sub-theme: Factors that limit awareness of health campaign messages

The findings from the focus group interview indicated that there were several factors that contributed to the health campaign messages being confined inside the hospital. The first factor was that the HPPs from the hospital assumed that when the patients or community members visited the hospital, awareness was created, and the patients also shared health information with others in the community or within their proximity. As discussed in chapter 2, section 2.2, community members or patients within the community influence each other's understanding of health campaign messages and health behaviour. Community members share and learn through communication or observation on how to assimilate acceptable health behaviour (Mold & Berridge 2013:24). This is mainly because the shared values, beliefs, and

norms with other community members and interdependence. Social relationships allow for everyday survival, support, and the continuous functioning of the social system (Mold & Berridge 2013:24). As discussed in chapter 2, due to social memberships within a specific community, patients fear being isolated by other community members for taking up a different health behaviour that is not in line with cultural and social expectations within their environment.

Another issue faced by the hospital is budget constraints and limited resources. This meant that the marketing communication mix instruments was limited and resulted in less exposure of health campaign messages from the hospital. As such, not all messages were patient-centred and communicated consistently to meet all the health communication needs of the patients therefore preventing relevance and cognitive processing of health information. As such, patients or members of the community missed the health campaign messages or were not being educated to gain knowledge on health issues that concern their social wellbeing. This finding is supported by literature from the ELM in that patients cognitively process patient-centred messages to have knowledge on health issues from health information to make positive health decisions (Cottrell *et al* 2015:106).

The following verbatim quotation by a participant supports the above argument:

PARTICIPANT (7): "And another thing when they do these campaigns they only do them inside the hospital, most of us find out and see the poster when we go visit someone, you go there and see the poster and find out there was a campaign which has already passed or it happened in the morning and visiting hours are only at about 2pm, so there is a lack of communication, we do not get information sometimes you do stumble to a poster or newspaper at the tuck shop on a campaign that will be conducted but really seldomly, they only confine the campaigns and the campaign posters inside the hospitals."

The third factor related to limited awareness had to do with time slots for radio interviews, logistics of community newspaper distribution, as well as the hospital's newsletter distribution outside the hospital. The hospital relied on free advertising offered by the local radio station and local newspaper because it did not have a budget to communicate health campaign messages in the community. As such, the hospital had to send a request for an interview at *Kasi FM* to discuss health

campaign messages. *Kasi FM* would have to find the time slot or show suitable for the hospital interview. Therefore, interviews did not have a consistent time slot or show, and this made it difficult for the messages to reach the target audience. Similarly, the hospital patients would not be informed or made aware of the time of the hospital interview in advance, and most of the available time slots would not be suitable for the targeted hospital patients because, for example, an interview would take place at18:30 in the evening and would not reach the targeted hospital patients because people are watching their favourite television shows. In addition, the newspaper specifically was only distributed in certain areas around the community and to a limited number of houses. The reason for this was unknown. Furthermore, the hospital could not distribute the newsletters to the community outside the hospital due to budget constraints and limited resources. The public relations officer had to write the newsletter, print it, and then distribute copies which was challenging a times because the hospital printer would break down or there would be no internet at the hospital.

The third factor did not make it possible for health campaign messages to be communicated consistently reaching all the targeted hospital patients within the community as intended. As discussed in chapter 3, section 3.5.1, social advertising in health has the impact to motivate and shape the perceptions of individuals. However, individuals were only motivated and persuaded if the message fulfilled a certain health need thereby calling individuals to responsibly change their health behaviour within that their social context from the messages advertised. Based on the literature of the Health Belief Model (HBM) and social advertising, health campaign messages used in social advertising need to include the culture and social context of the targeted hospital patients in order to motivate and persuade individuals to action when it comes to their health to effectively encourage message acceptance and change of health behaviour within the social context (Coulson *et al* 2016:2; Prace 2011:22). Although the marketing, communication, and public relations officer had to formulate and maintain good relationships with the local media houses and take advantage of the minimum advertising offered, these essential advertising opportunities were limited.

From the above discussion, a variety of factors contributed to health campaign messages not reaching the entire community. This occurred because the hospital

faced challenges in disseminating messages on all the marketing communication mix instruments. As recommended by literature, the marketing communication mix instruments must cater for social contextual relationships that include community members in encouraging messages acceptance and health behaviour change from patients (Mold & Berridge 2013:24; Kaldoudi & Makris 2015:605). Therefore, this research study proposes theoretical guidelines to support patient-centred health campaign messages from an IMC approach that must cater for the social context, specifically significant community relationships that influence health, to facilitate understanding and motivate patients to accept health information. The importance of social relationships and the social context is therefore imperative and must be considered in step 4 (see chapter 3, section 3.6)

5.3.2 Theme 2: Types of communication used to support health campaign messages

Theme 2 reflects on the types of communication used to support health campaign messages from the hospital related to patients understanding (see chapter 3, section 3,5). Health campaign messages must educate and offer knowledge on health issues and recommended behaviours and therefore messages must be relevant, clear, simple, and understandable, and communicated in different languages catered to diverse patients to facilitate recommended action and self-efficacy (Airhihenbuwa *et al* 2014:79). The HBM proposes that sociocultural sensitive cues from health campaign messages motivate individuals to adopt and maintain the recommended health behaviours (Moola 2015: 62).

The findings from the focus group interview indicated that participants did not always understand the health campaign messages from the hospital. This was because messages did not use simple words and phrases to explain health information communicated in the patients preferred languages therefore not integrating the cultural and social context of the patients to encourage the recommended health behaviours (see chapter 2). Participants in the focus group mentioned the following two types of communication, namely, demonstrations and health talks.

Demonstrations and health talks involve sharing of health information and simultaneously showing exactly how to adopt the actual health behaviour, for example, illustrating how to put on a female condom. When patients previously

attended health campaigns supported by these types of communication, understanding of health information, and applying the recommended behaviour was easier. Patients could participate in demonstrations and interact during health talks by asking questions for clarity in their own languages, therefore integrating the sociocultural perspective and increasing understanding. When health messages are clear, simple to understand and communicated in preferred languages, as well as allowing hospital patients engagement, this ensures that messages are patient-centred from the cultural and social context (De Wet *et al* 2012:18).

As discussed in chapter 2, section 2.8.1 the findings support the view in the literature on the HBM that demonstrations and health talks that include a mixture of theoretical teachings and practical work make it engaging and easier to cue individuals to action and increasing self-efficacy (Sadeghi & Heshmati 2019:103).

The following verbatim quotations from participants 1 and participant 3 support the above argument:

PARTCIPANT (1): "Yes, yes because now they have opened it and showed you how it works so I don't think there is anyone who would not understand because as I have said they demonstrated and showed you and they spoke through the demonstration."

PARTICIPANT (3): "*I think a demonstration is better like on how to use a condom, if something is demonstrated you will know how to do especially for us the elderly if you demonstrate I will understand more, even you when you started interviewing us you explain what the study was about, if you did not we will not know what we are discussing or how to respond."*

PARTICIPANT (2): "It helps you change your lifestyle, and when you go there and find the right people, who will explain things to you, then you are able to understand and teach others in the community so it becomes a circle, all of us learn from one person's experience, so like you, you came to the church, they need to come here as well, there are a lot of us who attend this church, when there is a campaign they

should plug posters here because we really don't know about a lot of campaigns, we do not get information."

From the above verbatim quotations, focus group participants emphasise how helpful demonstrations and health talks were. These health campaigns were necessary because patients sometimes do not understand or have distorted perceptions of health information on health issues. When linked to the literature, health campaign messages must be relevant, clear and understandable from the patient-centred perspective to change distortions and encourage the accurate application of the health behaviour recommendation (Lwelunomor *et al* 2014:34) Therefore, this ties into the overall context of the research since the study aims to propose theoretical guidelines that support patient-centred health campaign messages from an IMC approach that include demystifying incorrect health assumptions to promote the accurate application of the recommended health behaviour change. As such, demonstrations and health talks that illustrate practical health behaviours must be considered in step 3 (see chapter 3, section 3,6).

Based on the literature, health talks and demonstrations from the hospital must embrace the patients' culture and social context to encourage health behaviour change, as pointed out in section 2.7 and 2.8.1 of chapter 2 (Glanz *et al* 2008:58). When demonstrations were used, the aim or objective of the health campaign messages was understood, reaching the patient or community members as intended, and not threatening the patient's health (see chapter 2, section 2.8.1). Even though demonstrations were vital, talks from practitioners to the community during that period of implementation were also outlined. Patients alluded to the fact that while the health campaigns messages may be accepted in further facilitating community health behaviour change, HPPs must be available to present a talk or clarify misconceptions (Lwelunomor *et al* 2014:34). Health talks by HPPs facilitate changing the patient's perception of an illness, disease, or health behaviour (Lwelunomor *et al* 2014:34). Therefore, HPPs need to include demonstrations and health talks developed from the cultural and social context of the targeted hospital patients as an extension for facilitating health campaign message acceptance and application to health behaviour during and after implementation (Hubinette *et al* 2017:129).

From the above discussion, demonstrations and health talks would ideally encourage health behaviour change as patients seek to further understand health information from health campaign messages from their culture and social context (Lwelunomor *et al* 2014:34). In relation to the literature, health information is complex and often misunderstood by patients (Fairall *et al* 2012:16; David 2013:13). Therefore, health campaign messages must ensure that all the relevant patients' understandings of health and information are accommodated for to change behaviour in the social context.

However, due to a lack of demonstrations and health talks from the hospital during implementation of their health campaign messages, participants were reluctant to apply recommended health behaviours even after exposure to the health campaign messages. Findings indicate that the participant's felt that the hospital did not successfully change their perceptions on health issues from their health campaign messages. As was discussed in chapter 2, section 2.3.3, the *Love Life* campaign in South Africa was successful because the targeted hospital patients could relate to the health campaign messages thus perceiving it as a reflection of their health and health behaviour within their social context. This impacted the targeted hospital patients immensely as health campaign messages were accepted and health behaviours changed (increased condom use) towards the desired behaviour that was intended by the health promotional campaign (Fairall *et al* 2012:16).

5.3.3 Theme 3: Patient-centred health campaign messages from the cultural and social context

Theme 3 highlights the importance of including the patient's culture and social context in health campaign messages from the hospital. As discussed in chapter 2, including the culture and the social context of patients has always yielded positive health outcomes within the South African context (Ahmed & Mousa 2018:40). Based on literature on the PEN-3 model, culture is the key component in health behaviour change from health promotional campaigns in Africa (Airhihenbuwa 1989:57; Airhihenbuwa 1990:5; Airhihenbuwa 1995:54; Cowdery *et al* 2010:27).

Culture improves access to high quality health care that is relevant and responsive to the needs of a diverse social group (Kannan *et al* 2009:350 & Scarinci *et al* 2012:36). Specifically, culture involves components that are specific to ethnic, racial,

geographic, or social groups (Whembolua *et al* 2015:25). This includes language, communication, actions, customs, beliefs, values, and personal identification (Whembolua *et al* 2015:25). In health promotion these components influence health beliefs and structures surrounding healing, wellness, illness, and delivery of patient-centred health services (Naughon *et al* 2018:4). Hence, health campaign messages must embrace culture to have a positive effect on patient health service delivery. HPPs will be able to deliver health care services that meet the needs of the patient when health messages respect culture consistently in the marketing communication mix instruments and must therefore be included in step 5 (see chapter 3, section 3.6).

Findings from the focus group indicate that the participants believed that culture informed their acceptance of health campaign message and behaviour change. Specifically, culture affected how participants think and feel about an illness, as well as when and from who they seek health care (Ahmed & Mousa 2018:40). Patients also mentioned that they first learned about health issues and how to respond to them from their parents, grandparents, relatives, and neighbours. For example, when a patient was sick, their mother or father would ask them for the symptoms and tell them what they had. If it was diagnosed as flu, parents would recommend that the patient boil *umohlonyane* (African wormwood) in water and drink it rather than being encouraged to go to the clinic or hospital to consult a doctor. The patients stated that after a few days of drinking *umohlonyane,* the flu would be cured, and they felt better. As such, patients continue to drink *umohlonyane* today to treat flu symptoms. This does not mean that the parents or grandparents or neighbours are health experts, but they were taught about this cure for flu from a young age by others in their social group within their culture (Raingruber 2017:6). Social influences play a significant role in cultural understandings of health and the above example for treating the flu is believed to be true by participants because it is socially constructed within the cultural perspective of the patients and is perceived to relieve symptoms (Haricharan *et al* 2017:161). Therefore, as noted in the literature for the HBM, sociocultural beliefs determine the perception of whether a health risk is high, positive, or negative, and thus perpetuates the inclination to engage in a recommended health behaviour informed by community beliefs to eliminate the health issue (Katikiro & Njau 2012:2).

Participants also indicated that they felt that it was their duty to inform family members or members of the community after being exposed to any health campaign messages that directly affected their own health. Also, there is a belief that if health campaign messages are explained by a person with shared beliefs, values, and norms in the community, then community members are more likely to listen and be persuaded to think extensively about the implications this information will have on their health behaviour (Raingruber 2017:6). Thus, community members will then be more likely to apply the information to their everyday health behaviour as recommended by the member of their community or a relative (Katikiro & Njau 2012:2). As such, the proposed theoretical guidelines from an IMC approach to support patient-centred health campaign messages must respect the cultural values, beliefs, and norms that are shared and accepted within the social group to facilitate acceptance and relevance of health messages (Ahmed & Mousa 2018:40).

The following verbatim quotations by the focus group participants support the above argument:

PARTICIPANT (4): "When we see something of course from like Facebook for instance because we are very technologically advance grannies who are on Facebook, they will maybe tell you eat ginger or lemon, this is how you should prepare it and when you are sitting with other you tell them, I saw this remedy and of course we use them."

PARTICIPANT (3): "They should educate the household."

PARTICIPANT (6): "I don't think people listen to doctors, especially those that take pills or treatment , I have a neighbour who keeps on eating this dumpling, when you tell her to stop she would kill you, imagine that dumpling has yeast which is not good for her even when the doctor tells her she does not stop, she would rather take the pills and eat that dumpling, it's like baked dumpling, so it's really hard to change or leave something if you grew up with it and it's like a tradition at home."

PARTICIPANT (8): "It's not that we don't listen, or it's the doctors remember we live with our male partners, they insist on having pap, and you end up eating this pap even though you know it's not good for you."

From the above verbatim quotations, patients understand the significance of sharing health information with others because not all members in the community have access to the marketing communication mix instruments that communicates health campaign messages. For example, not all members of the community use social media because of preference, illiteracy, and access. Patients that have access to social media have accurate, immediate, and relevant health information to share with significant others in their community. The benefit of social media pertains to its interactive nature which allows patients to directly ask questions and gain clarification from the hospital to better understand the health issue and recommended behaviour.

When linked to the literature, health information from health campaign messages educates and informs individuals' decisions on adopting a recommended positive health behaviour (Tengland 2012:140–153). Therefore, this ties into the overall context of the research since health campaign messages are a means to educate and motivate patients to apply recommended health behaviour in communities.

Furthermore, participant six also indicated that most people do not trust or listen to HPPs who are experts in the field, but rather family members or other members in the community. The patients rather trust family and community members because most of the patient's health-related behaviour is deeply entrenched and is part of the patient's culture, for example, the way in which they live and respond to daily situations within a similar social context (see chapter 2). Similar health experiences are shared because of common norms, values, and beliefs, as discussed above. As such, shared experiences identified as being similar by participants indicate that they would adopt health behaviours according to the social constructions that family, community members, and significant others deemed acceptable. Therefore, this supports the literature on the PEN-3 model of culture that specifies that effective health promotional campaigns in Africa must include the important aspect of collective ethnicities that emphasise cultural identity, social relationships, personal identity, and empowerment (Cowdery *et al* 2010:27).

Consequently, if patients do not trust or listen to health experts, it means that health experts will not be able to deliver patient-centred health care. Patient-centred health care involves tailor-making health service that respect and respond to the patient's

health needs, values, and preferences based on sociocultural aspects (Karxha & Abazi 2016:49). This is achieved through patient-doctor interactions, guidance, and involving patients in health decisions (Karxha & Abazi 2016:49). Thus, if the patients do not listen or trust a health expert, these values, preferences, and needs were not met during the doctor-patient interaction. As such, this hinders health experts from developing and communicating patient-centred care messages including all health messages communicated in the marketing communication mix instruments for the target audience. Therefore, the patient-centred approach that encompasses cultural and social constructions of health by community members must be considered in step 4 (see chapter 3, section 3.6). As such, in the diverse South African context it is important that health needs are examined from the cultural and social context as is stipulated by the literature on the PEN-3 model of culture for effectively meeting the patient's health needs to promote positive health behaviours (Airhihenbuwa *et al* 2009:412).

However, another important aspect for changing health-related behaviour is the language used to communicate health campaign messages to the community members, including languages used for different posters, pamphlets, and brochures. At the time of this study, the predominant languages used by Thelle-Mogoerane regional hospital was four dominant languages, namely, Zulu, Sesotho, English, and Afrikaans. South Africa has 11 official languages and because the hospital did not conduct a comprehensive hospital patients analysis using formative research, other languages were excluded even though the community is made up of individuals from different ethnicities that used various other languages (Todorova, 2015:371). The hospital needs to consider all the community members to promote better health by diversifying the official languages used in health campaign messages and should therefore be incorporated into in step 3 (see chapter 3).

As discussed in chapter 2, language is a critical cultural component that enables the facilitation of health campaign messages acceptance and health behaviour change in diverse communities. Diverse communities such as the Vosloorus community consists of people who speak different official languages and therefore individuals differ in respect to understanding health terms, health information and interpreted health behaviours based on their own language. As such, it is prominent to make

sure that language as part of culture is considered in health campaign messages for changing health behaviours (see chapter 2).

Participants did however indicate that the method that was used to communicate health campaign messages in different languages was good and practical. The preferred languages facilitated understanding of health campaign messages (Halligan & Zecevic 2011:338). This is important to note because there were still issues of health illiteracy in the Vosloorus community (Spotswood & Tapp 2013:277). Participants in the community were either educated or not, and therefore levels of literacy determined that some patients may not be familiar with health jargon, or the medical words and phrases used in health campaigns. Therefore, health campaign messages that used simple, clear words in various languages that the community accepted and understood were more effective in reaching health objectives (Halligan & Zecevic 2011:338). The language used in health campaigns aims to educate the community to encourage relevance and acceptance of health issues and related recommended behaviours (Todorova 2015:371). Addressing a patient in their own language was important in encouraging patients to accept health campaign messages because these health campaign messages were viewed as relevant and unique to the patient's situation (see chapter 2, section 2.7.2.3).Support for the importance on languages used to communicate health messages is related to ELM in that health campaign messages that consider the patients language better persuade patients to cognitively process health information and motivate change of deeply held health attitudes and perceptions (Cottrell *et al* 2015:106).

Language is seen as an essential component in creating relevant health campaign messages to reflect on the cultural and social context of the patient. Language facilitates trust between the hospital's communication and the patients and using a patient's language also facilitated trust between the hospital's health message and patients (see chapter 2, section 2.3.3). Health organisations that patients trust are perceived as putting the health care needs of the patients first. In the African context, especially in South Africa, there are still challenges surrounding language issues and illiteracy. For example, most patients do not understand English and therefore have problems with understanding their prescriptions, actual health issues, and health seeking behaviour recommendations communicated in health campaign messages. Consequently, it is of significance that patient-centred care, patient-doctor

interactions, and the marketing communication mix instruments embrace the patients preferred languages to deliver comprehensive communication of health information (see chapter 3, section 3.5).

From the above discussion, language has significant impact in educating patients on health issues from health campaign messages because patients understand health information better when it is communicated in their own languages. As documented in the literature, individuals within communities learn about health from their culture within their own languages and accept health information when communicated in that language (David 2013:12; Shangase & Mophoso 2018:3). Therefore, this ties into the overall context of the research because language is an integral component of culture that must be consider in the theoretical guidelines from an IMC approach as a key factor in supporting health campaign messages that are culturally sensitive to the patient's needs.

5.3.3.1 Sub-theme 3.1: Traditional versus modern medicine in the community

Additional findings from the focus group interview indicated that participants did not believe that traditional and alternative medicines should be integrated with modern western medicines in health care. Specifically, participants indicated that their past experiences with the use of both in combination did not result in positive health outcomes. Importantly, participants mentioned that they sometimes preferred using traditional and alternative medicines for healing illness rather than going to the hospital. From a younger age, patients were socialised to use traditional medicines for illnesses. Furthermore, patients used traditional and alternative medicines because it was recommended by a family member, community member, or significant others in the social context. This is supported by the literature in that traditional and alternative medicines in South Africa play a significant role in health behaviour, as noted in chapter 2, section 2.5.1.

On the other hand, participants also remembered and reflected on instances when traditional and alternative medicines were used in the community to address an illness, but the illness would not be cured. People would end up going to the clinic or hospital when the illness had progressed and become more severe. In such instances, traditional and alternative medicines ended up endangering the patient's life by making them more vulnerable to the illness which could potentially lead to

death (Sadeghi *et al* 2012:4212). However, according to Bhikha and Glynn (2013:1), traditional and alternative medicines are still the first choice in seeking medical assistance for many people in various African cultural communities. Therefore, traditional and alternative medicines as well as modern western medicines must both be considered in health behaviour thus respecting patient-centred care and the doctor-patient interaction. Literature indicates that traditional and alternative medicines compliment modern western medicines in South African health care (De Wet *et al* 2012:18; Bhikha & Glynn 2013:1). Therefore, health campaign messages in the marketing communication mix instruments must integrate the complementary use of traditional and alternative medicines with modern western medicines in the South African context and must be included in step 1 (see chapter 3, section 3,6).

The following verbatim quotations from the focus group participants reflect the above findings:

PARTICIPANT (6): "I feel they should be used separately, something like this happened to me not so long ago, I even had an allergy, I went blind because I was using an antibiotic from Hira and the next thing, I was also drinking alternative medicine and stuff you see things like that so I don't know what happened I even got an allergy so these things should not be mixed."

PARTICIPANT (2): "It differs because we are not sure what they put together or mix, my sister had a problem with (…) and someone said lets go to a traditional healer, she did not get help and she passed away, so we are not clear what they mix in order to make their medicine, you hear even now with the remedy we are speak of lemon, egg, ginger, cayenne pepper, cinnamon we buy these things, unlike the traditional healer who gives you medicine and you don't know how they mixed it with what, so these ones we buy them and we know they are right."(…) Yes, if maybe they can take them to the lab to test them because some of the people do not sterilise etc you see."

PARTICIPANT (1): "I think our medicines must go get checked, you know I am talking from experience."

PARTICIPANT (5): "Their things must be checked first, they mix things that are dirty and not healthy, they sometimes don't know what they mixed, their things must be tested."

From the above verbatim quotations, patients considered traditional and alternative medicines differently in relation to their health issues. However, self-made traditional and alternative medicines were preferred over those made by traditional healers because patients believed that traditional medicines contained ingredients not declared by traditional healers. Furthermore, tested western medications and self-made traditional and alternative medicine ingredients were also preferred. Patients used ingredients that were store bought and grown in their gardens or by others in society. The patients would mix the ingredients together as recommended by others in the community. This tended to be more effective in healing or treating a health issue as expected rather than risking a traditional healer's medicine. When linked to the literature, traditional medicine is made from natural plants and sometimes recommended in the health care system as an alternative to scientific medicine in dealing with a health issue (De Wet *et al* 2012:18). Therefore, this ties into the overall context of the research as the proposed theoretical guidelines from an IMC approach highlight the importance of both alternative and traditional medicines in addition to western treatments within the cultural context. These key elements must be respected in health campaign messages to encourage critical thinking and acceptance of health messages by patients and is necessary to include in step 4 (see chapter 3, section 3,6).

The findings from the focus group further indicated that even when it came to the collaboration between doctors and traditional healers in healthcare, participants 1 and 5 felt that traditional medicines should be tested scientifically as there was no clear evidence of what was mixed in the medicine. It can thus be argued that even though participant 2 preferred scientific medicine, they would be willing to accept and apply the health campaign messages if they were familiar with the ingredients inside the traditional medicine. Furthermore, participants believed that medical doctors would be suitable to test traditional medicines because they are trusted as scientists that can check if the ingredients consist of natural plants that can be consumed by people in society. As discussed in chapter 2, section 2,6, traditional medicines are an alternative to western medicines in communities in South Africa, as such a policy has been developed to include traditional medicines in the existing modern health care system (see chapter 2, section 2.5). Traditional medicine has a significant impact on individual's health decisions and behaviour daily.

From the above discussion, patients are willing to use traditional medicines for their health issues, however, they want them to be scientifically tested by doctors due to past bad experiences with alternative treatments. The biomedical perspective uses ingredients for medicines that have been tested and approved to treat illnesses (Pelzang 2010:913; Deacon 2013:846; Londhe 2014:335–340; Inerney 2018:1533). As recommended by the literature, traditional medicines can play a significant role along with modern medicine in dealing with some extensive health issues in the health care system (Summerton 2015:65). Therefore, these two approaches tie into the overall context of the research because traditional and alternative approaches as well as and modern scientific methods are emphasised in theoretical guidelines as complimentary in supporting health campaign messages from an IMC approach in effectively dealing with health issues in South African communities.

5.4 SUMMARY

This chapter focused on reporting of the qualitative findings with regards to the semi-structured face-to-face interviews with HPPs as well as the focus group interview with patients based on the data collected from Thelle-Mogoerane regional hospital. Based on the comprehensive analysis of the qualitative data, the proposed theoretical guidelines to support patient-centred health campaign messages from an IMC approach in South Africa have been delineated from the meanings extracted from interviews with support from relevant literature. In the next chapter, chapter 6, the findings of the qualitative content analysis and the interpretation of the overall findings of the study are discussed.

CHAPTER 6: FINDINGS OF THE QUALITATIVE CONTENT ANALYSIS AND INTERPRETATION OF THE OVERALL FINDINGS

6.1 INTRODUCTION

This chapter addresses research question 3 in that the findings and interpretation of the study are further discussed. This is the second chapter of the findings and focuses on the reporting of the qualitative content analysis of the social artefacts from Thelle-Mogoerane regional hospital. Also, the overall findings of the study are aligned to the revised theoretical guidelines to support health campaign messages from an Integrated Marketing Communication (IMC) approach.

6.2 FINDINGS OF THE QUALITATIVE CONTENT ANALYSIS

In this section, six health promotion campaign planning and implementation social artefacts were analysed. These include year planners, reports, five radio interview recordings, five newspaper articles, five newsletters, five brochures, 10 Facebook posts and five posters that formed part of the qualitative content analysis for this study (see chapter 4, section…4.7.3 and 4.8.4). Below the different categories are explained fully as discovered during the coding process. The descriptive statistics are summarised in table 6.1 below:

Table 6.1: Descriptive statistics

CATEGORY	DESCRIPTION	FREQUENCY	CODES (%)	CASES n	CASES (%)
Message consistency	Communicating patient-centred health campaign messages across all the marketing communication mix instruments from	148	48%	6	30%

	the hospital.				
Coordination of the patient specific marketing communication mix instruments for health campaign messages	Selecting marketing communication mix instruments to communicate health campaign messages.	81	26%	16	80%
Social context elements in health campaign messages	Considering social factors such as access to health care, finances, family, community members, and significant others' influence on the health behaviour of patients.	36	12,1%	5	25%
Cultural aspects for health campaign messages	Considering the target audience's beliefs, values, and norms in encouraging acceptance and positive health behaviour change from health prevention related messages.	43	13,9	9	45%

6.2.1 Category 1: Message consistency

Category 1 encompassed all the findings relating to communicating health campaign messages consistently across the various marketing communication mix instruments and interactions in encouraging message acceptance and health behaviour change. This constituted 48% of the codes. Message consistency strategically ensured that health campaign messages from the hospital were clear, reliable, credible, and therefore fostered beneficial relationship between the hospital and patients (Chauke 2015:68; Navarro-Bailo 2011:189; Kitchen & Burgmann 2015:34–39; Martin 2014:5). From the qualitative content analysis two subcategories emerged, namely, behaviour change and social wellbeing.

This category illustrated that the hospital and Health Promotion Practitioners (HPPs) needed to present health campaign messages that are consistent for patients adhering to the “one voice” concept as discussed in chapter 3, section 3.4.2 (Kitchen & Burgmann 2015:34–39; Navarro-Bailo 2011:190; Chang & Thorson 2004:75; Liodice 2008). Using “one voice” helps in positively shaping the perception of the patients about the hospital and health behaviour, achieving trust and credibility from the patients (Peyman *et al* 2016:149). Patients are more likely to accept health campaign messages from a source that they deemed credible and trustworthy concerning their health and behaviour (Peyman *et al* 2016:149).

This category further illustrated that the aim of the health campaign messages was to educate and encourage positive health behaviour thus the information must be accurate and simple to interpret by the patients and the meaning interpreted from messages needed to be patient-centred (Kitson *et al* 2012:5; Ahmed & Mousa 2018:236). This supports the literature in that patient-centred messages facilitate interest and encourage cognitive processing when such messages include the cultural and social needs of the patients, as pointed out in section 2.7 of chapter 2. By considering cultural and social needs, accurate health information that is relevant to the patients can be developed (Ahmed & Mousa 2018:236). Therefore, understanding relevant health information by providing information on the health risks and steps towards health behaviour change guides patients to seek treatment to address a health issue that is a threat to their social wellbeing (Ahmed & Mousa

2018:236; Hubinette *et al* 2017:129). As such, health information must be clear, understandable, and relevant by embracing the patient's beliefs, values, norms, and environment to motivate patients to accept health campaign messages and adopt recommended health behaviours (Hubinette *et al* 2017:129).

Secondly, the acceptance of health campaign messages from the patients led to positive health behaviour change. Patients applied perceived relevant health campaign messages to their everyday health behaviour and shared this information with others within the patient's social context (see chapter 2, section 2.7.2.1). Patient-centred messages from the cultural and social context encourage patient involvement which results in patients taking full responsibility of their own health (Tengland 2012:140–153). Importantly, cultural and social context aspects are the crux of successful and impactful health campaign messages within the South African context (Airhihenbuwa & Liburd 2006:489; Colvin *et al* 2010:1181; Sood *et al* 2014:68; Moola 2015:31). Therefore, it is important for the hospital to have a comprehensive knowledge of the patient's culture and social context. Accurate and correct information captured the patient's full profile creating suitable health campaign messages that effectively motivated prominent health behaviour changes as intended by the hospital.

The following slogans were evident: *"yenzakahle: do the right things", "Phila" and "a long and healthy life for all South Africans" on the hospital's Facebook status/updates, radio interviews recordings, posters, and pamphlets.*

Thirdly, the health behaviour changes from the patients also affected others within their social context. The health of an individual is learned and perpetuated in the community because individuals within the social context depend on each other for survival and is supported by the literature (Mold & Berridge 2013: 24). Specifically, community members mimic others health behaviour and accept it as the acceptable norm, as pointed out in section 2.2 of chapter 1. Patients trust those that share their same norms, values beliefs and environment due to the importance of interdependent social relationships in the South African context (Kaler 2009:1714). The influence of the social context relationships in health decisions also emerged during the semi-structured face-to-face interviews as well as the focus group interview findings (see chapter 5). Therefore, patients make positive health decisions

to better community in their social context including family, community members, and significant others. The social context of patients must be catered for in health campaign messages because social wellbeing is core to positive health outcomes and eliminating health disparities within communities (Wong 2009:35–42). This supported by the literature on the Health Belief Model (HBM) that stipulates that health actions are the main goal in the decision-making process guided and perpetuated by others in the community (Hair *et al* 2011:140).

The following words and sentences used in health campaign messages support the above argument:

"If you don't smoke, don't start. If you do, quit". "Alcohol causes harm to unborn babies who might need special care all their lives because they could suffer physical defects, abnormal facial anomalies and be mentally challenged" and "breastfeeding promotes cognitive development in children".

The subcategories and codes for message consistency are summarised in table 6.2 below:

Table 6.2: Category 1: Message consistency

Subcategories	**Behaviour change**	**Social wellbeing**
Codes	Credibility	Positive health
	Simple words	Knowledge on community health norms
	Unified messages	Emotional appeal
	Relationship building	
	Culture and social context	
	Clear meaning	

For the social context relationships to influence health decisions, messages must effectively reach everyone in community. Therefore, the marketing communication mix instruments chosen by the hospital must be accessible to the targeted hospital patients to provide health information to educate and provide knowledge on health

issues and recommended health behaviours. Thus, health campaign messages must be relevant from the cultural and social context of the patients to be accepted.

In the focus group interview findings, it emerged that the participants had access to at least two marketing communication instruments. Therefore, all the marketing communication instruments used must communicate messages consistently in community. As indicated by the literature, the existence of message consistency in communicating health campaign messages using various communication instruments effectively encourages message acceptance, as noted in section 3.4.2 of chapter 3. Therefore, message consistency must be considered in step 5 (see chapter 3, section 3.6) Furthermore, the marketing communication mix instruments from the IMC perspective needs to be patient-centred and coordinated to maximise impact and reach. These elements emerged during coding and are discussed next.

6.2.2 Category 2: Coordination of patient-centred marketing communication instruments for health campaign messages

Category 2 includes all the findings related to the marketing communication mix instruments for health campaign messages. As discussed in chapter 3, section 3.5, to communicate messages effectively to the hospital patients in the community and raise awareness of health issues and encourage messages acceptance and recommended behaviour change. The coordination of patient-centred marketing communication instruments for health campaign messages constituted 26% of the codes. From the qualitative content analysis, two subcategories emerged, namely, strategic coordination and integration of marketing communication instruments, as well as consistent brand communication.

This category illustrates strategically coordinating and integrating the marketing communication mix instruments in reaching the patients effectively from the same health campaign message (see Chapter 3, section 3.4.2). As demonstrated in the literature, people are exposed to the same health campaign messages on different instruments from time to time. The messages become familiar, leading to an individual engaging with the health campaign messages, and weighing the advantages and disadvantages of accepting and adopting recommended health behaviours, noted in section 2.7.1 of chapter 2 (Sadeghi *et al* 2012:4212; Coulson *et al* 2016:2).

For this study the following marketing communication mix instruments were considered: advertising, internet, social media, personal selling, direct marketing, publicity, and public relations. All these instruments are applicable to the health context to promote better health (see chapter 3, section 3.5). The content analysis of the data revealed that not all the marketing communication mix instruments were used and integrated by Thelle-Mogoerane regional hospital therefore limiting the awareness of health campaign messages in the community. The hospital relied mainly on the community newspaper, local radio station, newsletters, posters, pamphlets, and social media to advertise health campaign messages. These finding also emerged from the semi-structured face-to-face interviews with HPPs and the focus group interview with patients.

HPPs believed that the above marketing communication instruments effectively communicated health campaign messages because patients in the community had access to them. This also aligned with the focus group interview finding where participants noted that they had access to at least two of the above-mentioned marketing communication instruments (see chapter 5). These marketing communication instruments were used to communicate health information, promote education and increase health knowledge (Mibei, 2016:3). Therefore, it was evident that the local radio station, Facebook, pamphlets, posters, community newspapers, and the hospital newsletter were the core promotional communication tools that were used strategically to communicate health campaigns messages. However, these marketing instruments did not reach all the segmented patients as intended therefore affecting the potential impact of health information knowledge from health campaign messages.

It was also evident that the hospital used social media to communicate health messages and health promotional campaigns to meet the patient's health communication needs within their social context, however, Facebook was the primary social media tool used even though the hospital had Twitter and Instagram accounts (see chapter 3, section 3.5.3). This finding emerged during the semi-structured face-to-face interviews with HPPs discussing that Facebook it was easy to manage and allowed for interactions with patients (see chapter 5, section 5.3). Facebook did not require a lot of effort, and HPPs were expected to upload health campaign messages and respond to comments from patients. HPPs also assumed

that patients used Facebook more than other social media platforms for various reason such as socialising, searching for information, its user-friendly nature, and could be accessed on many mobile phones with internet access (Ashely & Tuten 2015:15). On the other hand, Twitter and Instagram were rarely used by the. Findings indicated that the Facebook page had 1926 likes, 1987 followers, 19 recommendations, 27 videos, and 1262 photos. In contrast, Twitter only had 79 followers and 58 posted Tweets (Gauteng Government 2019).

Facebook, the community newspaper, and the hospital newsletter were used as part of direct marketing for the hospital in encouraging patients to visit the hospital to access health care. However, the majority of health campaign messages were communicated on Facebook. Furthermore, the focus group interview findings demonstrated that the above-mentioned marketing communication instruments did not effectively reach and communicate health messages (see chapter 5, section 5.3). As such, patients were not informed of health campaign messages from any of the instruments besides Facebook. Moreover, some patients did not have access to any of the instruments due to the limited areas that the community newspaper and hospital newsletter reached, financial constraints, and no internet access (Sood *et al* 2014:68; Lo *et al* 2015:460). As such, these marketing instruments, including Facebook, did not effectively raise awareness, educate the community, or gain adequate acceptance of health messages in the community. Therefore, patient-centred instruments that reach the targeted hospital patients effectively must be considered in step 5 of the proposed theoretical guidelines to support health campaign messages from an IMC approach (see chapter 3 section 3.6).

Evidently, only Facebook as a social media marketing communication instrument allowed the hospital to get feedback from the target audience. This feedback was used as an evaluation on the success of the hospital's health campaign related to the opportunity to shape the perceptions of the targeted hospital patients and solidifying the desired health outcomes as intended (Seitel 2017:47) The feedback received from the patients on Facebook directed the public relations initiatives that followed based on the perceptions of these Facebook users. Unfortunately, due to the nature of the hospital environment, public relations were mainly used in crisis management as the hospital experienced a lot of negativity during the past few months because of the management structural changes that occurred (Seitel

2017:47). However, patients were encouraged to communicate with the hospital on their Facebook page through other marketing communication instruments including newspaper articles and radio interviews.

Radio interviews were also used for direct marketing by making patients aware of health campaign messages and upcoming health promotional campaigns however, these interviews were not frequent or consistent. Additionally, publicity was gained through the community newspaper, radio interviews, and sometimes the news. The articles and radio interviews featured the hospital's health campaign messages, successes, achievements, and highlighted which HPPs or departments were responsible for the above. Thelle-Mogoerane regional hospital would sometimes be featured on local and international news platforms for its achievements related to the hospital's health campaign messages, however, there was also bad news communicated through the press. For example, from the data analysed, the hospital was featured on these platforms mainly for bad news or scandals such as the 2018 *klebsiella* outbreak (Pijoo, 2018).

Based on the data collected, public relations from the hospital took place in many forms including Facebook, newspaper articles, and the hospital newsletter (Sicetsha, 2019). The hospital was involved in different outreach projects that were aligned to health campaign messages carried out at the hospital and in the community and these activities were communicated on Facebook. Sometimes, someone would have an inquiry and suggest that people were not well informed on specific health issues, and they would ask for the hospital to do a talk in the community or to post health campaign messages implementation in a specific area (Sicetsha, 2019). Pamphlets would be brought along as part of the educational and additional support during the outreach projects (Seitel, 2017:47). Therefore, Facebook was the most effective public relations tool for the hospital in creating awareness of health campaign messages. Therefore, the hospital strategically used various marketing communication mix instruments for health campaign messages, however, Facebook reached the majority of targeted patients within the community.

The integration of marketing communication instruments and consistent brand communication codes revealed that there was no consistent health campaign communication throughout all the marketing communication mix instruments. This

also emerged in the semi-structured face-to face interviews with HPPs as well as the focus group interview findings (see chapter 5). The hospital did not adopt the IMC approach which emphasised that effective messages must be unified (Belch & Belch 2020:11; Holland 2016:36). As such, the hospital did not develop and communicate one simple message in the marketing communication mix instruments to reach their audience. Specifically, the focus group interview findings indicated that patients were not exposed to the same health campaign message from the hospital's various marketing instruments because health campaign messages were designed differently for each instrument. This caused confusion and not all the preferred languages that the targeted hospital patients understood were used. As has been indicated, appropriate language in health campaigns facilitates understanding of health information and increases knowledge on health issues making it possible for the acceptance and accurate application of the recommended health behaviour change (Bissel, 2015:109). Consistent unified message communication in health would build a positive perception of the hospital and facilitate message acceptance through building trust and rapport in terms of the information given by the hospital to the targeted hospital patients (Navarro-Bailo 2011:191). The literature specifies that when the targeted hospital patients understand health messages, they pay more attention and effectively cognitively process health information and voluntarily change their attitudes and perceptions of health issues (Sood *et al* 2014:68; Lo *et al* 2015:460). Furthermore, consistent, and unified health communication further creates brand loyalty and positive health outcomes as stipulated by the hospital during the planning of health campaign messages (Navarro-Bailo 2011:191).

In addition, health advertisements or posters would advise patients to contact the national office or go to the national department's social media specifically. By focusing solely on social media, this neglected components for considering the patient's health, daily needs, and access. Specifically, only referring to social media negates to encourage access to health care information within the social context. By including the social context of patients, it would be easier to encourage obligation, willingness, and positive health behaviour change (Sadeghi *et al* 2012:4212; Coulson *et al* 2016:2). Specifically, the social context presents acceptable health norms, values, beliefs, and fulfils the need for belonging and acceptance within a social group (Cowan 2006:4; Dodds 2016:4).

Subcategories and codes are summarised in the below table as follows:

Table 6.3: Category 2: Coordination of patient-centred marketing communication mix instruments for health campaign messages

Subcategories	**Strategic coordination**	**Consistent brand communication**
Codes	Same messages	Distinct health messages
	Segmented target Hospital patients	Communication instruments
	Communication instruments	Positive perception
	Health behaviour change	Brand loyalty
	Intended health outcomes	Health outcomes
	Patient communication needs	

In the next section, the social context elements of the patients that emerged during coding are discussed.

6.2.3 Category 3: Social context elements in health campaign messages

Category 3 findings encompass all social context elements in health campaign messages. As discussed in chapter 2, section 2.2, developing countries like South Africa must consider the social context of the patients for positive health behaviour change and health outcomes set for communities by health practitioners (Netto *et al* 2010:248). Therefore, the social context is considered in the theoretical guidelines to support patient-centred health campaign messages within an IMC approach for step 4 (see chapter 3, section 3.6). The social context constituted 12,1% of the codes from the qualitative data analysis. Two subcategories further emerged, namely, the patient-centred approach and significant others (including family, friends, and community members).

This category illustrates that health campaign messages must meet the patient's social context needs in facilitating health campaign messages acceptance. This also emerged from the semi-structured face-to-face interviews with HPPs and the patients focus group findings. HPPs understood that the social context aspects created a set of beliefs and norms that guided individuals on understanding and responding to health issues with those that are similar to them by aligning recommended health behaviours to the available resources and support in the community (Cowan 2006:4; Dodds 2016:4; Weng & Landes 2017:900-909). In relation to the focus group, the patients noted that they make health decisions based on access to resources and shared health recommendations in their community (Peyman *et al* 2016:149). Participants also noted that they trusted community members health recommendations more than HPPs. This was related to the notion that patients preferred recommendation by others in their community who share the same health beliefs, values, and norms based on mutual trust and similar experiences within these social relationships (Ahmed & Mousa 2018:237). Therefore, considering the social context allows patients to voluntarily participate in the development of health campaign messages ensuring that messages are clear and tailor-made for community members by the hospital (Pelzang 2010:914).

The health promotion perspective emphasises that health campaign messages must be patient-centred and an IMC approach also encourages a customer centric focus (Almond 2014:94; Kuang-Jung *et al* 2015:101). Therefore, the social context formulates part of the patient's situation related to their environment and accessibility to health care needs. Furthermore, literature on the HBM stipulates that patient assess health messages deemed to be relevant to the social context in terms of their situation, the environment and accessibility to accept and apply health messages and health promotional campaigns to their daily health behaviours (Saye & Knight 2013:519; Stretcher & Rosenstock 1997:115).

From the data gathered and analysed, some social context aspects were considered by the hospital in health campaign messages, including social artefacts that reflected the patient's environment. This was applied to various marketing communication mix instruments such as posters, Facebook, pamphlets, newspaper articles, and the hospital newsletter. This supports the literature in that health campaign messages from an IMC approach must integrate the social context of the patients in facilitating

positive health behaviour change (Belch & Belch 2020:11; Holland 2016:36). Therefore, the IMC approach guides the process of developing health campaign messages to encourage positive health behaviour change, as instructed by health campaign messages considered in step 4 (see chapter 3, section 3.6).

Furthermore, that the qualitative content analysis indicated that family, community members, and significant others were included as part of the social context in most of the posters and pamphlets to meet the social context needs of the targeted hospital patients (Bhopal *et al* 2010:249). Similarly, this finding also emerged in the semi-structured face-to-face interviews and the focus group findings. Specifically, HPPs and patients believed that others in their community played an important role in encouraging health behaviour change by sharing and explaining health information from the patient's social context. Furthermore, not everyone in the community had access to health information on the marketing communication mix instruments. Importantly, patients are more likely to accept health information that is understandable, clear, simple, and uses words or phrases that are relevant and accepted in the community (Tengland 2012:140–153).

The social context plays an important role in acceptance of health campaign messages and determines whether participants take control of their health and make informed health decisions extending to family, community members, and significant others (Kaldoudi & Makris 2015:605). Furthermore, the social context also influences the patient's cognitive processing of health campaign messages and subsequent application of the messages to daily health behaviour. As indicated in the literature, family, community members, and significant others form part of additional social support for understanding health campaign messages promoted by the hospital (Hubinette *et al* 2017:129). As such, significant social relationships must be considered by the hospital as important in facilitating health campaign messages acceptance for long-term behaviour changes. The hospital considered the social context, for example, in one of their HIV health campaign messages that encouraged partners to get tested. A picture of a black African woman was used who was pregnant, standing with her partner behind her, and both partners were holding the woman's belly while smiling. This formulates part of the cultural belief, norm, and value about marriage and partnership that partners have the responsibility to take care and protect each other's health. Therefore, the proposed theoretical guidelines

must address social context relationships including family members, community members and significant others to support patient-centred health campaign messages from an IMC approach in step 4 (see chapter 3, section 3.4). The subcategories and codes for the social context elements in health campaign messages are summarised in table below:

Table 6.4: Category 3: Social context elements in health campaign messages

Subcategories	**Patient-centred approach**	**Significant others (family, friends, and community members)**
Codes	Health needs	Health decisions
	Empowerment	Cognitive processing
	Tailor made health promotional campaign	Additional support
	Patient's environment	Collectivism

In the next section, the codes and categories related to cultural aspects that support health campaign messages are discussed.

6.4.4 Category 4: Cultural aspects to support health campaign messages

Category 4 addresses all the cultural aspects to support health campaign messages. This includes the findings related to considering the target audience's beliefs, values, and norms in encouraging acceptance and positive health behaviour change from health campaign messages. As discussed in chapter 2, section 2.2 and 2.6, culture is the basis for knowledge and understanding of health within the South African context and involves the traditional medicine policy development (Mbanya *et al* 2010:2258). Therefore, in South Africa effective health campaign messages must be culturally sensitive to meet the health needs of a diverse group (Craig *et al* 2011:120). Specifically, diverse groups make health decisions that are informed by culturally acceptable beliefs, norms, languages, and habits (Tengland, 2012:140–153). The cultural aspects to support health campaign messages constitute 13,9% of the codes. From the qualitative content analysis, two subcategories emerged,

namely, language and descriptive words used to describe health concepts. This relates to literature on the PEN-3 model of culture that emphasises that culturally sensitive health campaigns that embrace patients' languages are applicable in African communities (Kannan *et al* 2009:350; Scarinci *et al* 2012:36).

This category illustrates the role of culture in facilitating health campaign messages acceptance and application to the patient's health behaviour (see chapter 2). It was evident that different languages were used in posters and pamphlets during implementation of health promotional campaigns by Thelle-Mogoerane regional hospital. Language is an element of culture and health understanding as knowledge is transmitted though languages within a culture which extends to health behaviour (Sepora *et al* 2012:233). This finding also emerged in the semi-structured face-to-face interviews and the focus group. HPPs and patients indicated that communicating in different languages in South Africa is key in health promotion because people in the community came from different ethnicities and spoke different languages (Iwelunmor *et al* 2014:17; Murray 2016:25). Literature indicated that people from different ethnicities interpret and understand health campaign messages from their own languages and cultural perspectives (Sepora *et al* 2012:233). Therefore, eliminating language barriers can prevent issues related to educating individuals about various health issues (Keer *et al* 2006:20). Furthermore, in South Africa illiteracy is still a prominent issue thus making it challenging for many people to understand health information (Iwelunmor *et al* 2014:23). Therefore, using various languages from the targeted hospital patients will bridge this gap and ensure that health information is clear and uses understandable words and phrases. The five dominant languages used in the area were Sesotho, IsiXhosa, IsiZulu, English and Afrikaans.

It was also evident that the above-mentioned languages were also used during radio interviews. Languages used were not deeply rooted in each culture but contextual to the environment or social context within which the patients experienced health (Mogobe *et al* 2016:2). Some of the following words or tag lines were used in the campaigns: "*Phila*", "*Ek se hlokomela*", "*Passop*", and "*Cheka Impilo*". These words and phrases used a mixture of different languages and slang terms that people use within this social context were familiar with. People from different cultures who spoke various languages sometimes exist within the same social context (Hamilton,

2012:2). The culture and languages in the social environment bind individuals together and facilitate new meanings of health information from health campaign messages (Mibei, 2016:3). Therefore, to facilitate health campaign messages understanding and knowledge, the languages used must be understood within the social context by all patients when considered for health campaign messages.

However, it was evident from the Facebook posts that English was the only language used during health campaign messages implementation and the slang words and phrases described above were not clearly used in each campaign. Furthermore, English was used from the onset for communicating information about specific health issues or problems, therefore not considering the diversity of the hospital patients when making campaign messages. As such, health messages were not always relevant to all the target audiences, especially within the diverse South African context. When multiple languages and cultural references are not included then some patients will not understand the health information and the cues to action towards a health behaviour change (Kitson *et al* 2012:5). Heath campaigns will therefore not achieve the intended objective to educate all people on various health issues (Kaler 2009:1714). This was also evident with the hospital newsletter and the news articles from the community newspaper. As noted in the literature, language barriers lead to communication barriers, a lack of relevance, and limited acceptance of health campaign messages from the target audience. This is because many patients may not understand English and therefore health campaign messages are not aligned to all hospital patients coming from various backgrounds which includes different races and ethnicities, cultures, social status, education level, socioeconomic status, therefore negating to reflect the diverse social contexts prominent in South Africa (Kaler 2009:1714; Chen, 2013:964). As such, all languages spoken in the social context must be accommodated for in health campaign messages to strengthen relevance so that these messages are not rejected or ignored by the targeted patients.

Secondly, this category reflects on the words used to describe concepts, diseases, and medications in understanding health information. Within most cultures certain words or descriptions are understood better and align with health seeking behaviours and concepts. These words in South Africa include traditional healers (*sangoma*), and alternative or traditional medicines (*umuthi*) (De Wet *et al* 2012:18; Bhikha &

Glynn 2013:1). The data demonstrated that the words used in social artefacts from health campaign messages were mainly western or aligned to the biomedical perspective of health and health seeking behaviour (David 2013:12). For example, health information was written from the HPPs perspective which did not accommodate the entire target audience. Even though definitions were used for acronyms, there were no words or descriptions used to encompass the various cultures of patients or community members therefore preventing the acceptance of health campaign messages because the words used to educate patients on health issues were not patient-centred (Montarano & Bryan 2013:1252).

Although health campaign messages were communicated in different languages, the words could not be translated directly or sometimes not at all for patients to understand the concept from their own culture within their social context. This may lead to the wrong application of the health campaign message to the patient's behaviour. As discussed in chapter 2, section 2.3.1, the meaning of certain words or phrases may be misconstrued thereby diverting from the intended aim of the health campaign messages by the hospital and either increasing negative health behaviour which threatens the social wellbeing of the entire community and everyday functioning or negating to effectively communicate a recommended health behaviour change (Kafah *et al* 2013:480). For example, the following complex medical jargon was used on Facebook posts describing "risk factors of type 2 diabetes", "have abnormal blood cholesterol or lipid levels", "lose their nutrients values", and "abnormal facial anomalies". Furthermore, complicated medical phrases communicated in posters and pamphlets included "breastfeeding promotes cognitive development "and "*Kaposi sarcoma*". Reports and newspaper articles also had the same ineffective results for effectively and simply communicating health information.

In addition, it was evident that in the radio interviews there were some levels of descriptive words used that were related to the culture of the patients however this depended on the probing of the radio presenter or clarification by listeners during the question-and-answer session that was included during the interviews. HPPs were required to simplify concepts that the listeners did not understand, and they would then use the listeners languages and some descriptive words that were aligned to several health concepts and behaviours. Words are the greatest substantial tool of cultural symbols used within a language for providing clear understanding, especially

regarding literacy levels (David 2013:13; Sepora *et al* 2012:232; Shangase & Mophoso 2018:3). Moreover, language cannot be entirely understood outside the context of the culture in which it is inextricably rooted (Sharman & Romans 2012:78).

The subcategories and codes for the cultural aspects to support health campaign messages are summarised in the table below:

Table 6.5: Category 4: Cultural aspects to support health campaign messages

Subcategories	**Language**	**Descriptive words of health concepts**
Codes	Traditional medicine	Cultural symbols
	Health beliefs	Direct translation
	Contextual words	Understanding
	Communication barrier	Health norms

Having discussed the findings of the semi-structured face-to-face interviews and focus group in chapter 5, and the qualitative content analysis in this chapter, the overall triangulated findings are discussed in the following section in accordance with revised steps for the theoretical guidelines to support patient-centred health campaign messages within an IMC approach.

6.3 OVERALL FINDINGS OF THE STUDY ALIGNED TO THE REVISED PROPOSED THEORETICAL GUIDELINES TO SUPPORT PATIENT-CENTRED HEALTH CAMPAIGN MESSAGES WITHIN AN IMC APPROACH

In this section, the overall outcomes of the study are discussed in accordance with the revised proposed theoretical guidelines to support patient-centred health campaign messages within an IMC approach. The outcomes are based on the findings from the data analysis to accurately support health campaign messages from an IMC approach in the South African context. Table 6.6 below indicates the revised proposed theoretical guidelines from an IMC approach as discovered in the findings.

Table 6.6: Revised theoretical guidelines

PROPOSED STEPS	ACTIONS TAKEN	EXAMPLES WITHIN THE CONTEXT OF HEALTH PROMOTION
1. Formative research by HPPs of the cultural and social context aspects of the hospital patients that influence health behaviour.	Research from different HPPs in their respective departments of the audience's ethnicity, beliefs, norms, values, and the influence of traditional or religious leaders, medicine, family, members of the community, education level, psychological aspects, and economical status within which health behaviour is experienced.	Facebook surveys Live video chats on Facebook Campaigns evaluations Focus groups interviews with patients and members within the community One-on-one interviews with opinion leaders such as priests, traditional healers, and councilors. Observation of community members in their environment, for example, during an outreach project or health talk in the community. Interactions between health professionals and patients during consultations. Research forms at the hospital daily in each department.
2. Diverse languages for	Languages must be	Use all the languages of the

health campaign messages.	revised to include the languages of the area. Information collected from the formative research from step 1 must be used as guidelines on which local languages must be considered for health campaign messages.	area in communicating health campaign messages. Include sign language and local languages used and understood within the community. Avoid medical jargon and use simple medical terms that can be understood by all.
3. Additional communication support methods for health campaign messages.	Demonstrations by HPPs must be part of the implementation of health promotional campaigns. Health talks by the hospital in the community must also be part of the implementation of health promotional campaigns. HPPs must be assigned to answer questions daily at the hospital for two weeks after implementation of health promotional campaigns.	HPPs will explain health campaign messages in languages that the targeted hospital patients understand, explain concepts, and demystify myths around health messages and related issues. Shape perceptions and address misunderstandings of health campaign messages and health organisations. Align health campaign messages to the cultural and social context of the patients. Demonstrations to show the patients, for example, how

		to use medication correctly or inject themselves with insulin for those with diabetes, or how to use both male and female condoms.
4. Health campaign messages that encompass the cultural and social contextual components of South Africa patients.	Health campaign messages include concepts, words, and descriptions from the values, beliefs, and norms of the targeted hospital patients in providing information on health and dealing with health issues. Health campaign messages content includes traditional and alternative medicines and healers, religious leaders, community members such as friends, neighbours, family, and significant others, as well as psychological and economical status elements for encouraging health behaviour change.	The health campaign messages include the cultural and social context influences of the patients to explain health concepts and words. The campaign messages are simple (lay man's perspective) with no complicated medical jargon. Visual aid such as cartoons, pictures, and videos must be an exact representation of the target audience's cultural and social context components, including gender and race.
5. Integrated and consistent marketing communication mix instruments to communicate health	Selection of the patient-centred marketing communication mix instruments for health	Advertisements on local, community, and commercial radio stations, newsletters, national and local newspapers, community

campaign messages.	campaign messages. Health campaign messages are the same in all the marketing communication mix instruments. Integrate various marketing communication mix instruments so that the targeted hospital patients are exposed to at least two sources. Targeted hospital patients is repeatedly exposed to health campaign messages daily from the marketing communication mix instruments.	forums, television, and notice boards. Radio and television features and interviews. Community health *imbizo*, church talks, school talks, health meetings, and wellness days. Social media (Facebook and Twitter). HPPs present health education talks to patients during visitations at the hospital. Daily SMS and emails. Broachers, flyers, and pamphlets. Posters.
6. Documentation for health promotional campaigns.	Three different formal written documents from the hospital are developed to explain the planning of health messages for health promotional campaigns. The targeted hospital patients for the health messages and health	IMC approach guidelines for health promotion strategy implementation document. Sections in the document explaining the planning process step by step. Decisions taken to use the content and style for health campaigns messages.

	promotional campaigns. The departments and HPPs that were involved in the planning process overall. Language advisors for the planning process. The research used to inform the planning process of health messages and health promotional campaigns. Selected IMC marketing communication mix instruments used from implementation. The additional support methods that were identified and used as part of the health promotional campaigns.	Budget required for the planning and implementation processes. Reference for future health messages and health promotional campaigns. Support material for motivating the use of different languages, marketing communication mix instruments, and any additional support methods used.
7. Overall evaluation of health promotion campaigns.	An overall evaluation process must be initiated by departments and HPPs after implementation. Cross evaluation of the effectiveness of languages used. Evaluate additional	Focus groups interviews. Feedback on social media (Facebook and Twitter). Health campaign messages surveys and questionnaires. Question and answer

	supports used as part of health campaign messages such as demonstrations or health talks. Evaluate the accuracy of the research used during the planning of the cultural and social context elements.	sessions with patients. Attendance forms of different additional supports as part of health promotion campaigns such as pop-ups or demonstrations.

The revised steps for theoretical guidelines to support patient-centred health campaign messages within an IMC approach based on the findings from this research study are discussed in the next section.

6.3.1 Formative research by HPPs of the cultural and social context aspects of the hospital patients that influence health behaviour

Step 1 entails conducting formative research to collect information on the culture and social context of the patients. Culture and the social context inform individuals' health decisions, health behaviours, and affects health outcomes in South Africa for public health campaigns (Chi *et al* 2011:653); Levarack 2006:114; Tavafian 2013:9). Health information is learned and understood from culture and health behaviour is constructed within the social context. As discussed in chapter 2, sections 2.6 and 2.3.4, health campaign messages that incorporate the cultural and social context prominently advance health knowledge, promote acceptance, and facilitate health behaviour change because these health campaign messages are patient-centred and therefore more accurate, understandable, and relevant to the target audience. Such health campaign messages empower the targeted hospital patients to take control of their health and make positive health decisions within their environments coinciding with their deeply held cultural norms, values, and beliefs (Kaldoudi & Makris 2015:605). Therefore, it is significant to consider culture and the social context of patients in the development of health campaign messages.

The findings from the semi-structured face-to-face interviews with HPPs, the focus group with patients, and the qualitative content analysis indicate that health campaign messages must project the cultural and social context elements of the patients that influence health. This must not limit culture to language in encouraging health campaign messages acceptance and behaviour change. Specifically, the hospital considered translation of health campaign messages into different languages as considering culture, however, this was not accurate as the following core elements of culture were excluded, namely, beliefs, values, norms, and ethnicity. Therefore, language qualifies as one of the cultural elements because culture is taught and diffused to individuals through language, however, other elements of culture include beliefs, values, and norms, relevant to the development of patient-centred health campaign messages that encourage health behaviour change (see chapter 2, section 2.6). According to Mbanya *et al* (Mbanya *et al* 2010:2258), individuals are taught the norms, beliefs, and values in their culture, and these are important aspects of health and acceptable health behaviour, within their normative social group.

By only considering language translation as the fundamental cultural element in patient-centred health campaign messages, this narrow view of culture will result in health campaign messages not being effective as intended by health communicators (Peyman *et al* 2016:149). Language is used within communities by different community members to interpret and convey meanings which may not be shared by all members of the community within the same social context, for example, ethnicity is also an important element to consider in the overall gathering of cultural research information of the patients including beliefs, norms, and values. Ethnicity as an element of culture, is health-related and ethnicity makes it possible to accurately communicate patient-centred health campaign messages that consider all relevant beliefs, norms, and values of all the segmented target audiences with no limitations or narrow assumptions about their social context (O'mara *et al* 2009: 23).

Social context centred health campaign messages should also address all the important elements that influence daily health behaviours including the significant social relationships within which health is experienced (Cowan 2006:4; Dodds 2016:4). Health in the social context is reliant on various social factors such as

access to health care services and financial resources, to name a few. Also, people within the social context inform social relations and perceived reliability of shared information within the community. This argument is supported by the semi-structured face-to-face interviews with HPPs as well as the focus group findings that highlights that health campaign messages influence family, community members, and significant others on health decisions and related behaviours. As discussed in chapter 2, section 2.2, family, community members, and significant others are instrumental in encouraging patient involvement and empowerment in making positive health decisions which are accepted by others within their social group membership and provide psychological support for the patient when dealing with a health issue (Vuuren 2012:16). Patients willingly communicate openly with the individuals that share their norms, values, and beliefs about their authentic emotions when dealing with a health issue because patient's trust shared community ideals and believe in collectivistic values when it comes to sharing different health experiences and solutions (Kaler 2009:1714).

In the semi-structured face-to-face interviews with HPPs, findings noted that other social context aspects such as access to smartphones, internet, and economic status in relation to health campaign messages from the hospital. However, the education level of the patient was neglected in communicating health campaign messages therefore limiting the dissemination of knowledge on health issues which prohibited effective health campaign messages acceptance and patient empowerment (Das & Vet 2008:110). As discussed in chapter 2, sections 2.6 and 2.81, health education provides individuals with accurate health information set against their existing deeply held beliefs which encourages cognitive processing of the new health information and empowers patients to change their health behaviours.

Another finding that emerged from the semi-structured face-to-face interviews, focus group, and the qualitative content analysis was the influence of traditional healers and medicines was not considered in health messages and health promotional campaigns from the hospital. As discussed in chapter 2, traditional and alternative healers and medicines are still the preferred form of health care when compared to biomedical health care from hospitals within the South African context. Specifically,

people generally believe in the healing power of traditional and alternative medicines. Traditional and alternative medicines and healers form part of culturally responsive teachings in health because the belief is that traditional healers understand the patient's needs as aligned to their values, norms, and beliefs in health. Therefore, integrating traditional beliefs helps in delivering patient-centred care to effectively address health issues. Traditional and alternative methods form an integral part in influencing a positive response towards health behaviour in interdependent communities (De Wet *et al* 2012:18). Furthermore, the traditional medicine policy that was created within the South African context seeks to accommodate the importance of this aspect in health (Summerton 2015:65). Furthermore, findings in this study also indicated that traditional medicines, religion, and the biomedical perspective should be integrated in communicating health messages and health promotional campaigns as they are all considered part of health care and complement each other as essential health care outlets when dealing with health issues (Vuuren 2012:16). This supports the literature that suggests that combining traditional and modern medicine allows a patient to participate and take control of their health and make decisions that will positively change health behaviour for the better and will not disrupt the daily functioning of the community (Idang 2018:102).

6.3.2 Diverse languages for health campaign messages

Step 2 focuses on the use of diverse languages to effectively communicate health campaign messages in the community. Similar to culture, languages form the basis of our knowledge about health as set and accepted by other members within our social context (Sepora *et al* 2012:233). As discussed in chapter 2, section 2.2, language is not learned in isolation but attained through group membership values that uphold the high moral standards set within the community as acceptable and embraced by group members within their social context (David 2013:12). The findings from the semi-structured face-to-face interviews, the focus group, and the qualitative content analysis indicated that the five dominant languages used to communicate health campaign messages were Sesotho, IsiXhosa, IsiZulu, English, and Afrikaans. However, findings from the semi-structured face-to-face interviews and the focus group revealed that in the community there were people that spoke other languages such as Tsonga and Venda, and these languages were not catered

for in health campaign messages. As such, the minority groups in the community cannot understand the health campaign messages communicated resulting in exclusion of certain community members from knowing about health issues, risks, and the accurate application of recommended health behaviours (Denscombe 2007:115). The minority groups in the community will therefore be more vulnerable within this social context affecting the health outcomes in terms of the overall social wellbeing of the community at large (Wong 2009:35–42). According to Chen (2013:964), individuals that understand the health risks that lead to a health issue are empowered to take control of their own health and behaviour within their social context.

Empowerment in communities emphasise the involvement of patients and community members in influencing health decisions making it possible for health messages to be patient-centred (Cowan 2006:4; Dodds 2016:4). Related to literature on empowerment theory, the semi-structured face-to-face interviews and the focus group findings demonstrated that empowerment creates a form of collective consciousness which leads to social mobilisation in self-managing an illness (Vongchavaliktul 2015:15). Therefore, patient-centred health campaign messages communicated in all South African languages can be understood and accurately shared by different members within the community to encourage messages understanding, relevance, acceptance and positive health behaviour change from the hospital's campaigns.

Furthermore, findings from the semi-structured face-to-face interviews, the focus group, and the qualitative content analysis indicated that the targeted hospital patients shared norms, beliefs, and values from diverse cultural and linguistic backgrounds within the same social context. For example, Facebook posts by the hospital would post health campaign messages in English, then people would comment and ask questions in different languages, including Tsonga. Therefore, health campaign messages must consider the diversity component of language and ethnicity in culture (Iwelunmor *et al* 2014:17: Murray 2016:25). The languages of the community play a significant role within the target audience's social context in facilitating health campaign messages knowledge, understandability, relevance, and acceptance, even though language was contextual (Kaler 2009:1714; O'mara *et al* 2009: 23).

Another important finding was that health campaign messages negated to include other languages from the community besides the already mentioned dominant South African languages. In the Vosloorus community, the targeted hospital patients for the hospital also includes foreign nationals from other African countries. The foreign nations are members of the community that also experience the same health issues as South African community members. Therefore, foreign nationals form part of the targeted hospital patients that accepts health campaign messages that are communicated in South African languages, while cultural elements from foreign nationals have not been included in the interpretation of health messages and meanings contributing to daily health behaviours of all community members (Sepora *et al*, 2012:233). By including all the languages of the community, including the languages of foreign nationals as a minority group within the social context can further positively impact the acceptance health campaign messages and health behaviour changes related to South Africans and other African individuals that interact often and depend on each other within their communities. Literature suggests that when it comes to health norms, beliefs, and values, African communities in general experience similar health-related practices and interpretations (Katikiro & Njau, 2012:24; Saher Al 2013:67; Phillips 2014:56).

6.3.3 Additional communication support methods as part of health campaign messages

Step 3 entails using additional communication support methods as part of health campaigns to encourage health messages acceptance. Findings from the semi-structured face-to-face interviews, as the focus group, and qualitative content analysis have illustrated the importance of diverse cultures, languages, and the social context of the patient as core components in supporting health campaign messages that are relevant and encourage positive health behaviour change). However, additional challenges have been experienced during the interpretation and understanding of health campaign messages. Specifically, health campaign messages that are straight-forward, clear, and understandable may not necessarily lead to recommended health behaviour changes (Fast *et al* 2015:56). Therefore, additional support methods assist in alerting patients about the dangers of not adopting recommend health behaviours in relation to the self and others in the community.

Moreover, the literacy and education levels of individuals vary in communities and not patients are able to read and understand health campaign messages (see chapter 2, section 2.4.2). Furthermore, even well-educated individuals who have vast knowledge on health issues also struggle to understand health campaign messages and apply them to their daily health behaviours (Hitch 2007). Furthermore, health promotion for health interventions requires accurate understanding of words, health descriptions, and concepts aimed to educate and facilitate health behaviour change (Hagger & Chatzisarantis 2014:63) (see chapter 2, section 2.2).

The findings from this study indicate that additional communication support methods are necessary for health campaign messages to further make interpretation and understanding comprehensive (see section 5.3.2). Consequently, such additional supports can accelerate the intended health outcomes in community from health campaign messages.

Several additional communication support methods included demonstrations by HPPs during campaign implementation, were considered significant by patients. Specifically, demonstrations guaranteed that patients interpreted the information as intended by the hospital (see chapter 2 and 5 sections 2.2 and 5.4.1). For example, HPPs from the hospital demonstrated the correct use of female condoms which resulted in the accurate perception and application of the recommended health behaviour from the patients and others in the social context (see chapter 5, section 5.3.2). Nevertheless, the hospital and HPPs did not necessarily view demonstrations as an important element to consider during the implementation of health promotional campaigns, even though there was an awareness of the challenges related to culture, language, and the social context in maximising health understandings by holistically integrating additional communication support methods, like demonstrations, for health campaign messages (Sadeghi & Heshmati 2019:103).

Surprisingly, the translation of health campaign messages into various languages did not lead to complete understanding of health information. Specifically, HPPs translated health campaign messages themselves in their own languages but had limited knowledge of different languages within the community therefore excluding other important languages in health campaign messages (see chapter 2, section 2.2) (O'mara *et al* 2009:23). This discrepancy shows that additional support methods

such as mini pop-ups and health talks should be included alongside demonstrations to ensure that health campaign messages are understood, relevant, accepted, and thus facilitate positive health behaviour changes and accurate perceptions from the patients.

Another issue that emerged from the findings was the negative perception of the hospital by the community at large in terms of effectively delivering health care services and trusting of the competency of staff members (see chapter 5, section 5.3.1). Furthermore, the negative publicity from the *klebsiella* outbreak further perpetuated the negative perceptions of patients that already existed in relation to the hospital (see chapter 5, section 5.1). Therefore, the importance of additional support methods for health campaign messages can serve two purposes in encouraging health campaign messages acceptance and changing the negative perceptions held about the hospital by the patients.

6.3.4 Health campaign messages encompassing the cultural and social context components of South African patients

Step 4 considers the roles of the cultural and social context in health campaign messages for the South African patients. Health campaign aim to provide health information to individuals in communities to eliminate risky health behaviours. For example, campaigns addressed the risks associated with smoking and the negative health consequences related to not using condoms (Latimer *et al* 2007:645). Several concepts from the cultural and the social context including language influence patient's health and health behaviours. As discussed in chapter 2, section 2.4 patients use health concepts to examine and cognitively process health campaign messages information before applying it to their health behaviours. Therefore, health campaign messages must respect the cultural and social context components that influence health and health behaviour change (Nyhan *et al* 2014:835).

Findings from the semi-structured face-to-face interviews, the focus group and the qualitative content analysis indicated that health campaign messages content attempted to integrate the cultural and social context of patients, however this was not effective enough (see chapter 5, sections 5.2.2, 5.3.3 and 6.2). Cultural aspects included some health concepts described from the cultural perspective of patients. However, these cultural concepts were not clearly incorporated as part of the

biomedical perspective in health care. This had dire consequences because individuals resist messages when the cultural perspective is not clear and understandable (Kumar & Preetha 2012:7). Literature on the PEN-3 model of culture, and findings from the semi-structured face-to-face interviews and the focus group demonstrate that health messages need to be culturally sensitive to facilitate behaviour change in the South African context (Rothman & Updegaff 2010:1885; Henshaw & Heffernan 2016:2). Furthermore, the content in the health campaign messages were only translated in the dominant South African languages within the community as discussed above. As such, the findings of this study recommend a more comprehensive and holistic approach to considering the cultural and social context of all targeted hospital patients' members.

Furthermore, sociocultural aspects inform the meanings of health campaign messages as they are conceptually derived from diverse targeted hospital patients' members understandings informed by normative backgrounds. As such, meanings and interpretations that are simple to understand must include health descriptions and words by the HPPs that foster a patient-centred approach in health campaign messages (see chapter 2, section 2.3.4). A patient-centred approach helps to eliminate challenges associated with understanding health campaign messages that affect health outcomes. This therefore addresses the concerns of health problems that negatively impact the social wellbeing of communities (see chapter 2, section 2.3.5). As such, it is argued that cultural and social context elements are integral in health campaign messages content to prevent and address risky health behaviour in the South African context (Mbanya *et al* 2010:2258). Health messages devised for campaigns need to incorporate and respect the cultural and social context and preferences of all targeted community members. In doing so, behaviour can be altered positively because the patients relate to the health messages effectively (Lo *et al* 2015:460).

6.3.5 Integrated and consistent marketing communication mix instruments to communicate health campaign messages

Step 5 addresses integrating marketing communication mix instruments to effectively communicate health campaign messages consistently. According to Fill and Jamieson (2006:10), marketing communication raises awareness, persuades individuals, develops understanding, accommodates preferences, and reminds and

reassures the targeted hospital patients that they are important to communication efforts. This signifies the importance of using marketing communication mix instruments that will raise awareness of health campaign messages in community by increasing the knowledge of health information on health issues to make informed health decisions (see chapter 2, section 2.4). Interestingly, marketing communication mix instruments also convince patients that the health campaign messages are created specifically for them therefore strengthening relevance which encourages health campaign messages acceptance and facilitates recommend health behaviour change (see chapter 2, section 2.8.3).

Findings from this study demonstrate that Thelle-Mogoerane regional hospital used various marketing communication mix instruments to communicate health campaign messages to encourage health behaviour change in patients. Specifically, the marketing communication mix instruments used by the hospital included advertising (community newspaper, pamphlets, and posters), internet (website), social media (primarily Facebook and rarely Twitter), personal selling (radio interviews and newsletters), direct marketing, publicity, and public relations. However, findings from the focus group and qualitative content analysis suggested that participants were not exposed to messages from all the above-mentioned marketing communication mix instruments because health campaign messages did not reach the targeted hospital patients as intended. Consequently, this limits the awareness and relevance of health campaign messages in the community. Therefore, as indicated in the literature, health campaign messages must use marketing communication mix instruments that present uniformity and consistency to effectively reach the targeted hospital patients and change perceptions and attitudes on related health issues (Chang & Thorson 2004:75; Kitchen & Burgmann 2015:34–39; Liodice 2008; Navarro-Bailo, 2011:190).

Furthermore, the findings from the semi-structured face-to-face interviews and the focus group outlined that there was a need to integrate all the marketing communication mix instruments. Specifically, integrated marketing communication instruments that include the sociocultural context effectively maximise targeted hospital patients reach and therefore facilitate positive health behaviour change (Fill & Jamieson 2006:10).

Literature suggests that the marketing communication mix instruments used by Thelle-Mogoerane regional hospital can be coordinated in a way that is similar to other organisations that adopted an IMC approach (Tian & Borges 2012:104; Chauke, 2015:238). The only difference is that health campaign messages from Thelle-Mogoerane regional hospital deploy marketing communication mix instruments to educate communities about health in order to foster and maintain positive health behaviours (Tian & Borges 2012:104; Chauke 2015:238). Therefore, health campaign marketing communication mix instruments must be accessible to the targeted hospital patients to achieve and maintain positive health behaviour changes (see chapter 3, section 3.5).

However, the integration of the marketing communication mix instruments from the hospital was not effective because there was a lack of reach and understanding of health campaign messages by the patients. Even though patients had access to at least two marketing communication mix instruments, health campaign messages were not communicated consistently across different platforms (see chapter 3, section 3.4.2). Furthermore, health campaign messages would be communicated differently in various marketing communication instruments. For example, on Facebook messages would be communicated in English while the poster's message about the same health issue was communicated in isiZulu. Therefore, it is important to consider marketing communication mix instruments that consistently reach the targeted hospital patients based on literature from the HBM and an IMC approach. These elements facilitate health messages that assist the cognitive processing of health information through understanding messages and allowing patient participation with regards to making informed health decisions based on a patient-centred approach (Navarro-Bailo 2011:189; Prace 2011:22; Coulson *et al* 2016:2).

Another important finding was that the hospital did not comprehensively consider the cultural and social context of the patients in the marketing communication mix instruments, including language (chapter 5, sections 5.2.1 and 5.2.2). As discussed throughout this chapter, within the cultural and social context, the use of different languages in health campaign messages effectively encourages acceptance, understanding, relevance, and long-term positive health behaviour change (see chapter 2 and 5 sections 2.3.3, 5.2.1 and 6.2.2).

It was also evident that the hospital did not deploy the IMC perspective completely in communicating health campaign messages for the target audience. Specifically, the marketing communication mix instruments were not integrated with all other activities within the organisation. Therefore, consistent coordination and integration of strategic patient-centred health campaign messages must aim to communicate unified messages across all instruments (see chapter 3, section 3.4.1). All activities need to be strategically integrated when deploying an IMC approach to deliver consistent, clear, and understandable health messages (Breath *et al* 2014:145). Consequently, integrated and consistent marketing communication mix instruments to communicate health campaign messages effectively educate patients on health issues that are relevant to their health and behaviour within their community.

The proposed marketing communication mix instruments explained in chapter 3, section 3.5, cannot be adopted fully and applied to the health context. The nature of how the hospital operates did not make it possible to adopt an IMC approach completely. Therefore, the findings indicate that marketing communication mix instruments need to be coordinated and integrate in all communication activities from the hospital that take into consideration the nature of health promotion in supporting patient-centred health campaign messages.

6.3.6 Documentation for health promotional campaigns

Step 6 refers to documenting the planning and implementation process of health promotional campaigns. Findings from the semi-structured face-to-face interviews, as the focus group, and the qualitative content analysis from this study indicated that various documents were used by different HPPs in the hospital to capture the implementation of health campaign messages (see chapter 5, section 5.2.6). Documents were named and used differently in different departments thus there was no standardisation across the hospital for the use of the documents for the process of developing and implementing health campaign messages. Therefore, the was no clear stipulation of information that needed to be captured in these documents making it difficult to have accurate cultural and social context information that influences the target audience's health in implementing impactful health campaign messages to encourage positive health behaviour changes (see chapter 2, section 2.3.4). The information that was captured in the documents from the hospital was of health campaign messages development that was not aligned to the patients, such

as the dates of implementation and recommended themes. According to Daku (2012:5), to deliver impactful patient-centred care, HPPs need to focus on significant events that influence health within the patient's social context. As discussed throughout this chapter, patient-centred care gives patients the opportunity to participate and have control of their own health decisions which solidifies health messages acceptance, relevance, understanding, and fosters positive behaviour change (see chapter 2 and 5 sections 2.5, 5.2.1 and 5.2.2). As such, accurate information on the cultural and social context of patients effectively enhances and makes health campaign messages relevant.

The overall findings of this study also indicate that the information that was captured in the different documents by the different departments was not detailed (see chapter 5, section 5.2.6). Specifically, all the written documents simply summarised information as experienced by the specific HPP who had the responsibility of writing the report to submit to management as standard practice at the hospital. Therefore, the lack of detailed documentation makes it challenging for HPPs to enhance health campaign messages from the cultural and social context of patients to reach the intended health outcomes and eliminate health disparities in communities (see chapter 2, sections 2.2 and 2.6). Moreover, the lack of detailed documentation makes it a challenge to share information during collaboration of HPPs for the planning and implementation of health campaign messages (see chapter 5, section 5.2.1). As such, findings from this study determined that three detailed standardised documents must be created by the HPPs during the planning process, campaign implementation, and the evaluation stage following campaign implementation.

These documents must capture each stage so that all the processes and information is accurate and relevant to the patients. The information must be used each year for the implementation of new health campaign messages by different HPPs to be able to review and improve on past objectives of previous health campaign messages to facilitate health behaviour change (Shefer-Roger & Skinner 2014:68). Based on the findings the researcher proposes that the documents be labelled as follows:

Report 1: IMC health messages and promotional campaign planning

Report 2: IMC health messages and promotional campaign implementation

Report 3: IMC health promotion evaluation report

Reports 1 to 3 must capture all detailed information essential in developing and implementing impactful health messages and promotional campaigns for the target audience. Detailed information must include the cultural and social context elements, content used in health campaign messages, marketing communication mix instruments, languages selected, HPPs involved in the planning and implementation process, and decisions and feedback. Documents are to be kept and constantly updated as new information on the target audience's cultural and social context are discovered through formative research by the hospital and HPPs (see chapter 5, section 5.2.1).

Based on the semi-structured face-to-face interviews with HPPs and the qualitative content analysis findings, it was evident that the hospital did not evaluate the effectiveness of health campaign messages after implementation (see chapter 5, section 5.2.6). There was no information about evaluating previous health campaign messages in meeting the patient's health communication needs conceptualised within their cultural and social context to encouraging positive health behaviour change (Peyman *et al* 2016:149)). Therefore, the recommended comprehensive reports will enable different HPPs across the hospital to have access to accurate, reliable information that can be shared during the planning process and simultaneously evaluate health promotional campaigns that support health messages that are patient-centred within the South African context in which positive behaviour change is influenced and experienced.

6.3.7 Overall evaluation of health promotional campaigns

Step 7 finalised the theoretical guideline through evaluating health promotional campaigns after implementation in the community. From the discussion above, it is evident that health promotional campaigns were not evaluated after implementation by Thelle-Mogoerane regional hospital to ensuring that the health campaign messages met the intended health outcomes as set out by the hospital. As discussed in chapter 2, section 2.3.1, health promotions by health organisations inform people on the different means they engage in to facilitate positive health behaviour that promotes social wellbeing. Achieving this entails that the patients are motivated by the accurate information of the elements that influence health from their own culture and language within their social context (Weng & Landes 2017:900-909). As such, evaluating health campaign messages should be an integral part of

the planning and implementation process from the hospital. In this manner, reviewing and adapting future health campaign messages from the hospital based on evaluated criteria can further facilitate and maintain behaviour change among the targeted hospital patients therefore enhancing the relationship between the hospital and patients (Inzucchi *et al* 2015:141).

The findings from all the research methods used in this study further indicated that the hospital had access to various platforms to interact and access information about the patients (see chapter 5, sections 5.2.1, 5.2.4 and 5.3.4). These platforms can enable the hospital to get feedback and information from the patients during and after the implementation of health campaign messages. The platforms include Facebook, forms that patient were required to fill in during visitation, and compulsory daily talks that took place in the waiting room during visitations (see chapter 5, sections 5.2.1, 5.2.4 and 5.3.4). These platforms can be used effectively to collect information and get feedback on past health campaign messages implemented by the hospital therefore formalising the process of evaluating different health campaign messages by HPPs. More methods can be added in effectively carrying out the evaluation process and documenting the findings for later use in continuously implementing health campaign messages. The evaluation process is important in developing patient-centred health campaign messages in South Africa and can further inform the cultural and social context needs of patients. This supports the literature about the importance of including the beliefs, values, norms, social context relationships, and access to finances, that influence health information understanding, decisions, and beliefs (Ahmed & Mousa 2018:237).

In conclusion, the proposed theoretical guidelines to support patient-centred health campaigns within an IMC approach have been thoroughly detailed and explained to fit the health promotion context in South Africa with regard to critical social and cultural elements.

6.4 SUMMARY

In this chapter the findings of the qualitative content analysis were discussed in detail for health campaign messages. Furthermore, the revised proposed theoretical guidelines from an IMC approach were tabulated and explained with reference to the findings of the semi-structured face-to-face interviews with HPPs, the focus group,

and the qualitative analysis. A comprehensive discussion of the findings from the study aimed to address the elements from health campaign messages that facilitate acceptance, relevance, and understanding of health campaign messages to encourage positive health behaviour change. The last chapter, chapter 7, provides the conclusions and recommendations of the overall study.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION

This final chapter address all three research questions for the conclusion and recommendations of the study. All the research questions are answered based on the overall triangulated findings. The practical requirements for health campaign messages within an IMC approach are proposed. Also, the strengths and limitation of the study are explained, followed by the relevance of the findings for clinics and hospitals health campaign messages. New knowledge obtained with regards to health promotion and an Integrated Marketing Communication (IMC) approach from the study is also discussed. Finally, the overall conclusion for the study is provided.

7.2 ADDRESSING THE STUDY'S RESEARCH QUESTIONS

In the section below the research questions for this study are answered as intended.

7.2.1 Research question 1: What are the theoretical guidelines from an IMC approach that could support patient-centred health campaign messages at Thelle-Mogoerane regional hospital?

Research question 1 was addressed through the literature by proposing theoretical guidelines from an IMC approach to support patient-centred health campaign messages by the hospital. The seven proposed guidelines (steps) are centralised around the cultural and social context aspects of the patients in encouraging positive health behaviour change (see chapter 3, section 3.6). From the literature reviewed, it was noted that individuals learned, understood, and interpreted health from culture. Moreover, the social context influenced health experiences, health care delivery, and health behaviour. As such, culture and social context need to be respected in supporting health campaign messages for the purpose of this study within the South African context (Whitehead 2004:313; Cowan 2006:4; Dodds 2016:4; Weng & Landes 2017:900-909; Ahmed & Mousa 2018:236). Including the social and cultural context in health campaign messages improves health care delivery and access by catering and responding to the needs of diverse patients (Ahmed & Mousa 2018:237).

The health needs of diverse communities are influenced by several aspects and therefore patient-centred health care provides health information and solutions that embrace various languages, customs, beliefs, behaviours, and attitudes. For example, a patient-centred approach in health care allows for patients to communicate in their own language during a consultation with a doctor. The doctor explains health information using the patient's language and therefore information is clearer and understandable. This eliminates language barriers in health communication thereby promoting better health.

Secondly, South Africa faces challenges in terms of illiteracy, accessibility, and equality. These challenges influence how individuals will respond to a health issue as guided by health information. For example, during a consultation if a doctor tells the patient to go buy medication and the patient does not have money, the patient will not buy the prescribed medication and may rather seek traditional or alternative medicines that are accessed for free.

Lastly, the target audiences within South Africa have health beliefs that are deeply rooted in culture and value social belonging and maintaining group membership in their communities (Wang 2004:72; Luzi 2013:138). People in communities often share group characteristics that are similar in relation to history, health values, and beliefs (Luzi 2013:138). Forming social groups within a community fulfils certain needs in an individual's life which can be psychological and physical in nature (Airhihenbuwa *et al* 2009:412). Example, a woman in society who has been recently diagnosed with breast cancer may look to be friends with other women who have breast cancer. This allows for sharing health information on cancer, experiences, recommendations, and social support during the removal of the lump and help during recovery. Community members also influence one another with reference to health perceptions, attitudes, values, and responsive behaviours (Luzi 2013:138). Therefore, health campaign messages are interpreted using cultural terms and are understood in relation to significant others in the community.

The theoretical guidelines from an IMC approach ensures that health campaign messages are patient-centred by considering the various aspects that influence the patient's health including beliefs, values, norms, habits in relations to health, access

to information, and the environment. These aspects shape the perceptions of the patient and meets the patient's health needs (Luzi 2013:138) (see chapter 3, section 3.6). For example, health information, health descriptions or medical jargon must be related to the patient's ethnicity and language and the recommended health behaviours must take into consideration the patient's capacity to access health information and health facilities. This helps direct the patient towards the recommend positive health behaviour change in eliminating the health problem or burden in society (Pelzang 2010:913; Kaldoudi & Makris 2015:605; Londhe 2014:335–340:15; Inerney 2018:153). Cultural aspect such as beliefs, values, norms, and languages, facilitate health campaign messages acceptance, relevance, and understanding by including the social context within which health behaviour is influenced by factors such as race, gender, and social status, and further extending health information to family and other members within the community (Jongen *et al* 2017:13). Norms in communities teach individuals what is acceptable behaviour and are informed by cultural customs, values, and beliefs that are socially constructed in the community (Inerney 2018:1533). Thus, people use cultural norms to make all the important decisions that affect their health, behaviour, and social wellbeing (Inerney 2018:1533).

Language is another important aspect of culture and cultural norms in society are taught using language (Bangura *et al* 2020:76). Language contributes towards the patient's understanding of health information which encourage cognitive processing, decision making, and acceptance of the health recommendations (Cowdery *et al* 2010:27). For example, health campaign messages explaining health words and medical descriptions should be described simply and clearly in isiZulu or other local languages without including unnecessary medical jargon that could possibly be misinterpreted or misunderstood.

The literature reviewed in chapter 2 showed the connection between culture, the social context, and positive health behaviour changes in South Africa. As such, findings in this study align with previous research and supports the notion that culture and the social context influences health message interpretation, understanding, and health decisions in communities (see section 2.2). Drawing from this literature, patient-centred health campaign messages can be used to motivate

patients to pay attention and engage with health information based on the cultural and social context influences in the community (Cottrell *et al* 2015:106).

Furthermore, the literature reviewed in chapter 2 was based on health promotion and supported the notion that health campaign messages needed to be patient-centred to yield positive health outcomes in society. In South Africa, the patient-centred approach allows for cultural sensitivity and includes the social context in relation to impactful health behaviour change.

The literature review for this study was presented in chapter 3 and discussed an Integrated Marketing Communication (IMC) approach within the health promotion perspective. IMC emphasises the importance of patient-centred health messages in building beneficial relationships to have a positive impact in social behaviours related to health in communities (section 3.4). However, health campaign messages must be consistent and strategically coordinated to grab the patient's attention, encourage cognitive processing, and facilitate acceptance of the communicated health messages (Ahmed *et al* 2013: Kuang-Jung *et al* 2015:101). Therefore, from the literatures reviewed for this study the proposed theoretical guidelines from an IMC approach must be patient-centred to support health campaign messages from the cultural and social context to promote better health within communities.

7.2.2 Research question 2: How is an IMC approach adopted for health campaign messages at Thelle-Mogoerane regional hospital?

Research question 2 was addressed by identifying whether the planning of health campaign messages at Thelle-Mogoerane regional hospital was guided by the principles of an IMC approach. Health campaign messages from an IMC approach facilitate acceptance and positive health behaviour change because the patients' cultural and social context are prioritised (see chapter 3, section 3.6) (Colvin *et al* 2010:1181; Airhihenbuwa & Liburd 2006:489; Sood *et al* 2014:68; Moola 2015:31). However, the same health campaign message needs to be consistently communicated across all marketing communication mix instruments reliably to reach the targeted hospital patients and support health decisions (Mbanya *et al* 2010:2258; Hutchison & Meekers 2012:2). For example, developing one strong health campaign message for a health issue must be consistently communicated on Facebook,

posters, and pamphlets. Patients in the community will be exposed to the same message frequently on different communication platforms which will force them to engage with the health information. The IMC approach also requires that the hospital knows the target audience's health characteristics and needs to facilitate relevancy and influence health perceptions (Meekers 2012:2).

In answering the research question, the findings of the study indicated that during the planning process formative research and analysis of the audience's cultural and social context aspects that influence health was ineffectively conducted by HPPs. The hospital used a questionnaire that the patients were required to complete on cultural aspects such as preferred language and required health care services. Then this information would be somewhat shared by different HPPs during the planning of health campaign messages. However, this formative research was mainly on the languages of the targeted hospital patients and excluded other important aspects such as beliefs, values, and norms (see chapter 5, section 5.2.2, 5.3.3 and 6.1). The targeted hospital patients will not effectively respond or pay attention to health messages when their beliefs, values, and norms are not addressed by health campaign messages. These beliefs, values, and norms form an integral part of how people determine when to seek health care, describing symptoms, and whether they will adopt the recommended health behaviour or not (Peyman *et al* 2016:149). Therefore, culture must be respected in health campaign messages to shape the individual's beliefs, values, and norms towards the recommended health care and positive health behaviour change.

Although language is a component of culture there are still issues related to illiteracy and therefore certain individuals will not effectively understand health campaign messages. South African communities are composed of people from different ethnicities that subscribe to different languages (Iwelunmor *et al* 2014:17; Murray 2016:25). For example, some words might sound the same but mean something totally different. This can result in confusion and lead to the incorrect application of a health behaviour such as taking medication incorrectly. Therefore, the beliefs, values, and norms must be included in health campaign messages because these are taught and socially constructed in the cultural context used to inform different ethnicities. Individuals from different ethnicities that communicate in various

languages may still understand acceptable health descriptions in health campaign messages because traditional and alternative medicines and healers, for example, may be experienced cross culturally (Iwelunmor *et al* 2014:17; Murray, 2016:25).

Language is an important element that must be considered in health campaign messages (see chapter 5, section 5.5.1). As acknowledged in chapter 2, language plays a significant role in encouraging health behaviour change for minority groups. Although, health in culture is transmitted through language, individuals can interpret health information differently within cultural groups in the same social context (Moola 2015:113; Netto *et al*; 2010:248; Idang 2018:102).

During the planning of health campaign messages HPPs from different departments somewhat collaborated and contributed towards developing patient-centred health campaign messages (see chapter 5, section 5.2.1). Some HPPs brought information generated from the questionnaires in their departments to the planning meeting. HPPs used the information to understand the cultural and social context requirements that needed to improve health campaign messages during the planning phase.

The findings from the semi-structured face-to-face interviews indicated that the following aspects were influential in health within the community: economic and social status, lifestyle, and community relationships including family members (Aujoulat 2006:6). HPPs noted that these aspects must be catered for in health campaign messages to deliver patient-centred health care (Ahmed & Mousa 2018:237). As such health campaign messages should include health information that reflects the patients' health environment and behaviour. Patient-centred health campaign messages facilitate participation and empowerment from the targeted hospital patients in health decisions and positive health behaviour change thus increasing relevance and acceptance (Kaldoudi & Makris 2015:605). Although HPPs from Thelle-Mogoerane regional hospital somewhat considered the cultural and social context of the patients not all important cultural and social context aspects that would effectively enhance messages from an IMC approach were applied (see chapter 5, section 5.2.1)

Findings from the semi-structured face-to-face interviews with HPPs and the qualitative content analysis also illustrated that strategic coordination of the marketing communication mix instruments such as social media, advertising, and direct marketing was accomplished as the hospital managed to communicate heath campaign messages across various platforms at the same time (see chapter 5, section 5.4.2 and 5.5.4). Marketing communication mix instruments persuaded and informed patients' decision towards the recommended health behaviour thereby communicating patient-centred information that motivated patients to engage with health information across various platforms (Keller 2009:141; Wajaya 2011:73; Huang & Sarigollu 2012:92; Sener & Behdioglu 2014:83; Matthews 2015:141).

However, findings from the semi-structured face-to-face interviews, the focus group, and the qualitative content analysis indicated that health campaign messages were not consistent in various marketing communication mix instruments. Specifically, the health messages did not covey the same information reliably to the target audiences. The focus group findings revealed that patients had access to at least two marketing communication instruments but seldomly accessed health campaign messages from the hospital. The semi-structured face-to-face interviews with HPPs indicated that the hospital did not adopt the IMC approach and therefore consistency was never prioritised for health campaign messages. In addition, there was no budget, resources, or enough staff members to implement the IMC approach effectively.

Findings from the qualitative content analysis further demonstrated that messages were different in various marketing communication mix instruments and were not communicated frequently at the same time. The hospital's HPPs were solely responsible for the development and implementation of health campaign messages and therefore were presented various challenges. Therefore, this impacted the knowledge of health information since the uniqueness of each instrument and strength in encouraging health behaviour change as emphasised in chapter 3, section 3.4.2 was neglected. Patients had a limited awareness of health campaign messages from the hospital which meant that the patients did not know about the health issues and behaviours that threatened their social wellbeing in society. This increased health burdens and continuous risky health behaviours amongst uninformed individuals. For example, if people continue having sex with multiple

partners without using a condom, then HIV/AIDS infections will inevitably increase. As such, it is important that the patient's health care communication needs and health outcomes in society are met to eradicate health disparities (Chi *et al* 2011:653; Levarack 2006:114).

Findings from the semi-structured face-to-face interviews with HPPs and the qualitative content analysis indicated that the reason for message inconsistency was that the marketing communication mix instruments used, for example, radio advertising, community newspapers, pamphlets, posters, and hospital newsletters were not budgeted for by the hospital (see chapter 5, section 5.2.4). Therefore, HPPs had to rely on free advertising and features from the above instruments. Subsequently, the hospital did not have control on when the health campaign messages would be featured and accessed by patients. This affected the health campaign messages reach, therefore limiting awareness and knowledge by the patients.

The findings from the semi-structured face-to-face interviews with HPPs interestingly indicated that patients had a negative distorted perception of the hospital as a brand. Specifically, patients did not think the health care delivery was efficient and professional and patients complained about the attitude of the HPPs from the hospital. In addition, patients thought that everyone who was admitted at the hospital would never survive and would die. This resulted patients resisting health information communicated in health campaign messages therefore increasing risky behaviours in the community. Furthermore, patients believed that if there was a health problem in the community the hospital will not be able to manage it. Therefore, hospital recommendations and health campaign messages ignored, not processed cognitively, and resisted. Patients preferred to consult a traditional healer and use traditional or alternative medicines made at home that were recommended by others in the community. Patients therefore relied more on their cultural and social context influences that included family members, friends, and traditional healers when experiencing a health issue (see chapter 2 and 5, sections 2.2 and section 5.4.2).

Thus, the negative perceptions and attitudes towards the health campaign messages source, namely the hospital, needed to be addressed to positively influence how

individuals would respond to health messages and willingly adopt recommended health behaviours. The hospital as the source of health campaign messages needs therefore to comprehensively integrate the biomedical approach and traditional medicine in the formulation of health campaign messages (Bhikha & Glynn 2013:1). This could motivate patients towards the recommended behaviour despite the health care service they choose to consult first, namely, traditional methods. Therefore, from the overall findings in this study it was evident that the hospital did not embrace an IMC approach to health campaign messages and consequently did not fully embrace the patient-centred approach to health care that accounts for various cultural and social context influences that promotes acceptance and motivates patients towards positive health behaviour change.

7.2.3 Research question 3: How can the proposed theoretical guidelines from an IMC approach be refined after being applied to a single case to better support patient-centred health campaign messages?

Research question 3 was addressed by proposing seven steps for theoretical guidelines from an IMC approach to better support patient-centred health campaign messages based on the literature reviewed and through analysing and interpreting the semi-structured face-to-face interviews, the focus group and the qualitative content analysis findings. Initially, the proposed theoretical guidelines from an IMC approach in chapter 3, section 3.6 were based on health promotion literature and theories within an IMC approach centralised on the cultural and social context of the target audience.

Health promotion as a subfield of health communication and an IMC approach both emphasised patient-centred health campaign messages in educating, persuading, and motivating behaviour change in communities (Belch & Belch 2020:10; Whitehead 2004:313; Kitchen *et al* 2014:2033–2050; Hurwits 2015:2; O'Connor 2017:24). Patient-centred messages meet the patients cultural and social context needs thus positively influencing health perceptions and attitudes. This will enable the hospital to deliver patient-centred health care which actively involves the patients in dealing with a health issue. Patient-centred care is important in countries such as South Africa because HPPs can explain health information to facilitate understanding and alters perceptions that shape health beliefs, norms, and values (Kitson *et al*

2012:5; Ahmed & Mousa 2018:236). In the South African context, health information, care and behaviours are defined through culture and language. As such, health campaign messages that incorporate culturally sensitive views on health can contribute to eliminating health burdens in communities and promoting positive health behaviours that empower community members to make positive health changes that contribute to the overall social wellbeing in society.

The aim of communicating health information is to educate patients on a health issue that concerns their health within the social context (Mibei 2016:3). Thus, health information must be clear and understandable to increase health knowledge effectively and convince patients to change their perceptions towards various health issues (Mahmud *et al* 2013:1472). Facilitating health knowledge makes patients aware of the health risks, behaviours, and benefits of adopting a recommended health behaviour in their community (Mibei 2016:3). Therefore, motivating the possibility of a patient changing their behaviour as recommended to minimise health risks.

Health literacy from health campaign messages contributes to new health knowledge that is cognitively processed by the targeted hospital patients from their cultural and social context (Das & Vet 2008:110). The new health information provides patients with knowledge on various health issues and the application of this knowledge to health behaviour can eliminate their vulnerability to specific health issues. As such, patients and empowered to take control of their health within their social context (Kreps & Maibach 2008:732–748). Therefore, the proposed theoretical guidelines embrace clear and understandable health campaign message from an IMC approach that offer knowledge that encourages patients to take responsibility of their health in their community. This is supported by the findings from the semi-structured face-to-face interviews with HPPs and the focus group findings which indicated that knowledge is key in facilitating the adoption of recommended health behaviours communicated in health campaign messages.

Based on the findings from the semi-structured face-to-face interviews, the focus group, and the qualitative content analysis, the theoretical guidelines from an IMC approach were further revised and adapted practically for the planning and

implementation of health campaign messages for the hospital's targeted hospital patients within their culture and social context (see chapter 5, section 5.5). The revised theoretical guidelines from an IMC approach are patient-centred from the health promotion and IMC approach and informed by culture and the social context in encouraging long-term health behaviour change. Patient-centred health campaign message from the cultural and social context effectively facilitate health campaign messages acceptance, relevance, understanding, and resultant positive behaviour change in the South African context (Airhihenbuwa & Liburd 2006:489; Colvin *et al* 2010:1181; Sood *et al* 2014:68). Therefore, the third research question was answered by proposing revised theoretical guidelines centralised within the target audience's cultural and social context aspects from an IMC approach as discovered in the research findings.


STEP 1: Formative research by HPPs of the cultural and social context aspects of the hospital patients that influence health behaviour.
STEP 2. Diverse languages for health campaign messages.
STEP 3. Additional communication support methods for health campaign messages.
STEP 4. Health campaign messages that encompass the cultural and social contextual components of South Africa patients.
5. Integrated and consistent marketing communication mix instruments to communicate health campaign messages
6. Documentation for health promotional campaigns.
7. Overall evaluation of health promotion campaigns.

Figure 7.1 Refined theoretical guidelines for the study.

In the next section, the practical requirements for health campaign messages within an IMC approach are proposed.

7.3 PROPOSING PRACTICAL REQUIREMENTS FOR HEALTH CAMPAIGN MESSAGES WITHIN AN IMC APPROACH

Based on the proposed theoretical guidelines to support patient-centred health campaign messages within an IMC approach, the practical requirements for health campaign messages are discussed. The aim is to apply these requirements to various health campaign messages for various hospitals or clinics in the South African context to promote the overall wellbeing of society.

Based on the literature reviewed for this study, it is clear that culture and social context aspects in South Africa are a requirement in health prevention. This includes beliefs, values, norms, community relationships, access, and equality. These sociocultural aspects inform the health decisions of patients in communities (Yudkin 2006:1692, Beran & Priluski 2010:52; Mbanya *et al* 2010:2258). This is supported by findings from the semi-structured face-to-face interviews and the focus group that highlight how culturally sensitive health campaign messages meet patients' needs and thus contribute towards acceptance and positive health behaviour change (Abiodum *et al* 2012:124). Furthermore, adopting recommended health behaviours enhances both the individual's wellbeing as well as the social wellbeing of others in the community (Kafah *et al* 2013:480). For example, a mother would adhere to taking ARVs for HIV/AIDS without defaulting because of the fear of dying and leaving her family behind because she takes care of their needs. This is supported by the semi-structured face-to-face interviews, the focus group, and the qualitative content analysis findings that emphasised that the social wellbeing of individuals in the community is important for the effective functioning of the social system (Kafah *et al* 2013:480). Therefore, cultural beliefs, norms, community relationships, and values all form the basis of effective health campaign messages within the social context (Whitehead 2004:313; Kabagenyi *et al* 2014:109; O'Connor, 2017:24).

Basically, all health interventions for communities must consider and respect culture because the targeted hospital patients interpret health campaign messages from their cultural perspective (Candib & Ferguson 2002:353; O'mara *et al* 2009:23). Health information is learned from culture through various languages in society (Cowdery *et al* 2010:27). Therefore, individuals will either accept or reject the health campaign messages based on their cultural beliefs, norms, and values (Cowdery *et al* 2010:27). Furthermore, family, community members, significant others, traditional and alternative medicines and healers, access to health communication marketing mix instruments, education level, economic status, and community membership also influences health behaviours in society (Aujoulat 2006:6).

Culture is socially constructed in society and acceptable health behaviours are therefore learned and accepted within the social group (Christens *et al* 2013:171). Therefore, patients are more likely to accept health information about risky and recommended behaviours from community members who share similar characteristics and experiences in relation to health (Christens *et al* 2013:171). This is supported by the semi-structured face-to-face interviews as well as the focus group findings that demonstrated that patients in South Africa believe health campaign messages shared by other community members within their cultural and social context more than health information proposed by HPPs from the hospital. The social context motivates patients to critically think about their health and therefore health campaign messages must always be culturally sensitive in the South African context to increase impact (Christens *et al* 2013:171).

Languages also contribute to effective health prevention and behaviour change within the South African context (Swinburn 2009:448; Sepora *et al* 2012:233; David 2013:12; Shangase & Mophoso 2018:3). Language simplifies health information by clarifying the meaning for the patients to better understand necessary health behaviours (Chen 2013:964). In South Africa, people in communities come from different ethnicities and speak various languages (Mophoso 2018:3). Therefore, health campaign messages must be communicated in different languages to include all community members. Findings from the semi-structured face-to-face interviews, the focus group and the qualitative content analysis demonstrated that health campaign messages were only communicated in a few dominant languages. As

such, minority groups within the community were excluded from health campaign messages because other languages were not considered. Therefore, for this minority group experiences greater vulnerability to health issues experienced in society (Latimer *et al* 2007:645; Haricharan *et al* 2017:161).

In South Africa, there are also significant issues of illiteracy which negatively impacts health outcomes in the community. Some members of the community are not educated and will therefore not understand the health information from health campaign messages. Language can help bridge this gap by communicating information clearly and simply by using different languages catered to the target audience. This will allow patients to understand the health messages communicated to adopt the recommended health behaviours. As such, diverse languages should be considered in communicating health campaign messages in South Africa because this will accommodate all the patients within the community (Belch & Belch 2020:9; Kitchen *et al* 2014:2033–2050; Kuang-Jung *et al* 2015:101).

7.4 STRENGTHS AND LIMITATIONS OF THE STUDY

In the next sections, the strengths and limitations of this study will be discussed in detail.

7.4.1 Strengths of the study

This study combined two fields, namely, health communication and IMC in proposing theoretical guidelines for health campaign messages. This constituted theory triangulation which benefited the study by enhancing the trustworthiness of the proposed theoretical guidelines from an IMC approach and generated new and credible findings that could be verified and revised after data analysis and interpretation of the findings.

Another strength of this study is the research methodology adopted. The combination of semi-structured face-to-face interviews, the focus group, and the content analysis detailed the field work conducted in collecting comprehensive data (see chapter 4, section 4.3). This assisted the researcher to ensure that the research process followed would yield reliable and trustworthy findings.

Furthermore, the study used trustworthiness measures which showed a clear chain of evidence by the way of the study protocol, pretesting the interview schedule, and using the moderation guide for the focus group. Furthermore, a database for all collected data was developed (see chapter 4, section 4.9). This ensured that the methods, data collected, and interpretation used resulted in credible and quality findings.

The data analysis process for the study was explained in detail and utilised an additional coder during the coding process (see chapter 4, section 4.11). This assisted in verifying whether the findings were accurate because the other coder needed to follow the same process to analyse and interpret data, therefore, ensuring researcher transparency.

Furthermore, three data collection methods were used ensuring credibility and quality of the findings using triangulation (see chapter 4, section 4.7).

7.4.2 Limitations of the study

This first limitation for this study was related to the use of a single case study as a research design. The research focused on one case study only, namely, Thelle-Mogoerane regional hospital. The disadvantage of this was that research was only conducted at one hospital and the findings cannot be generalised to other hospitals.

Another limitation of this study was that the cultural and social context was limited to Thelle-Mogoerane regional hospital's selected target audience. However, this limitation was not much of a concern for this study because the research was based on Thelle-Mogoerane regional hospital's health campaign messaged and its target audience. However, the culture and social context information gathered in the finding cannot be generalised to other patients in South Africa.

7.5 ANTICIPATED CONTRIBUTIONS TO THE DISCIPLINE OF COMMUNICATION

This study contributed to research and teaching for health promotion and IMC scholars and the communication discipline in general (Pfau & Wan 2006:101–136). By adopting the single case study design, a thorough understanding and clear knowledge was gained with regard to how the IMC approach contributed to

supporting health promotion that is, patient-centred and results in positive health outcome for communities, making the findings of this study more insightful than other approaches in the field (Pfau & Wan 2006:101–136). Furthermore, this study aimed to contribute to the communication science discipline and most importantly to the fields of IMC and health promotion. In this regard the study's findings, contribute to academic literature. This study also provided basis for further research, within the health promotion and IMC fields, in terms of stimulating academic debate. Furthermore, the findings from this research study, can also serve as a heuristic for health promotion strategists, when developing a health promotion strategy from an IMC approach.

7.6 RELEVANCE OF THE FINDINGS FOR A HOSPITAL AND CLINIC'S HEALTH CAMPAIGN MESSAGES

This study's findings cannot be generalised to the larger population because the research was only conducted at Thelle-Mogoerane regional hospital which does not encompass all the characteristics, procedures, and features of all hospitals in South Africa. Therefore, the study cannot assume that all hospital's health campaign messages are planned, developed and implemented the same way as Thelle-Mogoerane regional hospital. However, the findings in relation to the proposed theoretical guidelines for patient-centred health campaign messages within an IMC approach are nevertheless useful for similar hospitals and clinics.

The literature revealed that not many studies, researchers or health institutions have combined health promotion and an IMC approach to support health campaign messages (Lindberg *et al* 2006:74; Wilson & Synder 2007:37; Yoshiawa 2007:48; Halligan & Zecevic 2011:338; Jongen *et al* 2017:13). Therefore, this study provided the necessary foundation for hospitals and clinics to use the adopted theoretical guidelines to support patient-centred health campaign messages within an IMC approach to encourage recommended health behaviour change. In addition, the proposed theoretical guidelines are informed by the cultural and social context to encourage and motivate acceptance and relevance of health campaign messages in society.

This study was one of the first to develop and propose theoretical guidelines from an IMC approach to support health campaign messages that are suitable for the South African context (see chapter 6, section 6.3). The proposed theoretical guidelines in chapter 3, section 3.5, were revised after conducting the semi-structured face-to-face interviews with HPPs, the focus group with patients and the qualitative content analysis of social artefacts. These findings and analysis are more practical and applicable to real life health campaign messages in communities to encourage messages acceptance towards engaging with health information effectively (see chapter 6, section 6.3).

7.7 RECOMMENDATIONS FOR FUTURE RESEARCH

This study gives researchers an opportunity to initiate further studies which can be applied to more than one hospital. Thelle-Mogoerane regional hospital was used as a case study therefore limiting knowledge on the decisions made in developing health campaign messages. Future studies with different hospitals should range from urban to semi-rural or rural areas to explore the use of the theoretical guidelines from an IMC approach centred around the cultural and social context of the target audiences in South Africa. Groups of patients are situated in different areas that have different health organisations that operate differently in communicating health campaign messages due to access, politics, policy, and economic factors.

The second recommendation for future studies would be to use other methodologies with a larger sample to unpack culture within the African perspective as understood by all target audiences. Communities are made up of people from different ethnicities and cultures that are informed by various languages, norms, values, and beliefs. Therefore, these factors might be interpreted differently with regards to health within different communities. People within society belong to primary cultures which have different ethnicities, for example, within the Xhosa culture there is different ethnicities such as *Amabacha*. The primary culture creates the basis in which *Amabacha* forms their beliefs, customs, and values (Idang 2018:102). Therefore, future studies can investigate different ethnicities in the cultural context to further understand the impact of health campaign messages that are comprehensively patient-centred and meet all the patients' needs to encourage recommended health behaviour adaptation.

7.8 NEW KNOWLEDGE OBTAINED FROM THE STUDY

This study introduced health promotion theoretical guidelines to support patient-centred health campaign messages from an IMC approach at Thelle-Mogoerane regional hospital. This is the first study to address this in South Africa. The patient-centred approach for the context of this study needed to consider the culture and social context of the patients in health campaign messages. The data from the findings indicated that the impact of considering culture and the social context effectively fosters educating and informing the South African targeted hospital patients about preventative health care and dealing effectively with health problems within communities (David 2013:12; Shangase & Mophoso 2018:3). Moreover, this study outlined the strategies for how health campaign messages should be communicated to the targeted hospital patients within their sociocultural context in further perpetuating positive health behaviour change (Mibei, 2016:3). Health promotion and the IMC approach proposes similar concepts in catering for the targeted hospital patients such as patient-centred messages that meet the needs of the target audience, therefore demonstrating how these two fields effectively integrate each other in this study (Jeong *et al* 2015:5).

The proposed theoretical guidelines from an IMC approach were formulated from both health promotion and IMC literature and referred to various models that perpetuated patient-centred health communication. Patient-centred care focuses on cultural elements that inform how an individual understands and interprets health information from their cultural beliefs, norms, and values (Sood *et al* 2014:68; Lo *et al* 2015:460). Culture is socially constructed and taught to individuals from a young age and informs how individuals cope with everyday health problems that they are confronted with in their communities Moreover, the social context elements that influence the target audience's daily health experiences and actions in dealing with health issues are shared through significant social relationships within communities guided by shared beliefs, values, and norms (Londhe 2014:335–340; Inerney 2018:1533).

The study emphasised that health campaign messages must respect the cultural and social context in South Africa which includes shared beliefs, values, norms, community relationships, and access to resources to meet the patient's health

communication needs, encourage acceptance, and facilitates the adoption of the recommended health behaviours (Jongen *et al* 2017:13). Incorporating the sociocultural context achieves better health outcomes in society which eliminates health burdens within social groups to improve overall social wellbeing. People depend on each other for the social functioning of the social system which becomes fragmented when people within the system cannot function because of illness (Sadeghi *et al* 2012:4212). Therefore, it is important that health campaign messages are culturally sensitive and consider the social groups influence on health behaviours within the South African context.

In addition, from the overall findings, traditional or alternative medicines and healers still play a vital role in health and both patients and HPPs emphasised the importance of traditional medicines in preventing or managing health concerns. Patients preferred using traditional medicines to consult the hospital due to several reasons including the health care delivery from the hospital, recommendations by others in the community, access to health resources, and financial difficulties. This was supported by the literature interpreted from the semi-structured face-to-face interviews with HPPs and the patients focus group findings. Therefore, the cultural and social context must include the integration of traditional approaches with the biomedical approach for health promotion to effectively achieve the intended health outcomes from patients.

7.8 SUMMARY

The purpose of this study was to explore an IMC approach to support patient-centred health campaign messages within a South African context by means of a single case cross-sectional qualitative case study in order to enhance the adoption of recommended health behaviour. This study focused on developing theoretical guidelines to support patient-centred health campaign messages within an IMC approach by conducting a single case study research design at Thelle-Mogoerane regional hospital. The research methods included semi-structured face-to-face interviews with HPPs, a focus group with patients, and the qualitative content analysis of social artefacts. Data analysis techniques for interpreting the findings from the data included the use of an interview schedule, moderator’s guide, and a coding scheme.

Purposive sampling methods were adopted for the study to select participants and relevant social artefacts. The selected patients, HPPs, and social artefacts had to conform to the inclusion criteria required for this study. Lastly, triangulation was used for the study by conducting semi-structured face-to-face interviews with the HPPs, as well as a focus group interview with the patients, and qualitative content analysis of the hospitals social artefacts to address the study's research problem.

Although the research was specifically conducted at Thelle-Mogoerane regional hospital, the findings can nevertheless be used by other hospitals and clinics with regards to the use of the proposed theoretical guidelines to effectively improve health campaign messages that are patient-centred and based on sociocultural aspects including beliefs, values, norms, and environment, to encourage positive health behaviour change.

Most importantly, this research study proposed and revised theoretical guidelines from an IMC approach to meet the patient's health communication needs, increase messages relevance, and promote acceptance of health messages to improve overall health in society. The study also used theory triangulation (IMC approach and health promotion) to develop the theoretical guidelines from an IMC approach to support patient-centred health campaign messages for South Africa.

The overall findings from this study showed that culturally sensitive health campaign messages that consider the social context in South Africa contribute towards positive health outcomes, better health care service delivery, and positive health behaviour change.

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ANNEXURE A: ETHICAL CLEARANCE APPROVAL CERTIFICATE

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

19 June 2019

NHREC Registration # :
Rec-240816-052
CREC Reference # : 2019-CHS-CREC-0272

Dear Lucky Mawasha

Decision:
Ethics Approval from 19 June 2019 to 01 July 2023

Researcher(s): Lucky Mawasha

Supervisor(s): Charmaine du Plessis

Email: dplestc@unisa.ac.za

Theoretical Guidelines To Support Health Communication Messages Within An Integrated Marketing Communication (Imc) Approach: A Thelle Mogoerane Regional Hospital Case Study

Qualification Applied: Master's Degree in Communication

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The ***Medium risk application was reviewed*** by College of Human Sciences Research Ethics Committee, on the **(19 June 2019)** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Department of Psychology Ethics Review Committee.

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ANNEXURE B: MODERATOR'S GUIDE TO FOCUS GROUP OPENING

Opening:

Good morning or afternoon, my name is Lucky Mawasha. I am a master's student from the University of South Africa (UNISA). Thank you very much for agreeing to participate in this focus group interview for my study on proposing IMC theoretical guidelines in enhancing health messages for health promotional campaigns within the South African context. The purpose of this focus group is to establish your views on Thelle-Mogoerane regional hospital's health messages for their health promotional campaigns and your willingness to change your own behaviour for better health. Your contribution will be invaluable hence I invited you to participate in my study and take part in this exploration. In your participation in this study you must understand the following:

Ethical considerations:

With your permission, the interview will be tape-recorded to ensure confirmation when doing data analysis. All tape recordings will be safely stored in a locked and key cabinet. The recordings will be transcribed for interpretation and analysis purposes. Only the researcher and the researcher's two supervisors will have access to the transcripts and tape recordings. Responses will be kept anonymous and confidential, for any quotations used there will be pseudonyms to conceal your identity. Meaning no identity information will be used in the transcripts or the research report.

Participation in this focus group interviews will be entirely voluntary. During the interview you are not obligated to answer all questions, you may choose not to answer questions you are not comfortable with, and it will not be held against you. You may withdraw from the study at any point, without any negative consequences. No information that may identify you will be included in the research report and your responses will remain confidential.

I will now hand out two forms that you are required to sign with the information that is mentioned above. These are called consent forms and are used to show that you voluntarily give consent to participate in this study. The first consent form is to confirm your willingness to participate in the study, the second to agree to have the interview recorded. May everyone please sign the consent forms, write down today's date and give them back to me before I proceed. In addition, for the record:

Do you agree to have this interview recorded and proceed with the interview?

Do you provide me with permission to record this interview?

Before we start let me explain the ground rules which will be applicable during our discussion.

Ground rules:

1) This focus group will last for about one hour
2) This session will be recorded with your permission
3) In our discussion there are no right or wrong answers, you are encouraged to express your opinions because it is important to have as many varied and divergent ideas, opinions as possible
4) It will be appreciated if we speak one at a time in a clear voice.
5) To ensure confidentiality and anonymity no individual will be identified by their name. Only my supervisors and I will have access to recorded data from this focus group interview.
6) My role as the facilitator is to ask questions and keep track of the time in order to ensure that we finish within our allocated time.

Body:

Proceeding with the focus group interview.

(Transition: Let me start by asking everyone to introduce himself or herself to the group).

(Transition: Thank you, I assume everyone seated here has been exposed to recent health promotional campaigns from Thelle-Mogoerane regional hospital; I am going to ask you questions related to such campaigns in general form: I will now proceed with my interview and start with my first questions).

Questions:

1. Please explain to the group if you as an individual could relate to any of the messages of a recent health promotional campaign/s from Thelle-Mogoerane regional hospital on a personal level with regards to your own health?
2. Explain whether you could understand or grasp the purpose of these messages. If yes, why and if not, why not.
3. In what way have these health messages stood out for you and affected your own perceptions about your personal health or of a specific illness, if any?
4. As a result of these health messages, would you say you would now visit the hospital more often If/when you are ill/? If yes, does this also apply to things such as taking your

prescribed medicine as suggested, going for regular health check-ups, taking precaution when it comes to your health, altering your health behaviour? if not, why not.
5. How does discussing health messages with your family members, neighbours, friends, alter your own understanding of these messages from the hospital? If you do not discuss health messages, why not?
6. Describe how important it is for health messages to reflect how you see the world and what is important to you, in relation to your deeply held norms, values and beliefs?
7. Would you say that both traditional and western medicine can be used at the same time in curing an illness/disease? If not, why not?
8. On which platforms where you exposed to recent health messages from Thelle-Mogoerane regional hospital, Was it on their Facebook page, on their webpage, on radio, their pamphlets, newspaper, newsletter or community talks or wellness days? How would you describe your impression of this form of advertising from the? Do you consider these platforms adequate, if not, why not?
9. Do you feel that the hospital communicates their messages to you consistently on these media you were exposed to? If yes, why do you say so, if no, what needs to improve?
10. Is there anything else that you would like to add else?

Closing:

Thank you once again for your time and co-operation. I appreciate this a lot and hope you do the same for others. Before we end the interview, do you have any questions for me, or would you like to add anything? May I contact you should I need any additional information?

End group interview.

Biographical details:
Gender
Age
Ethnicity
Language
Education
Marital status

ANNEXURE C: INTERVIEW SCHEDULE FOR HEALTH PROMOTION PRACTITIONERS

Opening:

Good morning or afternoon, my name is Lucky Mawasha. I am a Master's student from the University of South Africa (UNISA). Thank you very much for agreeing to participate in this interview for my study on proposing IMC theoretical guidelines in enhancing health messages for health promotional campaigns within the South African context. The purpose of this interview is to gain insight into your own experiences on how to enhance health messages for your hospital's health promotional campaigns to encourage positive health behavioural change.

This interview will be approximately 45 minutes to one hour long. Your contribution will be invaluable hence I invited you to participate in my study and take part in this exploration. In your participation in this study, you need to understand the following:

Ethical considerations:

With your permission, the interview will be tape-recorded to ensure that all correct information is recorded. All tape recordings will be safely stored in a locked and key cabinet. The recordings will be transcribed for interpretation and analysis purposes. Only the researcher and the researcher's two supervisors will have access to the transcripts and tape recordings. Responses will be kept anonymous and confidential, for any quotations used there will be pseudonyms to conceal your identity. Meaning no identity information will be used in the transcripts or the research report.

Participation in this interview will be voluntary and you will not be disadvantaged in any way. During the interview you are not obligated to answer all questions, you may choose not to answer questions you are not comfortable with, and it will not be held against you. You may withdraw from the study at any point, without any negative consequences. No information that may identify or compromise your position within the organisation will be included in the research report and your responses will remain confidential.

I will now hand out two forms that you are required to sign with the information that is mentioned above. These forms are informed called consent forms and are used to show that

you voluntarily give consent to participate in this study. The first consent form is to confirm your willingness to participate in the study, the second to agree to have the interview recorded. May you please sign the consent forms, write down today's date and give them back to me before I proceed. In addition, for the record:

Do you agree to participate in this interview?
Do you give me permission to record this interview?

BODY:

(Transition: I will start by asking you questions regarding your organisation, health message from the various health promotional campaigns)

Questions:

1. Please introduce yourself and tell me a bit about what work you do here at Thelle-Mogoerane regional hospital?
2. How would you describe the collaboration between your department and other departments/divisions in the planning of health messages for health promotional campaigns?
3. Can you explain the steps that you would follow during the planning process of a campaign to ensure that health messages are consistent in different health promotional campaigns?
4. I have noticed that health messages are communicated in different African languages such as Sesotho, Zulu and Xhosa in health promotional campaigns. How is this aligned to the audience's literacy level and understanding of these messages? How does catering for multi-cultural/multiple languages work in this context?
5. How is research conducted on the target audience's languages before the campaign starts? For example, is this research per illness, age group, gender, ethnicity etc? Why?
6. Predominately images that are used in health promotional campaigns such as health promotion practitioner, nurses, doctors, patients, the physical environment such as houses, cars reflect those of this community/environment, how is this used to facilitate understanding of these health messages and promotional campaigns?

7. Are different cultures or cultural medicine catered for in the development process of a campaign after research is conducted on the target groups? If not, why not, if yes, why?
8. What are your thoughts or opinions of cultural remedies/ alternative medicine are they catered for in health care campaigns at the hospital?

9. Are you of the opinion that community or family members discuss health messages and health promotional campaigns? If yes, why do you say so? If not, why not?
10. Are you of the opinion that these dialogues have an influence in how the targeted hospital patients understand health messages directed to their health behaviour from health promotional campaigns? Why do you say so?
11. Are health messages communicated to the hospital patients only on Facebook, the hospital newsletter, webpage, posters, newspaper articles, radio interviews, pamphlets/brochure, community talks or wellness days, advertising? Why does the hospital use the above? Are you of the opinion that these are adequate in reaching the audience, why and how?
12. Describe the process that is followed to select these different platforms: Facebook, hospital newsletter, webpage, posters, newspaper, radio interviews, pamphlets/brochure, community talks or wellness days? How is consistency ensured on the above when communicating health messages?
13. Identify where the messages are documented for Facebook, hospital newsletter, webpage, posters, newspaper, pamphlets/brochure, community talks or wellness days, advertising during the planning, development and implementation of health promotional campaigns?
14. Would you say that the information that is documented for the above is evaluated after the implementation of health promotional campaign? Why do you say so?
15. Would you like to add anything else?

Closing:

Thank you once again for your time and co-operation. I appreciate this a lot and hope you do the same for others. Before we end the interview, do you have any questions for me, or would you like to add anything? May I contact you should I need any additional information?

End interview.

<u>Biographical details</u>
Age
Gender
Ethnicity
Language
Position
Years in hospital