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Communities' perceptions on Covid-19 health risk communication and behaviour change: A study of communities' engagement during the Covid-19 Pandemic in Uasin Gishu County, Kenya

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Abstract
The aim of the study is to investigate the communities' perceptions on health risk communication on covid-19 prevention, treatment and management in Uasin Gishu County, Kenya. The study adopted a social constructivist-interpretive philosophical worldview and a qualitative-case study design. The target population comprised the ministry of health representatives, communities' elders (both men and women), men and women, health workers (doctors, nurses, and public health workers), youth and youth leaders, media & business community representatives. A sample size of 60 participants was selected. Purposive, quota and snowball sampling techniques were used. Data generation techniques were in-depth interviews, focus group discussions and observation. Data were analysed thematically. Key findings indicate that communities' perceived public health communication as having empowered communities in understanding the pandemic preventive and control measures; however, they did not trust the public health agencies due to communication gaps on testing, isolation and treatment. This influenced how they implemented the risk messages. The study concludes that for effective communication to yield the desired behaviour and attitude changes expected by the ministry on covid-19. This paper recommends the use of participatory communication media in risk communication such as dialogue, alongside the top-down communication inform of directives with a focus on communication for behavioural impact.

Key words: Ideology, framing, repatriation, refugees, print media.

INTRODUCTION

Over the past 20 years, three-quarters of the emerging diseases affecting humans have been caused by pathogens originating from products or animals of animal origin. How these diseases occur and how they are transmitted are often poorly understood, hampers our ability of detecting, responding and limiting their negative impact (WHO, 2012). Covid-19 pandemic, like other pandemics, has affected development initiatives globally and is a health concern globally. Development communication, risk Health communication and health promotion have been seen as critical components in the fight against covid-19. Hence, the need to ensure information related to transmission, prevention, treatment, care and support is provided to the citizens. In a crisis, open and emphatic communication that wins public trust is the most effective to guard populations to take positive action or refrain from a harmful act, Reynolds and Quinn (2008). To effectively communicate with the public, the ministry of health has come up with risk communication programmes aimed at persuading populations to avoid harmful acts or take positive action during the covid-19 crisis. However, this persuasive top-down communication has been received and interpreted differently. Therefore, information, Education and Communication (IE), which falls under development communication, becomes critical in bringing about behaviour change among these high-risk populations (WHO, 2000). This study focuses on communities perceptions of Health risk communication during the covid-19 crisis.

The outbreaks of diseases can have substantial health, economic and social costs, as witnessed globally (WHO, 2012). Large economies are on the verge of collapse, and even small and medium enterprises are equally affected. Nations are struggling to survive during this period. In Africa, new infections and deaths are on the increase. Therefore, the public health imperative during an outbreak is to control the event as quickly as possible to minimize morbidity, mortality, and other negative impacts. However, the social and individual change expected from communities after risk health communication is worrying. Many people have been spotted flouting public health directives on curfew rules, wearing masks, washing hands and social distancing. In Kenya, the number of infected and confirmed persons is over 22,000 and rising (MOH, 2020).

As the cabinet secretary ministry of health mentioned, communities' normal behaviour during this pandemic period is worrying, having been quoted warning against behaving normally in very unusual circumstances. This implies that if communities do not take responsibility and heed to the ministry's risk communication, more people will be infected, leading to a public health crisis. Different communication media have been used to inform and educate about covid-19 inform of media briefings on radio and television, social media platforms, short text messages and public health protocols and community engagements through community leaders. The ministry of health has proposed to take an active role in sharing risk information to communities in collaboration with medical practitioners, psychologists, and other key stakeholders. This study sought to determine the communities' perceptions of health risk communication on covid-19 in Eldoret town to establish the relevance and contribution of this health communication to behaviour and attitude change among the community members.

LITERATURE REVIEW

There are many different definitions of communication. The purpose of communication depends on whether one visualizes it as a process, system, interactional, transactional, intentional or unintentional Seiler and Beall, (2002). According to Wood (2004), communication is a systemic process whereby individuals interact using symbols to create and interpret meanings. Communication as a process signifies that it is ongoing and always in motion whereas systematic means it comprises a group of interrelated parts affecting each other. Finally, meaning is created in the process of communication (pp.9-10).

Taylor (2005) explains that communication may be defined as giving, receiving or exchanging information, opinions or ideas by writing, speech or visual means so that the message communicated is completely understood by the recipient(s) (p.4) 26. Seiler and Beall (2002) see communication as a simultaneous sharing and creation of meaning through human symbolic action (p.6). Another definition is by Richard (2003), who explains:

> *Communication develops connections. The connections are made between a group of people or one person and another. Sometimes the connection is immediate, and other times delayed; what flows through the connection are ideas, beliefs, opinions and pieces.*

Communication is generally defined as an open interactive process among various actors. The main branches of Communication studies are corporate, internal, advocacy and development communication (Mefalopulos, 2008). This study is situated within the branch of development communication and health communication, related to development.

Covello et al. (1986) define risk communication as "any purposeful exchange of information about health or environmental risks between interested parties". Risk communication is the act of transmitting or conveying information between parties about (a) levels of health or environmental risks; (b) the meaning or significance of environmental or health risks; or (c) policies, actions or decisions aimed at managing or controlling environmental or health risks. Interested parties include government, agencies, corporations, industry groups, unions, the media, scientists, professional organizations, public interest groups, and individual citizens (Covello et al., 1986: 172). The consequences of the communication effort in terms of psychological, social, and political repercussions are vital elements of risk communication analysis (Kasperson et al., 1988). Risk communication is the process by which local and national government authorities give information to the public in a comprehensible, timely, transparent and coordinated manner before, during and after a crisis; it also promotes the exchange of opinions and information effectively among scientists, veterinary experts, public health and during the alert phase to better management, assessment, and coordinate preparedness and response activities, (WHO, 2010).

Institutions like the ministry of health and social actors involved in managing risk have to cope with the problem of legitimating their decisions and policies in a political arena in which the primary intervenants are still giving definitions on their social role by which the public observes a confusing mix of contentious and often contradictory information. A fundamental public health communication goal is to provide accessible and accurate information establishing a bond of trust between those potentially exposed to a bioterrorist agent and those in a position of responsibility (Holloway et al., 1997). In this case, the health ministry and the citizens are exposed to covid-19. This trust depends on perceptions of competence, objectivity, fairness, and consistency and on the general belief in the goodwill of those responsible for communication Renn & Levine, 1991).

Therefore, the credibility of information sources is a vital issue in risk communication. This explains why all communication has been centralized from the office of the cabinet secretary ministry of health. Credibility is the major social resource that may determine which group or fraction will finally shape social risk policies and enhance social power. Credibility is still a scarce resource for which different groups compete in their communication process. Therefore, risk communicators have to face the institutional problems of coping with the emerging challenge of stochastic reasoning and in line with the intrinsic conflict between the perspectives of the scientific community and the public in general (Renn & Levine, 1991). Both reasons justify the already established practise of isolating risk communication from other forms of communication and treating it as a separate entity.

The list of objectives for joining a risk communication program includes the following items, (ibid) ; a) right-to-know function (disclosing information concerning the hazards to potential victims); b) enlightenment function (to improve risk understanding among target groups); c) attitude change function (to legitimate risk-related decisions, to challenge such decisions and reject specific risk sources), or to improve the acceptance of a specific risk source; d) legitimation function (explaining and justifying routines of risk management and to enhance the competence trust and the management process fairness); e) risk reduction function (enhancing public protection through individual risk reduction measures information); f) behavioural change function (encouraging supportive actions or protective behaviour toward the agency of communication); g) emergency preparedness function (providing guidelines for emergencies or behavioural advice during emergencies); h) public involvement function (educating decision-makers about perceptions and public concerns); i) participation function (assisting in reconciling conflicts about risk-related controversies. This list demonstrates various goals and objectives related to risk communication programs. One major objective may be to increase trust and credibility but precisely not the sole objective of risk communication. As witnessed in the Kenyan context, behavioural changes or fair participation objectives rely on a minimum of trust among the communicators to be effective. In communication, trust is referred to the generalized expectancy that a

message received is reliable and true. The communicator demonstrates honesty and competence by conveying accurate, objective, and complete information. Confidence denotes the subjective expectation of receiving an information that is trustworthy from a person or an institution.

People exhibit confidence in a source if their previous trust investment in that source has been satisfying over a longer period of time. If many persons share such confidence in a communication source, they assign credibility. Therefore, credibility is the degree whereby confidence in an institution or a person is shared and generalized based on how their performance record of trustworthiness is perceived. All three terms suggests a judgment of others about the source or message quality. Thus, they are all based on perceptions (Midden, 1988). These views, however, can be linked to special performance and structural characteristics of institutions. Concerning risk communication in a covid-19 pandemic, the perceptions of the public rekey on this communication. Trust can be sub structured in the following five components: a) Fairness (acknowledgement and adequate representation of all relevant points of view); b) Objectivity (lack of biases in information as perceived by others); c) Perceived competence (degree of technical expertise assigned to a message or a source); d) Consistency (predictability of arguments and behaviour based on experience and previous communication efforts); e) Faith (perception of "goodwill" in composing information). It makes sense to distinguish between genuine perception factors (image aspects) and structural factors (characteristics or properties of institutions that affect the social perceptions).

All three-trust, confidence, and credibility- are also subject to the macro-sociological climate in society vis-a-vis social institutions and their role for social! Cohesion (Lipset & Schneider, 1983). This influence is independent of the source's actual performance or communication record. In risk communication, local and national government authorities provide transparent, understandable, coordinated information to the public, and times before, during, and after a crisis. The goals are to maintain and instil the public's trust in the local and national health system and convey realistic expectations about the capacity to respond and manage an outbreak. Risk communication also promotes the exchange of information and opinion effectively among public health and veterinary experts and scientists during the alert phase so as to better assess, manage and coordinate preparedness and response activities (WHO, 2012).

During the emergencies of public health, people need to know the health risks they face and the actions they should take in protecting their health as well as lives. Accurate information that is provided early, frequently, and in channels and languages that are understandable, trusted, and used by people enables individuals to make choices and act to protect themselves, their families and societies from threatening health hazards (WHO, 2017). Risk communication is a fundamental part of any emergency response. It is the real-time exchange of opinions, advice and information between experts, community leaders, officials, and the people at risk. Hence, the need for effective communication to allow people most at risk to understand and adopt protective behaviours, experts and authorities to listen to and address concerns and needs of people so that they provide relevant advice which is acceptable and trusted.

RESULTS AND DISCUSSIONS

In this section, the perceptions of communities obtained from the focus groups and interviews indicate that while communities perceived risk communication as having empowered them in understanding the covid-19 pandemic, their trust in the public health agencies to handle the pandemic effectively through testing, isolation and treatment had eroded over time. This explained their scepticism in what is shared and hence the observed lack of effective implementation or observation of the public health directives. Consistency and transparency in communicating covid-19 issues, especially on isolation, containment and testing and treatment, were lacking. This threatens the role of risk communication during future public health emergencies, especially during pandemics, since the public has little confidence in what they communicate and whether they can live up to the expectations of protecting communities from pandemics.

However, the impact of many of the communication programmes has not been clearly demonstrated. This is because of the divide between the people who design outbreak control interventions (e.g. epidemiologists, veterinarians and public health specialists) and those 'communicating' and 'mobilizing' communities. It emerged that Technical interventions must be understood

and applied in their behavioural, cultural, economic, political and social context. These settings determine the success of control and prevention measures (WHO, 2012). The perceptions from the focus groups and interviews are summarised and discussed below:

Perceptions on the Ministry of Health as a Source of Credible and Reliable Information on Covid-19

The public health workers all agreed that the ministry's risk communication was mainly on data on the number of the newly infected, recoveries and deaths. It also emphasized observing the directives on washing hands, sanitizing, social distancing and observing curfew rules. This is supported by WHO (2012) that Communication is integral to every response of public health. It brings forth the basis for and paves the way for actions taken by the affected people or who are at risk and the actions of those attempting to respond. However, communication strategies are often designed after outbreak investigations and outside operational decision-making. As a result, the communication focus has normally been message development and information dissemination, hence less focus on behaviour change.

Little was mentioned on how they were assisting the public to be tested, how they were handling isolation and containment for the benefit of all and most importantly, how the treatment was going to be handled when one was found positive, and at whose cost. They were unhappy with the government's commitment to free testing, treatment and isolation as the majority of the citizens could not afford medical care without insurance. Even when the government promised to equip medical facilities with medical supplies to fight covid-19, very little seemed to be done, yet a lot was promised.

The public health workers felt that the government was not considering their welfare as cases of lack of PPEs were reported in many government health facilities. This points to the lack of confidence and trust in public health agencies in regard to what they communicate and how they implement what they communicate. The public health risk communication did not seem credible and reliable, especially where information gaps on how from the onset of the pandemic isolation were being handled with reports of deplorable conditions subjected to citizens who could not afford to stay in high-cost isolation facilities. In addition, information on how the government was handling medical care for infected citizens where and how free testing was being conducted was unsatisfactory, hence creating doubt on the transparency and credibility of government risk communication agencies. Quinn (2008) Support the need for trust in such a pandemic situation if the desired behavioural changes are realized.

Perceptions of on Risk Communication Media on Prevention and Control, Treatment and Management

The sampled communities' elders, men and women, noted that they were unhappy with the information they were receiving from the ministry of health. They complained that they were seeing data on recoveries, deaths and new infections on national television and social media. Still, they were concerned that the majority of the people were not able to access the electronic and print media, so they were disadvantaged. In addition, cultural factors were not being considered in this communication. Elders play a key role in determining what the community does, and hence, the felt failure to consult and work with them was not acceptable. This influenced the behaviour of their members. WHO (2017) supports the idea of Identifying people that the community trusts and building relationships with them by Involving them in decision-making to ensure interventions are collaborative contextually appropriate and that communication is community-owned. It leads to trust, and trust is a core ingredient in timely reporting and early detection of outbreaks.

The use of local gatekeepers through public administration officers like chiefs and sub-chiefs and the 'nyumba kumi' initiative, which is closer to the common citizen, who understand social-cultural factors that would promote or hinder the interventions being championed for. This way, communities will gain trust, cooperate in the implementation of preventive, and control directives. Dialogic, participatory communication (Megalopolis, 2008) would have been better to help them understand what is happening and allow them to ask questions. Information gaps were noted on testing, treatment and isolation. There was an indication of dissatisfaction with curfew rules since they saw it as punishment; more serious communication was needed other than that threat. Hence the need for participatory dialogical communication strategies.

Perceptions of Youth and Youth Leaders on Covid-19 Risk Communication, Prevention and Control, Treatment and Management

The sampled youth who were interviewed felt that, like their counterparts, communication on new infections, deaths and recoveries and curfew was adequate but alarming. They were more concerned about what the government was doing to support the youth during this pandemic situation. They had lost jobs or sources of livelihood, and they were more concerned with not observing curfew. 'One said,'' the youth are hungry and scared, we want to know what the government is doing for the youth during this time. Stop scaring us and tell us where to get free masks, free testing, and in the event we get infected, free treatment. What we hear is that government facilities for testing are asking too much money if we cannot feed ourselves. How can we afford to pay for testing and, how can we stay home and self-isolate or observe social distancing when we have to go out and look for informal jobs to survive?

The communication they are giving is not helping us as a youth in this county. Development communicators support the idea of developing skills and knowledge for sustainable development among communities, Mefalopulos (2008). This is what the youth were concerned about during the covid-19 19 outbreak. Information dissemination was not enough because social and behavioural changes are key in containing the pandemic (WHO, 2012). We want to be told where to get free treatment, free masks and food. From this interviewee, it emerged that their concerns had not been dealt with hence unhappy with the ministries communication, which they termed as alarmist and not helping anyone. Even when the president speaks, they observed he does not offer tangible solutions. They had no problem with media of communication. While they understood the pandemic's implications, they still needed tangible solutions. Though the 'kazi kwa vijana mtaani' initiative had been implemented, it was yet to reach them. This would provide the much-needed money to assist in adapting to the new normal.

Perceptions of Men and Women on Covid-19 Communication on Prevention, Treatment and Management

This category constituted general members of the community. They noted that they were not happy with the communication they were receiving. They had heard about self-prevention through washing hands, sanitizing and social distancing, but as much as they tried, their economic ability could not allow them to social distance. For example, one was quoted saying, we live in one bedroomed house about five of us; we go out to look for work and come in the evening. How can we keep social distance in this house? We cannot afford spacious houses, buying masks is too expensive. Let covid infect us. We do not even know where to go for free testing of free treatment. We want to be told which hospital to go to for free testing, free treatment, what medicine to take, but no one is telling us this, let elders be sent to us, then we can try and implement their directives. This brings the idea of the halves-and-half not, hence discrimination. Overall, they are unhappy with public health media and content as well. They do not trust them either in what they say or claim to do. WHO (2012) argues that cultural competence results to trust, and trust is a core ingredient in early detection and timely reporting of outbreaks. Developing the trust of the public before an outbreak means that cultural competence must be demonstrated by the health system. Suppose there is an urgent need for modifications behaviour. In that case, those at risk will understand and accept the changes as well as implement them themselves, in their community and in their family groups. This was found to be missing.

Perceptions of the Business Community on Covid-19 Communication on Prevention and Control, Treatment and Management

Those interviewed said that they had heard about wearing masks, social distancing and observing curfew hours. They said they were observing the directives and were happy the government had not closed down their businesses though business was slow. They were more interested in their businesses than treatment, self – isolation and testing. However, a few in the hotel industry noted that they were unhappy with the curfew hours. The protocol was too many for their businesses, and now the closure of bars and a ban on alcohol was hurting their businesses. All they cared about was how to make ends meet now that their business was on their knees, others completely closed. They were still dissatisfied with the curfew directives but happy they could move around and do business. One was quoted saying,'' we have implemented the protocol given as you can see, though business is slow. We are worried about getting infected and where to find free or highly subsidized treatment. Now they are talking about self-management and

isolation. When we do that, what next/ we have no guidelines or who to report to? More information is required from the ministry. It emerged that information gaps needed to be filled, but overall they were fine as things were.

Perceptions of Media Representatives on Covid-19 Communication on Prevention, Treatment and Management

This group reported that they were aware that the media briefings were not covering key messages that were a concern to the majority of the people. Their focus was more on new infections, deaths, recoveries and observing curfew directives. However, there was an emphasis on self-isolation and responsibility, which was key to protecting oneself. They agreed the government was non-committal in addressing free testing free treatment concerns; hence, they had little to report on that. They were, however, covering what they were receiving from the media briefings and observed there was a need for more information on what to do if one suspected to be infected, like what is to be done, who is to be called and where to go, while self –isolating among other concerns. The current media briefing was alarming. People were more scared as one senior government official came out to suggest no one cared about how testing positive people were being handled or treated. This was proof that they were on their own and needed the government to shed light on this for the common citizen. On contact tracing, they note that there was slack on the part of the ministry because infected people had come out on social media to claim their contacts had not been reached, which put many at risk as many were out there infected but unaware. As media, they were concerned about what was going to happen if these issues were not addressed immediately. The fundamental aspects of treatment, prevention, and management were not being dealt with exhaustively, and citizens were worried. They agreed that a lot of information gaps existed. In their study, Blanchard et al. (2005) argue that there is a need for audience segmentation and special attention and messages designed for the vulnerable groups, especially those who could not access mainstream media.

Overall, it emerged that communities were satisfied with the information on preventive measures such as wearing masks, social distancing, washing hands, but dissatisfied with information sharing on treatment, testing and management. This resulted in a lack of trust and confidence in public health agencies to deal with these issues, as they were not communicating effectively on the same, noting a lot of information gaps. The ministry needed to focus on concerns that are more urgent rather than sharing alarmist messages of deaths and high rates of infection.

CONCLUSION AND RECOMMENDATION

Conclusion: The study concludes that for effective communication to yield the desired behaviour and attitude changes expected by the ministry on covid-19, there was a need to adopt a more behavioural and social communication framework that resonates with people's values, beliefs, priorities, resources and social, cultural and material circumstances. Sources of information must be considered trustworthy, empathetic and credible for the receiver to be more receptive to health advice and follow through with the promoted behaviour. Lack of understanding of the role of communication in different groups, such as families, village committees and healthcare teams, in making decisions that influence healthcare practices will affect how behavioural and social interventions are implemented.

Recommendations: This paper recommends the use of participatory communication media in risk communication such as dialogue, alongside the top-down communication inform of directives with a focus on communication for behavioral impact. Media Content to focus more messages on self-isolation, testing and treatment is shared across different platforms. Transparency in communication on these matters is critical to building confidence and trust in society. More sensitization on the need for self-responsibility is a key factor in preventing pandemic infection. This will lead to the behavioral changes expected to combat the covid-19 pandemic.

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