Communication Strategies for the Promotion of Indigenous and Modern Healthcare Practices For Behaviour Change among Residents of Cross River State

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Abstract

This study examined communication strategies for promoting indigenous and modern healthcare practices for behaviour change among residents of Cross River State, Nigeria. The study was anchored on Cultural Norms Theory and the Theory of Planned Behaviour. It adopted a survey research design, using a sample of 400 respondents selected through multistage sampling. Data were collected through a structured questionnaire and analysed using frequency counts and weighted means. Findings revealed that community meetings, family members and traditional healthcare practitioners were major sources of healthcare information. Inadequate health information, mistrust between practitioners, language and cultural differences, and limited use of social media were identified as barriers. Community dialogue, health education, radio and television programmes, and social media campaigns were considered useful communication strategies. The study concluded that combining trusted community channels with accessible media, culturally appropriate messages and stronger communication between practitioners can promote informed healthcare decisions and appropriate health-seeking behaviour. The study recommended strengthening community-based health education, expanding the use of traditional and digital media, promoting culturally appropriate messages, and improving communication between indigenous and modern healthcare practitioners to support informed healthcare decisions and appropriate health-seeking behaviour.

Keywords: Communication, Indigenous Healthcare, Modern Healthcare, Behaviour Change, Health-seeking Behaviour

INTRODUCTION

Background to the Study

Health decisions are influenced by culture, beliefs, personal experiences and access to information. Communication is important in this process because it shapes how people receive and understand health information and how they respond to health practices (Schiavo, 2013). Interpersonal communication, community discussions and the mass media are commonly used to share health information and encourage healthy behaviours.

In many African communities, indigenous and modern healthcare practices exist side by side. Indigenous practices such as herbal remedies and traditional healing are often passed down through families and communities, while modern healthcare is based on scientific knowledge and professional medical practice. Both systems continue to influence healthcare choices, making effective communication important in promoting informed health decisions (WHO, 2025).

Cross River State reflects this situation. Its diverse communities maintain various indigenous healthcare practices alongside hospitals, primary healthcare centres and other modern health services. Residents may use either system or both, depending on factors such as cost, accessibility, trust and cultural beliefs. However, limited information, misconceptions and weak communication between indigenous and modern healthcare practitioners may affect the use of these practices.

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This study therefore examines communication strategies for promoting indigenous and modern healthcare practices for health behaviour change among residents of Cross River State. It focuses on communication channels, health awareness, messages, practitioner collaboration and barriers to effective promotion.

Statement of the Problem

Despite the continued use of indigenous and modern healthcare practices in Cross River State, residents still face challenges in making appropriate healthcare choices. Cultural beliefs, misconceptions, limited health information, mistrust and poor communication influence healthcare-seeking behaviour. The negative perception of indigenous practices by some modern healthcare professionals may also discourage dialogue and reduce trust in health messages, while the uncritical use of traditional practices may expose people to unsafe care or delay needed medical treatment (Adekannbi, 2018).

Weak communication among indigenous practitioners, modern healthcare providers, community leaders and residents further limits the exchange of reliable health information. There is therefore a need for communication approaches that respect relevant cultural knowledge while promoting safe and evidence-based healthcare practices. The study examines how communication can support trust, dialogue and appropriate health-seeking behaviour in the promotion of indigenous and modern healthcare practices in Cross River State.

Objectives of the Study

Three research objectives set for the study were to:

i. Identify existing communication channels used in disseminating information on indigenous and modern health care practices for health behaviour change among residents of Cross River State;

ii. Find out barriers to effective communication and information dissemination in the promotion and adoption of indigenous and modern healthcare practices for behaviour change among residents of Cross River State; and

iii. Identify communication strategies that could be employed in promoting indigenous and modern health care practices for health behavior change among residents of Cross River State.

Research Questions

The following three research questions were answered in the study:

i. What communication channels used in disseminating information on indigenous and modern health care practices for health behaviour change among residents of Cross River State?

ii. What are the barriers that hinder effective communication and information dissemination in the promotion and adoption of indigenous and modern healthcare practices for behaviour change among residents of Cross River State?

iii. What communication strategies can be employed in promoting indigenous and modern health care practices or health behavior change among residents of Cross River State?

Significance of the Study

This study is significant because it contributes to existing knowledge on the integration of indigenous health practices into modern healthcare practices and the role of communication in influencing health behaviour. The findings of this study will be beneficial to policymakers and government agencies responsible for healthcare planning and implementation. The study will also be useful to both indigenous and modern healthcare professionals, including traditional healers, doctors, nurses, public health practitioners, and health educators. The study will be beneficial to residents of Cross River State. By drawing attention to the importance of effective

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communication in the promotion of indigenous and modern healthcare practices, the study may contribute to increased awareness of safe healthcare choices and informed health-seeking behaviour.

Review of Concepts

Communication Channels for the Dissemination of Indigenous and Modern Healthcare Practices

Communication channels are the means through which health information is shared and understood. They include interpersonal communication, community meetings, health facilities, traditional practitioners, radio, television and digital media (Schiavo, 2018; WHO, 2022). Their usefulness, however, depends on factors such as access, trust and cultural relevance. Interpersonal and community channels remain important because people often obtain health information from family members, friends, traditional practitioners and community leaders. These channels allow questions and feedback and are particularly useful for passing indigenous healthcare knowledge across generations. Nevertheless, trusted sources may also transmit misinformation, making accuracy and safety essential (WHO, 2025).

Modern healthcare information is also disseminated through health facilities, radio, television and digital platforms. These channels can reach wider audiences, although digital media may equally facilitate the spread of false or unsafe information (Suárez-Lledó & Álvarez-Gálvez, 2021). In other words, no single channel is sufficient on its own. Interpersonal and community communication can build trust and encourage discussion, while mass and digital media can extend the reach of health messages. Their appropriate combination can improve access to reliable information and support informed healthcare decisions.

Communication for Joint Community Health Education

Communication between indigenous and modern healthcare practitioners can strengthen community health education by bringing local cultural knowledge together with professional health expertise. Indigenous practitioners often have established relationships within communities, while biomedical practitioners contribute knowledge of prevention, diagnosis and treatment. Furthermore, joint meetings, health talks and outreach activities can create opportunities for knowledge exchange, improve understanding and strengthen trust between the two groups (Jama et al., 2024; Lampiao et al., 2019).

Nevertheless, collaboration should not mean accepting every traditional practice without assessment. Cultural respect needs to exist alongside evidence, safety and professional standards (WHO, 2025). Reciprocal communication can therefore help practitioners develop messages that are culturally relevant and understandable while maintaining reliable health information. In practical terms, such collaboration can make community health education more responsive to the realities of the people it is intended to serve.

Barriers to Effective Communication and Information Dissemination in the Promotion of Indigenous and Modern Healthcare Practices

Health information does not automatically produce understanding or behaviour change. Language, cultural differences, limited information and differences between indigenous and biomedical knowledge systems can affect how messages are understood and used. Adekannbi (2018) found weak collaboration between traditional and orthodox practitioners in Nigeria, with limited mutual trust contributing to the problem. Furthermore, messages that dismiss indigenous beliefs may create resistance, while the uncritical promotion of traditional practices may raise safety concerns.

Misinformation and inadequate information also complicate healthcare decisions. People may know that a particular practice exists without understanding its appropriate use, limitations or possible risks. Effective communication must therefore provide information that is clear, credible and culturally appropriate. The WHO (2025) similarly emphasises evidence, safety, quality and regulation in the promotion of traditional medicine. In other words, the goal is not simply to increase the amount of information available, but to ensure that the information supports informed and safer decisions.

Barriers to Communication between Indigenous and Modern Healthcare Practitioners

Communication between indigenous and modern healthcare practitioners may be affected by differences in professional status, knowledge systems, terminology and perceptions of legitimacy. Mistrust can deepen these differences when practitioners question the competence, motives or roles of the other group. Limited practitioner-level collaboration also means that policy recognition does not always translate into regular practice. Adekannbi (2018) and other evidence on practitioner relationships point to the importance of mutual trust and clearer interaction between the two systems. Effective collaboration, therefore, requires more than occasional contact. Regular meetings, clear roles, referral arrangements, joint training and community health activities can encourage information exchange and build trust. Moreover, structured communication can help practitioners move from parallel practice towards coordinated health education while maintaining appropriate standards of evidence, safety and professional responsibility (WHO, 2025).

Communication between indigenous and modern healthcare practitioners can be limited by differences in professional training, terminology, authority and perceptions of legitimate healthcare knowledge. Where interaction is limited, such differences may reinforce mistrust and restrict referrals and information sharing. Adekannbi (2018) found that collaboration between traditional and orthodox practitioners in Nigeria was low and largely limited to unofficial referrals. Jama et al. (2024) similarly reported that documented collaboration remained limited, although meetings, training, cross-referrals and joint health-promotion activities were identified.

More effective collaboration requires regular communication, information exchange and clear referral procedures rather than individual willingness alone. Moreover, language and cultural differences, misinformation, inadequate information and unequal access to communication can affect the effectiveness of health messages. Practitioner relationships therefore need structures that encourage trust, referral and joint health education, while communication with communities should remain accessible, credible and culturally appropriate (WHO, 2025).

Communication Strategies for Promoting Indigenous and Modern Healthcare Practices for Health Behaviour Change

Effective communication for health behaviour change involves more than making health information available to the public. It requires the use of appropriate messages, credible information sources and communication channels that reflect the needs, experiences and cultural backgrounds of the target audience. Community participation is particularly important because it provides opportunities for people to express their concerns, ask questions and contribute to discussions about their healthcare choices. Consequently, community meetings, health talks, outreach programmes and interpersonal communication can help build trust, correct misconceptions and encourage informed health decisions (World Health Organization [WHO], 2025). In my view, communication strategies are more likely to be effective when they recognise the experiences and beliefs of community members rather than treating them merely as recipients of health information.

Furthermore, the use of multiple communication channels can improve access to health information and reinforce important messages. Radio, television and digital platforms can reach large audiences, while interpersonal and community-based communication allows for direct interaction, clarification and feedback. Nevertheless, the effectiveness of these channels depends not only on the availability of information but also on its accuracy, clarity and relevance to the intended audience. Messages communicated in familiar languages and supported with culturally appropriate examples may be better understood and accepted, provided that cultural sensitivity does not compromise medical accuracy or patient safety. In addition, collaboration between traditional and modern healthcare practitioners can encourage the exchange of relevant information, appropriate referrals and consistent health education. Adekannbi (2018) highlights the relationship between orthodox and traditional medical practitioners in the transmission of traditional medical knowledge, while the WHO (2025) emphasises the importance of evidence-informed approaches to traditional medicine. From my perspective, such collaboration should promote respectful communication and informed healthcare decisions without assuming that all indigenous practices are safe or that all modern healthcare services are equally accessible to every community.

Moreover, the success of these communication strategies should ultimately be considered in relation to the health behaviours they are intended to encourage. Health behaviour change refers to an observable change in a specific health-related action over a defined period, rather than simply an increase in awareness or a positive perception of health messages. For instance, relevant indicators may include seeking qualified healthcare when necessary, following appropriate referrals, informing healthcare professionals about the use of traditional remedies and adhering to recommended care. Michie et al. (2011) explain that behaviour change interventions require clearly identified behavioural targets and appropriate methods for influencing them. Therefore, researchers examining the relationship between communication and health behaviour change should specify the behaviours of interest and measure them using suitable, validated or adequately tested instruments. Where possible, baseline and follow-up assessments can help establish whether particular practices have changed, while appropriate records or independent evidence may strengthen the reliability of the findings.

However, it is important to distinguish between the strategies respondents consider useful and evidence that their health behaviours have actually changed. In the present study, the questionnaire examined communication channels used to disseminate information about indigenous and modern healthcare practices, barriers to effective communication and strategies for promoting these practices. It did not directly measure changes in respondents' health practices over time. Consequently, the findings should be interpreted as evidence of reported communication experiences and perceptions of strategies that may support health behaviour change, rather than proof that the strategies have produced actual behavioural outcomes. In my view, this distinction does not diminish the importance of the findings; rather, it establishes the limits of the conclusions that can reasonably be drawn from the data. Nevertheless, future studies could build on these findings by measuring specific health practices before and after communication interventions and examining whether exposure to particular communication channels is associated with observable changes in healthcare-seeking decisions and other relevant behaviours. Such an approach would provide a stronger basis for determining how communication contributes to health behaviour change among residents of Cross River State.

Empirical Review

Existing studies show that communication is central to the promotion of indigenous and modern healthcare practices. Ohajunwa et al. (2022) examined healthcare relationships in an Indigenous community in South Africa. Their findings highlighted the importance of dialogue, mutual respect and culturally sensitive communication between indigenous practitioners and Western healthcare professionals. However, the study focused mainly on practitioner relationships rather than communication strategies for promoting health behaviour change.

In another study, Akpa-Inyang and Chima (2023) investigated informed-consent communication among eleven traditional healthcare practitioners in Akwa Ibom State. The findings showed that practitioners communicated treatment information and risks to patients, although their knowledge of formal consent requirements varied. Nevertheless, the study did not examine wider communication channels or their influence on health behaviour.

Similarly, Banjo (2025) explored digital health communication in southwestern Nigeria. Although the study identified interest in digital healthcare platforms, limited digital literacy, inadequate infrastructure and concerns about safety remained challenges. The study highlighted the potential of digital media but did not examine how it could complement other communication channels in promoting indigenous and modern healthcare practices.

Furthermore, Nwafor and Eze (2022) found that local languages, storytelling and trusted community leaders improved the understanding and acceptance of health messages among rural populations in southeastern Nigeria. This emphasises the importance of cultural sensitivity, although the study gave limited attention to practitioner collaboration and the combined influence of different communication channels on health behaviour. In another study, Adebayo and Yusuf (2021) found that interpersonal communication between healthcare workers and community members helped build trust, improve understanding and correct misconceptions. Moreso, Okoro et al. (2023) identified oral traditions, storytelling, community meetings and apprenticeship as important channels for transmitting indigenous healthcare knowledge. However, neither study fully examined how these communication approaches could work alongside mass and digital media to promote indigenous and modern healthcare practices.

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Abah et al. (2025) also examined community health communication across Akwa Ibom, Anambra and Kano States. Their findings identified community meetings, health-worker training, collaboration and advocacy as useful approaches, while inadequate funding, staff shortages and cultural beliefs limited their effectiveness. However, the study did not specifically address communication strategies for promoting indigenous and modern healthcare practices for behaviour change.

These studies demonstrate the importance of culturally appropriate messages, interpersonal communication, community participation and media channels in health promotion. However, limited attention has been given to how these approaches collectively promote indigenous and modern healthcare practices among residents of Cross River State. The present study addresses this gap by examining communication channels, awareness, cultural influences, practitioner collaboration, barriers and strategies for promoting health behaviour change.

Theoretical Framework

The study is guided by two complementary perspectives: Cultural Norms Theory and the Theory of Planned Behaviour (TPB). Cultural Norms Theory directs attention to shared beliefs, traditions and social expectations that shape how residents interpret health information. TPB highlights attitudes, subjective norms and perceived behavioural control in decisions about health-related actions. Together, these perspectives informed interpretation of the reported communication channels, perceived barriers and preferred strategies

Cultural Norms Theory

Cultural Norms Theory explains how shared beliefs, traditions, values and practices shape people's perceptions and behaviour (Lapinski & Rimal, 2020). The theory assumes that healthcare decisions are influenced by the cultural environment in which individuals live. In Cross River State, indigenous healthcare practices are embedded in community traditions and continue to influence how illness is understood and managed. Family members, elders, traditional rulers and other community leaders can also reinforce these norms and influence healthcare choices.

The theory is relevant to the study because it highlights the need for culturally responsive health communication. Rather than dismissing indigenous beliefs, communication should recognise the cultural realities of communities while providing accurate information that encourages safe and informed healthcare behaviour. Community dialogue, traditional leaders, local communication channels and culturally appropriate health education can help build trust and improve acceptance of health messages.

Theory of Planned Behaviour

The Theory of Planned Behaviour explains how attitudes, subjective norms and perceived behavioural control influence behavioural intentions and actions (Ajzen, 2020). Attitudes reflect how individuals evaluate a healthcare behaviour, subjective norms refer to perceived social pressure from important people, while perceived behavioural control concerns the extent to which individuals believe they can perform the behaviour despite existing constraints.

The theory is useful to this study because healthcare decisions are influenced not only by awareness but also by social expectations, personal beliefs and access to healthcare options. Where indigenous healthcare is more affordable, familiar or accessible, residents may perceive greater control over using it. TPB therefore helps explain how communication can influence attitudes, social expectations and perceived control in ways that support informed health-seeking behaviour and behaviour change.

METHODOLOGY

The study adopted a cross-sectional descriptive survey design to describe communication channels, perceived barriers to information dissemination and communication strategies related to indigenous and modern healthcare practices among residents of Cross River State, South-South Nigeria. The setting was selected because

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indigenous practices, including herbal remedies, traditional birth attendance, bone setting and spiritual healing, coexist with hospitals, clinics and primary healthcare facilities.

The target population comprised adult residents of Cross River State who were exposed to or used indigenous and/or modern healthcare services. The population was estimated at 4,406,200 using the Cross River State Bureau of Statistics (2024) projection. A target sample of 400 respondents was determined using the Taro Yamane formula. Multistage sampling was used: the state was divided into Cross River North, Central and South Senatorial Districts; one Local Government Area was selected randomly from each district; and communities were then selected randomly. The planned sample was allocated proportionately by district, with 133 respondents from the North, 133 from the Central district and 134 from the South.

Data were collected primarily through a structured questionnaire which were administered to the 400 selected respondents, out of which 380 were recovered. The instruments were reviewed and pre-tested to establish clarity and content validity. Reliability of the questionnaire was assessed using a test–retest procedure involving 20 respondents at a one-week interval. Two trained research assistants supported the researcher in administering and retrieving the questionnaires across the selected communities. Quantitative data were analysed using frequency counts and weighted mean and presented in tables. The four-point Likert scale was interpreted as follows: 1.00–1.49 = strongly disagree, 1.50–2.49 = disagree, 2.50–3.49 = agree, and 3.50–4.00 = strongly agree.

Data Presentation

Table 1: Respondents' Gender

Sex	**Frequency (r)**	**Percentage (%)**
Male	150	39.47%
Female	230	60.53%
Total	**380**	**100%**

Source: Fieldwork, 2026

Table 2: Age of Respondents

Age Range	**Frequency (r)**	**Percentage (%)**
16-20 Years	100	26.32%
21-25 Years	110	28.95%
26-30 Years	120	31.58%
31 Years and above	50	13.15%
Total	**380**	**100%**

Source: Fieldwork, 2026

Table 3: Communication Channels for Disseminating of Information

S/N	**Items on Channels for dissemination of information**	**SA**	**A**	**D**	**SD**	**TOTAL**	**∑fx**	**X**	**Decision**
1	I receive information about indigenous healthcare practices	165	106	55	54	380	1142	3.01	Agreed

	through family members and relatives								
2	Community meetings are used to provide information about indigenous and modern healthcare practices in my community	95	215	55	15	380	1150	3.03	Agreed
3	Traditional healthcare practitioners provide information about indigenous healthcare practices to members of the community	135	125	85	25	380	1120	2.95	Agreed
4	Radio and television programmes provide useful information about indigenous healthcare practices alongside modern healthcare practices	55	115	155	55	380	930	2.45	Disagreed
5	Social media platforms are used to disseminate information about indigenous healthcare practices alongside modern healthcare practices	35	135	155	55	380	910	2.39	Disagreed
	GRAND MEAN							**2.76**	
	DECISION RULE								**Agreed**

Source: Fieldwork, 2026

Table 3 indicates that respondents reported community meetings (M = 3.03), family members and relatives (M = 3.01), and traditional healthcare practitioners (M = 2.95) as more prominent channels for information about healthcare practices. The radio/television item (M = 2.45) and social-media item (M = 2.39) fell below the study's agreement threshold. The grand mean (M = 2.76) indicates overall agreement across the listed items,

Table 4: Barriers that hinder effective communication and information dissemination

S/N	Items on barriers that hinder effective communication and information dissemination	SA	A	D	SD	TOTAL	∑fx	X	Decision
1	Lack of adequate health information limits effective communication about indigenous and modern healthcare practices	165	165	25	25	380	1230	3.24	Strongly agreed
2	Language differences can make it difficult for residents to understand health messages	45	245	75	15	380	1080	2.84	Agreed
3	Cultural differences can hinder the acceptance of health information	75	165	65	75	380	1000	2.63	Agreed

4	Mistrust between indigenous and modern healthcare practitioners can affect effective communication.	105	225	45	5	380	1190	3.13	Agreed
5	Social media platforms are not used to disseminate information about indigenous healthcare practices alongside modern healthcare practices	175	175	25	5	380	1280	3.37	Agreed
	GRAND MEAN							**3.04**	
	DECISION RULE								**Agreed**

Source: Fieldwork, 2026

Table 4 shows that respondents identified inadequate health information (M = 3.24), limited social-media dissemination (M = 3.37), mistrust between indigenous and modern healthcare practitioners (M = 3.13), language differences (M = 2.84) and cultural differences (M = 2.63) as barriers. The grand mean is 3.04.

Table 5: communication strategies for the promotion of indigenous healthcare practices

S/N	**Items on communication strategies for the promotion of indigenous healthcare practices**	**SA**	**A**	**D**	**SD**	**TOTAL**	**∑fx**	**X**	**Decision**
1	Negative perceptions of indigenous healthcare practices can discourage open communication about them	175	175	25	5	380	1280	3.37	Agreed
2	Community-based health education can effectively promote appropriate indigenous and modern healthcare practices	175	165	25	15	380	1260	3.32	Agreed
3	Radio and television health programmes can effectively promote positive health behaviour	195	165	15	5	380	1310	3.45	Agreed
4	Social media campaigns can be used effectively to promote indigenous and modern healthcare practices among residents	165	175	33	7	380	1258	3.31	Agreed
5	Community dialogue between healthcare practitioners and residents can improve acceptance of health messages	195	160	20	5	380	1305	3.43	Agreed
	GRAND MEAN							**3.38**	
	DECISION RULE								**Agreed**

Source: Fieldwork, 2026

Table 5 shows that respondents rated radio and television health programmes (M = 3.45), community dialogue between practitioners and residents (M = 3.43), community-based health education (M = 3.32), social-media

campaigns (M = 3.31), and the need to address negative perceptions of indigenous healthcare (M = 3.37) as relevant to communication planning. The grand mean is 3.38.

DISCUSSION OF FINDINGS

Research Question One: What communication channels are used to disseminate information on indigenous and modern healthcare practices for health behaviour change among residents of Cross River State?

The findings indicate that respondents reported community-based channels more often than broadcast and digital channels for information about indigenous and modern healthcare practices. Community meetings recorded a mean of 3.03, family members and relatives 3.01, and traditional healthcare practitioners 2.95. The radio/television and social-media items recorded means of 2.45 and 2.39 respectively. These descriptive results show a difference in respondents' reported communication experiences; they do not demonstrate that one channel produces more behaviour change than another.

One possible explanation is that healthcare decisions are often influenced by people whom individuals know and trust. In many communities, family members, elders and traditional practitioners are familiar sources of advice, particularly when health concerns are connected to longstanding cultural beliefs and practices. Information received through these relationships may be easier to discuss and relate to personal experiences than messages delivered through less familiar channels. This observation agrees with Adebayo and Yusuf (2021), who emphasised the importance of interpersonal communication in building trust and correcting misconceptions. Similarly, Okoro et al. (2023) identified oral traditions, storytelling and community gatherings as important means of transmitting indigenous health knowledge.

The lower means for radio, television and social media suggest that respondents did not regard these channels as prominent sources for information that addresses indigenous and modern healthcare practices together. The result does not necessarily mean residents never receive health information through these channels. It does, however, identify an opportunity for health communicators to test whether credible media content, linked to community dialogue and opportunities for questions, improves access to understandable information.

The Cultural Norms Theory helps explain this pattern because people's understanding of health is shaped partly by the beliefs and expectations of their social environment. The Theory of Planned Behaviour also draws attention to the influence of significant others on individual decisions. The implication is that health communication is more likely to be meaningful when it recognises existing social relationships while providing reliable information. Therefore, the most useful approach would combine interpersonal communication, community meetings and engagement with traditional practitioners with wider media outreach, rather than relying on a single channel.

Research Question Two: What barriers hinder effective communication and information dissemination in promoting indigenous and modern healthcare practices for behaviour change among residents of Cross River State?

The reported barriers included inadequate health information (M = 3.24), limited use of social media for communicating about both healthcare systems (M = 3.37), mistrust between indigenous and modern healthcare practitioners (M = 3.13), language differences (M = 2.84) and cultural differences (M = 2.63). The grand mean was 3.04. These responses identify issues that participants consider important.

Of these barriers, inadequate information and mistrust are particularly important because they can affect not only what people know but also whose advice they are willing to accept. When information about a healthcare practice is incomplete, residents may struggle to distinguish between established benefits, possible risks and unsupported claims. Similarly, when indigenous and modern practitioners distrust one another, opportunities to clarify concerns and provide consistent guidance may be lost. Residents may then receive conflicting messages or be left to make healthcare decisions without sufficient explanation. This is consistent with Adekannbi (2018), who

reported limited collaboration between traditional and orthodox practitioners, and Ohajunwa et al. (2022), whose findings emphasised dialogue, mutual respect and culturally sensitive communication.

Language and cultural differences present a related challenge. A health message may be medically accurate yet fail to influence behaviour if its meaning is unclear or its delivery disregards local experiences. For communication to be effective, residents must be able to understand the message, ask questions and relate its recommendations to their circumstances. Nwafor and Eze (2022) similarly highlighted the value of local languages, storytelling and trusted community leaders in improving understanding and acceptance. Nevertheless, cultural sensitivity should not mean accepting every existing belief without question. Rather, it requires health communicators to understand why people hold particular beliefs and to address concerns respectfully while maintaining accurate information about safety and appropriate care.

The finding on social media points to another weakness in current communication practices. Digital platforms offer opportunities to circulate health information quickly, but their potential will remain limited if credible content is scarce or difficult to distinguish from misinformation. Suárez-Lledó and Álvarez-Gálvez (2021) examined the problem of health misinformation on social media, underscoring the need for reliable information in digital spaces. Expanding online communication should therefore involve clear, accessible messages from credible sources, not simply an increase in the volume of posts.

The two theories provide further insight into these barriers. Cultural Norms Theory explains why messages that conflict with deeply held beliefs may encounter resistance, while the Theory of Planned Behaviour suggests that attitudes and social expectations can shape willingness to act on health advice. Taken together, the findings suggest that improving communication requires more than translating messages or adding communication channels. It also requires building trust, addressing misconceptions, making information understandable and encouraging respectful exchanges between healthcare practitioners and community members.

Research Question Three: What communication strategies can be employed to promote indigenous and modern healthcare practices for health behaviour change among residents of Cross River State?

Respondents rated radio and television health programmes (M = 3.45), community dialogue (M = 3.43), community-based health education (M = 3.32) and social-media campaigns (M = 3.31) as potentially useful communication strategies. Addressing negative perceptions of indigenous healthcare practices also received agreement (M = 3.37). These findings indicate perceived relevance and acceptability of the proposed strategies, not evidence from an intervention that they have already changed health behaviour.

These findings suggest that residents favour approaches that create opportunities for engagement while making health information more widely available. Community dialogue, for instance, can allow residents to raise concerns, seek clarification and hear explanations from relevant practitioners. Unlike one-way communication, dialogue provides an opportunity to identify the questions and misconceptions that may influence healthcare decisions. Community-based health education can serve a similar purpose by explaining health practices in familiar settings and using language that residents understand. This is particularly relevant where healthcare choices are influenced by family advice, cultural expectations and community experiences.

Radio and television can complement these approaches by extending the reach of health messages beyond local meetings. Social media can provide another avenue for sharing information and responding to questions, particularly when campaigns are designed around the needs of their intended audiences. These strategies should not, however, be treated as interchangeable. Community dialogue allows direct interaction, broadcast media can reach a broad audience, and digital platforms can support repeated engagement. A deliberate combination of these channels would allow health communicators to reach different groups while reinforcing important messages through more than one source.

The findings are consistent with Abah et al. (2025), who identified community meetings, health worker training, collaboration and advocacy as relevant approaches to health promotion. They also reflect Nwafor and Eze's (2022) emphasis on culturally familiar communication. Banjo (2025), however, draws attention to challenges associated with digital health communication, including literacy, infrastructure and the credibility of

information. This suggests that social media campaigns should be supported by reliable content and should not be viewed as a substitute for face-to-face engagement or broadcast communication.

Another important finding is that negative perceptions of indigenous healthcare practices may discourage open communication. This suggests that promotion efforts must address how people perceive these practices, rather than merely increasing the number of messages they receive. Where people feel that their cultural knowledge is dismissed, they may be less willing to participate in discussions about healthcare. Conversely, communication that listens to community concerns and explains health information respectfully may create better conditions for informed decision-making. The Cultural Norms Theory supports the need to recognise the cultural environment in which health decisions occur, while the Theory of Planned Behaviour highlights the importance of attitudes, social influence and people's perceived ability to act on health advice.

Nevertheless, promoting indigenous and modern healthcare practices should not be interpreted as endorsing every practice or assuming that both are appropriate for every health condition. The World Health Organization's (2025) Global Traditional Medicine Strategy provides a relevant context by emphasising evidence, safety, quality and regulation in traditional medicine. Communication should therefore explain the potential benefits and limitations of relevant practices, encourage appropriate professional care and help residents recognise situations in which urgent medical attention is necessary.

The findings suggest that no single communication strategy is sufficient. A more practical approach would combine community-based education and dialogue with radio, television and responsible social media campaigns. These activities should involve trusted community figures and relevant healthcare practitioners, use accessible language and provide accurate information that enables residents to make informed healthcare decisions. The central issue is not simply whether messages reach people, but whether those messages are understood, trusted and useful in guiding appropriate health-seeking behaviour.

Across the three research questions, the findings show that healthcare communication in Cross River State operates within a social environment where trust, cultural beliefs and familiar relationships matter. Community meetings, families and traditional healthcare practitioners remain important sources of information, but inadequate information, mistrust and limited use of mass and digital media restrict the reach and effectiveness of communication. The results also suggest that residents recognise the value of community education, dialogue and media campaigns in promoting healthcare practices.

The wider implication is that effective health communication must connect trusted community relationships with accessible and credible information. It should create room for residents to express their concerns, encourage respectful communication between practitioners and address misconceptions without dismissing cultural beliefs or compromising healthcare safety. Such an approach offers a more realistic basis for promoting informed health decisions and appropriate health-seeking behaviour than simply increasing the number of messages circulated.

CONCLUSION

The study concludes that communication is central to promoting indigenous and modern healthcare practices and encouraging health behaviour change among residents of Cross River State**.** Although residents demonstrate considerable awareness of indigenous healthcare practices, a significant gap exists between awareness and adequate knowledge of how indigenous and modern healthcare can be appropriately utilised together. Effective communication must therefore go beyond awareness creation to provide practical, accurate and culturally relevant health information. The study further concludes that culture and social relationships strongly influence healthcare communication and behaviour. Health messages are more likely to be accepted when they respect local beliefs and are communicated through trusted individuals and community structures. This confirms the relevance of Cultural Norms Theory and the Theory of Planned Behaviour to the study. Although residents recognise the benefits of collaboration between indigenous and modern healthcare practitioners, the limited formal interaction between the two systems remains a challenge. Structured communication and referral mechanisms are therefore necessary to translate support for collaboration into practical healthcare integration.

RECOMMENDATIONS

The recommendations below correspond directly with the three objectives of the study;

1. The Cross River State Ministry of Health and relevant local agencies should design a multichannel health communication plan that combines interpersonal communication and community meetings with radio, television and appropriately moderated social-media content. Traditional and modern healthcare practitioners, community leaders and other trusted local figures should participate in message development and dissemination.

2. Health messages should be developed in relevant local languages, pre-tested with intended audiences and adapted to cultural contexts without weakening scientific accuracy. Ongoing message evaluation should assess comprehension, trust, misinformation and whether audiences can identify when professional or urgent medical care is needed.

3. The State should establish safe communication and referral protocols between traditional and modern healthcare providers. Protocols should define roles, encourage informed consent and disclosure of remedies used, provide pathways for timely referral, and avoid presenting unverified practices as proven treatments. Future research should use a larger, clearly profiled sample and longitudinal or intervention designs with validated, pre-specified behavioural outcomes; individual-level regression should be conducted only if the dataset contains the behavioural outcome and demographic covariates.

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