Songs, Dramas, Interviews, and Endorsements: Understanding effective messaging formats for last-mile public health crisis communication using digital audio technology

Fidelis Awonodomo Da-uri, Amplio Network

BACKGROUND

During the COVID-19 pandemic, Amplio in collaboration with Ghana Health Service and UNICEF Ghana used its Amplio Talking Book technology to deliver a rapid response public health awareness campaign in eight vulnerable districts in the Upper West Region. Barriers to reaching communities included under-resourced health districts, poor infrastructure, low literacy, lack of access to Internet, and locally spoken languages. Many community health workers do not speak the local language in the districts where they work, which create even greater challenges for health communication.

Led by the Amplio Ghana team, the project distributed Talking Books to community health nurses and volunteers to help them reach rural communities with critical COVID-19 health information. With Talking Books, community health workers were able to deliver consistent and accurate health messages more efficiently and effectively. CHNs used Talking Books to play COVID-19 health messages for families and groups during antenatal care visits and child wellness clinics. Health volunteers used Talking Books to share health messages during community meetings and household visits.

Objective

For this study, we analyzed Talking Book usage data for our initial COVID-19 awareness campaign content deployment, from April 5 to July 2, 2020. Our aim was to evaluate message performance and user engagement to gain insights about effective messaging formats for health risk communication in last-mile communities using Amplio’s digital audio technology.

Method

Amplio’s software collects, aggregates, and visualizes Talking Book usage data and user feedback. This allows program staff to monitor message engagement, identify issues and trends, and make data-informed decisions for subsequent content updates and program improvement. For this study, we used Amplio’s dashboard to evaluate Talking Book usage data and analyze user engagement by 1) messaging format (songs, dramas, interviews, endorsements), 2) CHPS zones/districts, and 3) message length.

Note: The Amplio Talking Book has a built-in microphone that allows users to record their questions, comments, and feedback which offers an excellent source of qualitative data. However, at the start of the COVID-19 pandemic, we did not have time to translate and analyse user feedback. More recently, this past year, Amplio has developed a new system for processing user feedback, which allows multiple analysts to log in to sample, translate, transcribe, tag, and analyse feedback, which can then be uploaded and visualized on the dashboard.
RESULTS

The study revealed that during the first content deployment, endorsement messages recorded by religious authorities (parish priests, chief imams, and pastors), traditional authorities (paramount chiefs) and district health directors about the reality of COVID-19 and the need to adhere to safety protocols were played the most across all districts. Messages recorded by health professionals (expert interviews) were a close second, played almost as often as endorsement messages. Communities across all districts listened to a range of health topics and messaging formats, including songs and dramas.

Shorter messages were played significantly often. Message ranging from 1-5 minutes were played for 1,185 hours out of the total 2,942 hours played (about 40% of the total listening time). This was
followed by messages ranging between 6-10 minutes (35.5%). However, messages between 11-20 minutes performed, accounting for only 6.1% of the listening time.

**DISCUSSION**

Audio communication is one of the most effective ways to inform and engage low-literate communities. Community radio remains the most economical way to reach rural populations. However, in rural and remote areas, not all communities or populations have access to radio. Further, the content may not be in their local/indigenous language — which is where the Amplio Talking Book comes in. With the Talking Book, users can listen to messages in their own language when and where it’s convenient and replay messages to improve health information comprehension and retention.

- For our Ghana COVID-19 awareness campaign endorsements from local stakeholder (religious and traditional leaders, district health directors) performed the best, helping to build awareness, trust, and engagement, which was key at the start of the pandemic. What are the community’s cultural norms and values? Which local influencers will help strengthen your campaign or a particular topic or health message?

- Based on our experience and Talking Book usage data, the use of varied message formats (songs, dramas, interviews, and endorsement) can increase awareness and engagement for health crisis communications and other social and behavior change campaigns. For examples, songs and dramas provide “Edutainment,” helping to encourage participation and improve message retention. What messaging formats have you tried? What was successful? Why?

- The use of Amplio Talking Books overcame language barriers and ensured the delivery of consistent and accurate health messages. What information and communication technologies (ICTs), communication materials or strategies have you used for health crisis communication in hard-to-reach, low-literate communities? For example, several of Amplio’s partners have used print materials (flipbooks) in combination with Talking Books to improve learning and engagement for health education campaigns.
RECOMMENDATIONS

For health risk communication, we recommend employing a variety of audio messaging formats (i.e., songs, dramas, interviews, and endorsements) to increase awareness and engagement. For low-literate communities, songs help with message retention and community members can participate. At Amplio, we find that sometimes communities are inspired to record their own health songs onto their Talking Book device! Dramas provide a way for communities to understand specific usage scenarios and get examples of how they might think about or respond to a specific health issue. For example, a drama about COVID-19 stigma and mental health, or the importance of vaccinations can help people consider other perspectives and increase their understanding. In contrast, interviews with health professionals can provide specific guidance or information about specific health topics.

During a public health crisis, we recommend engaging local stakeholders—local authority figures and influencers—to build trust and credibility and to align key messages for a community-wide health crisis response. To engage communities in the Upper West Region, endorsements from traditional leaders and religious leaders were critical, especially at the start of the pandemic. Their leaderships and participation helped to reassure people, build trust, and increase the uptake of health knowledge, attitudes, and practices to reduce the spread and risk of COVID-19.

Additionally, it is important to consider the message length. How much time do people have for listening? Generally, shorter messages (1-5 minutes) perform best for listener time and attention spans. We understand that message length will vary depending on the information that you need to convey. However, for longer, more detailed subjects or topics, consider breaking the information into shorter messages to improve listener engagement and message retention.

CONCLUSION

The results from this study have implications for health organizations, governments health promotion practitioners, the media, and researchers on their health crisis risk communication to engage and inform the public during a health emergency. Selecting or using suitable audio messaging formats can improve community awareness and engagement, motivating people to take preventive measures.

To learn more about Amplio’s COVID-19 awareness campaign in Ghana or best practices for social and behavior change audio content creation, visit our website at amplio.org.