

ROLE OF TELEVISION IN ENHANCING COMMUNITY HEALTH PRACTICES

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ABSTRACT

Despite the continued use of television for public health communication in many developing contexts, existing scholarship remains fragmented, largely descriptive, and weakly integrated with behavioral change theory. This limit understanding of how and under what conditions television-based messages contribute to community health outcomes. This paper addresses this gap by conceptually examining the role of television in shaping health-related knowledge, attitudes, and practices through the lenses of Social Cognitive Theory, the Health Belief Model, and Entertainment-Education Theory. Adopting a qualitative conceptual research design, the study conducts a structured narrative review of peer-reviewed journal articles, policy reports, and empirical studies on television-based health communication, with particular attention to low- and middle-income country contexts. The literature is thematically synthesised to identify dominant mechanisms, patterns, and constraints associated with television-driven health interventions. The analysis demonstrates that television contributes to community health not merely through information dissemination, but through observational learning, risk perception framing, and narrative engagement, which operate differently across cultural and infrastructural settings. However, the effectiveness of these mechanisms is uneven, shaped by factors such as access disparities, sociocultural resistance, institutional support, and the growing influence of competing digital misinformation. The paper advances a conceptual framework that links television content types to specific behavioral change mechanisms, highlighting conditions under which television remains a viable public health communication tool. This framework contributes to theory-driven media and health scholarship by moving beyond descriptive claims toward analytically grounded understanding of television's role in community health promotion.

Keywords: Community; Development Communication; Health Practices;

Health Promotion; Television.

Introduction

Television has long occupied a central position in development communication, particularly in the dissemination of public health information in low and middle-income countries. Despite the rapid expansion of digital media platforms, television remains a dominant source of health communication in contexts characterized by infrastructural limitations, uneven internet penetration, and varying literacy levels (Akanbi et al., 2021). Its combination of audio-visual storytelling, linguistic flexibility, and wide reach continues to make it a strategic medium for communicating complex health information to diverse audiences.

However, while the role of television in health promotion has been widely acknowledged, much of the existing scholarship remains largely descriptive, focusing on exposure levels, audience reach, or campaign outcomes without sufficiently engaging with the theoretical mechanisms through which television influences health-related knowledge, attitudes, and behaviors. Studies conducted in African media and health communication contexts, for example, frequently emphasise effectiveness during public health campaigns or crises without systematically integrating established health behavior and communication theories (Acheampong et al., 2021; Boateng et al., 2023). This tendency limits explanatory depth and creates a conceptual gap between empirical observation and theoretical interpretation.

Furthermore, the concept of community health is often treated as a singular or self-evident outcome, despite its multidimensional character, which includes preventive behaviors, risk perception, social norms, and collective responses to health challenges. Similarly, television is frequently discussed as a neutral transmission channel rather than as a mediated space shaped by narrative formats, institutional credibility, cultural representation, and audience interpretation. Prior studies have shown that television's persuasive capacity is closely linked to narrative engagement, source credibility, and observational learning, yet these elements are rarely examined together within a coherent analytical framework (Kim & Lee, 2022; Olowojolu & Ibrahim, 2023).

During public health emergencies such as disease outbreaks, television has been shown to play a stabilising role by disseminating verified information, countering misinformation, and reinforcing official health guidelines (Acheampong et al., 2021; Onyema, 2021). Research conducted during the COVID-19 pandemic and earlier outbreaks such as Ebola indicates that audiences in several African countries placed greater trust in television than in social media due to its perceived credibility and institutional linkage with health authorities (Boateng et al., 2023). Nevertheless, these studies tend to prioritise information dissemination outcomes over behavioral explanation, offering limited insight into how televised messages translate into sustained community health practices.

In the Nigerian context and similar sub-Saharan African settings, television continues to influence public understanding and responses to persistent health challenges, including poor sanitation, vaccine hesitancy, maternal mortality, and vector-borne diseases (Ezeah & Emmanuel, 2022; Ibrahim & Abdullahi, 2023). While empirical evidence suggests that repeated exposure to television-based health messages can improve knowledge and encourage

preventive practices, particularly in rural and underserved areas (Nwogu & Okoye, 2024), the theoretical pathways through which these effects occur remain underexplored.

In response to these limitations, this paper adopts a theory-driven conceptual approach to examine the role of television in promoting community health behaviors. Drawing on Social Cognitive Theory, the Health Belief Model, and Entertainment-Education Theory, the study synthesises existing literature to explain the behavioral mechanisms through which television-based health communication operates. Rather than assessing effectiveness solely in instrumental terms, the paper seeks to clarify how and under what conditions television contributes to health-related behavioral change at the community level.

Accordingly, the objectives of this study are to:

1. Conceptually examine how television-based health communication aligns with major health behavior and communication theories;
2. Identify key mechanisms through which television influences community health knowledge, attitudes, and practices;
3. Highlight structural and contextual factors that shape the effectiveness of television in health promotion within developing country contexts.

Literature Review

Media Effects on Health Knowledge and Behavior

Research on mass media and health communication consistently demonstrates that media exposure influences health knowledge, risk perception, and preventive behaviors. Foundational mass communication theory argues that media do not merely transmit information but shape cognitive frameworks and social meanings (McQuail, 2010). Within health communication, scholars such as Dadgostar et al (2025) emphasise that media-based health interventions operate through mechanisms including information diffusion, modeling, and reinforcement of norms.

Empirical studies in African contexts similarly report positive associations between television exposure and improved awareness of sanitation practices, vaccination, and disease prevention (Nwogu & Okoye, 2024; Boateng et al., 2023). However, many of these studies rely on cross-sectional survey designs that measure exposure and self-reported knowledge without examining underlying behavioral mechanisms. As a result, while correlations are frequently reported, theoretical explanations remain underdeveloped. Moreover, existing studies often treat “television exposure” as a uniform variable, failing to distinguish between content types (e.g., news briefings, dramas, expert interviews) or narrative formats. This limits understanding of how specific communicative strategies influence behavior differently. Thus, while the literature affirms television’s informational impact, it rarely explains how televised messages translate into sustained behavioral change.

Cultural Mediation and Community Health Practices

Community health practices are shaped not only by access to information but by cultural norms, social trust, and structural conditions. Development communication scholarship stresses that communication interventions are mediated by socio-cultural contexts rather than producing uniform effects (Manyozo, 2021). Studies conducted in Nigeria and other African countries show that cultural beliefs influence trust in medical advice, perceptions of disease causation, and acceptance of vaccination or maternal health services

(Oloruntoba & Adewuyi, 2024).

While television is frequently described as culturally adaptable due to language diversity and storytelling formats (Ezeah & Emmanuel, 2022), few studies critically assess whether televised messages align with local belief systems or whether they inadvertently reinforce biomedical authority without community participation. Furthermore, structural barriers such as limited healthcare access are sometimes overlooked in media-effects studies, leading to an overestimation of media influence independent of socioeconomic realities. This suggests a gap between media-centered explanations of behavior change and broader socio-structural determinants of health practices.

Television, Trust, and Crisis Communication

During public health emergencies, television has been shown to play a stabilising role by disseminating verified information and countering misinformation (Acheampong et al., 2021; Onyema, 2021). Research during the COVID-19 pandemic indicates that television was often perceived as more credible than social media due to its institutional affiliations and editorial oversight (Boateng et al., 2023).

However, much of this literature focuses on crisis periods and short-term informational outcomes. Longitudinal impacts on behavioral sustainability remain less explored. Additionally, credibility is frequently assumed rather than critically measured, with limited interrogation of how political ownership, state control, or media bias might shape trust in different contexts. Niederdeppe et al (2025) argues that health communication effectiveness depends not only on message clarity but on networked information environments where competing narratives coexist. Yet African television studies rarely situate broadcast media within this broader ecosystem of digital misinformation and informal communication networks.

Theoretical Integration Gaps in African Media Health Studies

Although television-based health communication is often described as persuasive, few African studies systematically integrate established behavioral theories such as Social Cognitive Theory, the Health Belief Model, or Entertainment-Education frameworks. Instead, references to persuasion, modeling, and credibility are frequently implicit or superficial. For example, while observational learning is frequently implied in discussions of dramatised health programs (Ezeah & Emmanuel, 2022), its theoretical grounding in Social Cognitive Theory is rarely explicitly analysed. Similarly, discussions of risk awareness often align with constructs from the Health Belief Model but are not framed within that theoretical structure.

This fragmented theoretical engagement creates a conceptual gap: empirical findings exist, but they are insufficiently synthesised within a coherent explanatory framework. As a result, the literature lacks a systematic account of the behavioral pathways linking televised health messages to community-level outcomes.

Theoretical Framework

Rather than treating Social Cognitive Theory (SCT), the Health Belief Model (HBM), and Entertainment-Education (E-E) theory as parallel explanations of behavior change, this study positions them as complementary analytical lenses that illuminate different mechanisms through which television influences community health practices. Together, they provide a multi-level explanation of how televised health communication operates: through modeling

(SCT), cognitive risk appraisal (HBM), and narrative engagement (E-E).

Social Cognitive Theory: Modeling and Self-Efficacy Mechanisms

Social Cognitive Theory (Bandura, 1986) is used in this study to explain how televised health messages function through observational learning and self-efficacy formation. Rather than merely informing audiences, television provides behavioral models that viewers may imitate when they identify with characters or perceive positive outcomes associated with particular actions.

In the context of televised health communication, SCT helps analyse:

1. How characters model preventive behaviors (e.g., immunization, sanitation, antenatal care)
2. How positive or negative consequences are portrayed
3. How repeated exposure strengthens perceived behavioral capability

This study uses SCT to interpret how dramatised health content, expert demonstrations, and testimonial narratives create vicarious reinforcement, thereby enhancing viewers' confidence in adopting recommended practices. SCT therefore explains the behavioral modeling pathway of television's influence.

Health Belief Model: Risk Perception and Cognitive Evaluation

While SCT explains modeling processes, it does not fully account for how individuals assess health threats. The Health Belief Model (HBM) addresses this cognitive dimension by focusing on perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action.

In this study, HBM is applied to analyse how television:

1. Frames disease severity (e.g., outbreak coverage)
2. Personalises vulnerability through storytelling
3. Reduces perceived barriers via demonstration of feasible practices
4. Provides cues to action during emergencies

HBM therefore clarifies the cognitive risk appraisal pathway through which televised health messages translate into behavioral intention. Unlike SCT, which centers on imitation and efficacy, HBM explains how individuals evaluate whether action is necessary and worthwhile.

Entertainment-Education Theory: Narrative Persuasion and Norm Formation

Entertainment-Education (E-E) theory (Singhal & Rogers, 2020) is used to explain how narrative immersion enhances persuasive impact. While SCT addresses modeling and HBM explains cognitive appraisal, E-E focuses on narrative engagement, emotional identification, and social norm diffusion.

In this study, E-E theory helps interpret:

1. How serialised dramas embed health messages in culturally familiar contexts
2. How character identification reduces resistance to health advice
3. How audience discussions extend message diffusion beyond the screen

E-E thus explains the narrative persuasion pathway, showing how storytelling reduces counter-arguing and fosters internalisation of health norms.

Integrative Conceptual Framework

Although these theories overlap in their concern with behavior change, they operate at different analytical levels:

1. Narrative Engagement (E-E) draws viewers into the message
2. Cognitive Appraisal (HBM) shapes risk perception and motivation
3. Behavioral Modeling (SCT) facilitates adoption and sustained practice

This integrative approach addresses a gap in existing African media-health scholarship, which often references persuasion and awareness without systematically linking televised content to distinct behavioral mechanisms. By differentiating narrative, cognitive, and behavioral pathways, this framework moves beyond descriptive claims toward a structured explanation of how television contributes to community health practices.

Methodology

This study employs a structured narrative literature review design with thematic synthesis. A narrative review approach was selected because the study aims to develop a theory-driven conceptual integration of scholarship on television, development communication, and community health practices rather than to statistically aggregate empirical findings. Unlike traditional unsystematic literature reviews, a structured narrative approach ensures transparency in source selection and analytical procedure while allowing interpretive depth appropriate for conceptual research.

Discussion

Theoretical Integration and Conditions of Effectiveness

The analysis of existing scholarship suggests that television's contribution to community health cannot be understood merely as information dissemination. Rather, its influence operates through a combination of narrative engagement, cognitive risk appraisal, and behavioral modeling. Integrating Social Cognitive Theory (SCT), the Health Belief Model (HBM), and Entertainment–Education (E-E) theory allows for a more structured explanation of how and when television shapes community health practices.

Narrative Engagement as Entry Point (Entertainment-Education)

Televised health communication appears most effective when embedded within narrative formats that foster emotional identification and reduce resistance to health messages. Entertainment-Education programs, particularly serialised dramas, create parasocial relationships that enhance receptivity to embedded health guidance (Singhal & Rogers, 2020). Rather than delivering direct instruction, narrative immersion lowers counter-arguing and facilitates internalisation of new norms. However, this influence is conditional. Narrative persuasion is more likely to succeed when storylines align with cultural values and reflect recognisable social realities. Where televised narratives are perceived as externally imposed or culturally disconnected, audience identification may weaken, limiting behavioral uptake. Thus, E-E operates as an entry mechanism but does not guarantee sustained change.

Risk Appraisal and Motivational Triggers (Health Belief Model)

While narrative engagement attracts attention, behavioral intention depends on cognitive evaluation of risk and benefit. The Health Belief Model clarifies how televised messages increase perceived susceptibility and severity during outbreaks, vaccination campaigns, or sanitation drives. Crisis reporting, expert interviews, and testimonial narratives can function as cues to action by personalising health threats. Nevertheless, the literature indicates that heightened risk perception alone does not automatically translate into behavioral adoption. Structural barriers such as limited access to healthcare facilities or

economic constraints can weaken the link between perceived threat and preventive action (Oloruntoba & Adewuyi, 2024). This suggests that television's influence through HBM mechanisms is mediated by material realities. Risk awareness without accessible solutions may generate anxiety rather than compliance.

Observational Learning and Behavioral Modeling (Social Cognitive Theory)

Television's strongest behavioral pathway appears to be observational learning. Demonstrations of hygiene practices, vaccination routines, antenatal visits, and mosquito net usage provide visible scripts for action. According to SCT, such modeling enhances self-efficacy when viewers perceive behaviors as achievable and socially rewarded (Bandura, 1986). However, existing studies often assume modeling automatically leads to imitation. The evidence suggests that repeated exposure, perceived similarity to characters, and reinforcement through community discussion are necessary conditions for sustained adoption. Where modeling lacks repetition or social reinforcement, its impact may remain superficial.

Television in the Context of Misinformation and Media Competition

Television's role in correcting misinformation is frequently emphasised, particularly during public health emergencies (Acheampong et al., 2021). Its institutional credibility may counterbalance unverified online narratives. Yet this stabilising role must be situated within broader media ecosystems. Competing digital sources and political trust dynamics influence whether audiences accept televised messages. Thus, television's corrective function is strongest where institutional trust remains intact. In contexts of political skepticism or perceived media bias, credibility may be contested, weakening the medium's authority.

Synthesis: A Conditional Model of Television Influence

Integrating these themes suggests that television contributes to community health through a three-stage conditional process:

1. Engagement (E-E)-Narrative immersion attracts attention and reduces resistance.
2. Cognitive Appraisal (HBM)-Viewers evaluate risks, benefits, and barriers.
3. Behavioral Modeling (SCT)-Observed actions enhance self-efficacy and imitation.

Effectiveness depends on:

1. Cultural alignment
2. Institutional credibility
3. Structural accessibility of services
4. Repetition and reinforcement
5. Media competition dynamics

This integrative model advances existing scholarship by moving beyond descriptive claims about television's importance toward a structured explanation of the mechanisms and contextual conditions that shape its impact.

Structural and Contextual Constraints on Television's Role in Community Health

While television possesses substantial potential for advancing community health, its effectiveness is shaped by structural, institutional, and socio-cultural constraints. Drawing from media systems theory and development communication scholarship, these constraints can be analytically grouped into structural-political, institutional-economic, and cultural-normative limitations.

Structural Constraints: Infrastructure, Media Systems, and Access Inequality

From a media systems perspective, communication effectiveness is deeply embedded in national infrastructure and regulatory environments. In many developing contexts, including Nigeria, uneven electricity distribution, weak transmission signals, and limited household television ownership significantly restrict equitable access (Adebayo, 2022). This reflects what development scholars describe as structural communication inequality where information access mirrors broader socioeconomic disparities. Rural communities often experience what can be conceptualised as a “double marginalisation”: limited health infrastructure combined with limited media access. Consequently, the populations most in need of health information may be the least likely to receive it.

Furthermore, media ownership concentration and regulatory frameworks influence programming priorities. When broadcast systems are commercially driven or politically aligned, health programming may receive lower prioritisation unless tied to state campaigns or donor funding. Thus, television’s developmental function is shaped not merely by content intent but by structural media governance conditions.

Political Economy Constraints: Commercialization and Funding Priorities

Political economy of media theory emphasises that media institutions operate within market logics that prioritize advertising revenue and audience ratings. Health programming, particularly educational formats, often lacks the commercial attractiveness of entertainment or political content. As Ogundele (2023) notes, limited funding for health-specific programming constrains production quality, airtime allocation, and continuity. Without sustained investment, television health initiatives risk being episodic rather than institutionalised.

Informational Competition and Media Ecology Challenges

Television now operates within a complex media ecology characterised by digital platforms, social media, and informal information networks. Although television retains perceived credibility, unregulated digital misinformation can undermine broadcast health campaigns (Acheampong et al., 2021). This dynamic reflects what communication scholars describe as hybrid media systems, where legacy media coexist with decentralised digital channels. In such environments, authority is fragmented. Even well-designed television campaigns may struggle to counter viral misinformation circulating through peer networks.

Cultural and Normative Resistance

Development communication research emphasises that health communication is never culturally neutral. Messages concerning vaccination, reproductive health, or family planning may encounter resistance when they conflict with deeply embedded religious or cultural norms (Oloruntoba & Adewuyi, 2024). From a cultural studies perspective, media messages are decoded differently depending on audience belief systems. Thus, television does not simply “transmit” health knowledge; it enters a field of negotiated meanings.

Institutional and Governance Limitations

Institutional fragmentation between health ministries, broadcasting authorities, and media houses can weaken coordinated health communication strategies. Inconsistent messaging, short-term campaigns, and limited evaluation mechanisms reduce long-term impact. Without systematic monitoring and policy alignment, television-based health promotion risks remaining reactive (e.g., during epidemics) rather than preventive and sustained.

Recommendations

1. Given the commercialization pressures facing Nigerian broadcasters, health communication cannot rely on voluntary airtime allocation. Federal and state Ministries of Health should establish structured partnerships with national and regional television networks through memoranda of understanding (MoUs) that guarantee dedicated airtime for priority health campaigns.
2. Rather than isolating health communication into standalone educational programs (which often attract limited viewership), producers should embed health narratives within widely consumed genres such as dramas, reality programs, and talk shows.
3. Given the hybrid media ecosystem in Nigeria, television campaigns should not operate in isolation. Coordinated messaging across television, radio, and verified digital platforms can reinforce message consistency and counter misinformation circulating on social media.
4. Addressing urban-rural disparities requires structural investment beyond media institutions alone. Strengthening rural electrification programs and expanding digital terrestrial transmission coverage would reduce communication inequality.
5. Nigeria currently lacks a comprehensive broadcasting policy specifically mandating sustained health programming. Regulatory bodies, in collaboration with public health authorities, could establish minimum public health content quotas for national broadcasters, particularly during prime time.
6. Television health campaigns often lack systematic evaluation. Establishing monitoring frameworks to assess reach, comprehension, and behavioral impact would strengthen accountability and enable iterative improvement.

Conclusion

This paper has conceptually examined the role of television in advancing community health within developing contexts, particularly Nigeria, by synthesising insights from development communication, media systems theory, political economy of media, and social learning perspectives. Rather than treating television as inherently effective, the analysis reframes its impact as conditionally shaped by structural infrastructure, commercialisation pressures, media ecology competition, and cultural negotiation processes. The study's key contribution lies in demonstrating that television's public health influence depends on governance structures, institutional coordination, narrative strategies, and audience contexts. By moving beyond descriptive claims about media effectiveness, the paper provides a theoretically grounded framework for understanding how and under what conditions television can meaningfully contribute to community health promotion. However, as a conceptual literature-based study, this research is limited by its reliance on secondary sources and absence of primary empirical data, which constrains causal claims about behavioral outcomes. Future research should therefore empirically test the propositions advanced here through experimental and quasi-experimental studies of entertainment-education programming, audience reception analyses across rural and urban populations, longitudinal evaluations of televised health campaigns, and political economy studies of broadcasting structures in Nigeria. Such empirical investigations would strengthen evidence-based

policymaking and refine theoretical understanding of mediated health communication.

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