

Public Relations Campaigns and Behavioral Change: A Case Study of Malaria in Kokori and Abraka

Toke Marian Ojoboh

Department of Mass Communication, Delta State University, Abraka, Delta State

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Abstract: *This study assessed the public relations effectiveness of a malaria awareness campaign conducted by the Delta State Ministry of Health in the **Kokori and Abraka** communities of Ethiopia East Local Government Area. Adopting a quantitative survey design, the study utilized a structured questionnaire to gather data from 108 purposively selected respondents. Findings revealed a high level of campaign awareness, with 86.1% of respondents reporting exposure to messages primarily disseminated through radio jingles and community health workers. However, a significant gap was identified between awareness and action, as only 41.7% of respondents adopted the recommended behavior of using insecticide-treated mosquito nets. The study concludes that while the campaign was effective in message dissemination, it failed to achieve behavioral change due to a lack of perceived message credibility and an inability to overcome deeply ingrained cultural beliefs. It recommends that future campaigns move beyond a one-way communication model and prioritize two-way communication, formative research, and the strategic use of trusted interpersonal channels to foster genuine community engagement and lasting impact.*

Keywords: public relations, behavioral change, diffusion of innovations, health communication, malaria campaigns, community engagement.

INTRODUCTION

In the 21st century, public relations have evolved beyond its commercial roots to become a pivotal tool for governance and sustainable development in Africa (Akinola & Ojomo, 2021). Within Nigeria's complex socioeconomic landscape, strategic communication is crucial for building trust, mobilizing communities, and addressing persistent challenges like poverty and public health crises. This study examines a public relations campaign within this context, focusing on its effectiveness in driving behavioral change in Delta State.

Delta State, despite its considerable oil and gas wealth, continues to face severe developmental challenges, including a strained healthcare infrastructure and recurring public health emergencies (Oyewole, 2022). In such an environment, the government frequently deploys communication campaigns to bridge the gap between policy objectives and community action. However, a critical gap exists in the systematic evaluation of these campaigns, which limits their potential to contribute meaningfully to grassroots development (Akpan, 2019). This study addresses this gap by assessing a malaria awareness campaign in the communities of Abraka and Kokori, Ethiope East Local Government Area.

Malaria remains a devastating health and economic burden, particularly in sub-Saharan Africa. The World Health Organization (WHO) reported that Africa accounted for over 95% of global malaria cases and 96% of deaths in 2022, with Nigeria bearing the single largest burden at 27% of global cases and 38% of global deaths (WHO, 2023). The economic cost is equally profound, with the Nigerian government and citizens spending an estimated N2.04 trillion annually on prevention and treatment (Guardian Nigeria, 2024). While recent biomedical innovations, such as the R21 malaria vaccine, offer hope, their effectiveness is ultimately contingent on community acceptance and consistent adoption of preventive behaviors (Vox, 2024).

The challenge lies in translating information into action. Health communication theory, particularly the Health Belief Model, suggests that an individual's decision to adopt a behavior is influenced not only by awareness but also by their perceived susceptibility to the disease, the perceived benefits of the new behavior, and the perceived barriers to adopting it (Janz & Becker, 1984). Thus, the public relations strategy of a campaign must be designed to address these psychological and social factors. This study argues that effective PR, rather than mere message content, is the key determinant of a public health campaign's success.

This research, therefore, seeks to evaluate the public relations malaria campaign in Delta State, specifically in the communities of Abraka and Kokori, guided by the following research questions.

What is the level of awareness of the malaria campaign in Delta State, specifically in the communities of Abraka and Kokori?

What are the primary sources of information through which community members were exposed to the campaign?

To what extent do community members perceive the campaign's messages as relevant, credible, and reflective of their lived realities?

How effective was the campaign's PR strategy in driving behavioral change, particularly the adoption and consistent use of ITNs in Delta State?

LITERATURE REVIEW

Public Relations and Participatory Governance in Nigeria

Public relations (PR) have undergone a fundamental shift in its application within Nigeria's public sector, moving from a one-way, government-to-citizen communication model toward a more inclusive and relational approach (Ajala & Igbokwe, 2019). The traditional, top-down model, often criticized for its paternalistic tone and lack of transparency, has frequently led to public apathy and distrust toward government initiatives (Ekanem & Okon, 2021). This approach fails to recognize that effective governance, particularly in a diverse and complex nation like Nigeria, must be built on principles of participation and dialogue.

Scholars increasingly advocate for a participatory governance model where PR serves as the essential mechanism for facilitating two-way communication between state institutions and communities. This framework ensures that development projects are not imposed but are co-created to align with the needs and aspirations of citizens (Okon & Obukoadata, 2020). The Delta State context is a vivid illustration of this dynamic. As Akinola and Ojomo (2021) demonstrated, excluding stakeholders from the design of public campaigns results in limited compliance and weak community ownership, highlighting that relationship-centered PR strategies are crucial for fostering accountability and sustainable development (Oyenuga & Ojebuyi, 2023). In essence, effective PR in this domain is not merely about message dissemination; it is about building enduring relationships founded on trust and mutual respect.

The Evolving Landscape of Public Health Communication

The practice of public health communication in Nigeria is uniquely shaped by a complex interplay of cultural, social, and infrastructural factors. Rural communities, in particular, often maintain deeply rooted cultural norms and traditional beliefs that can act as significant barriers to the behavioral changes promoted by health campaigns. For instance, in malaria-prone areas, some households may view modern preventive tools, such as insecticide-treated mosquito nets (ITNs), as uncomfortable, culturally unsuitable, or even spiritually suspect, regardless of scientific evidence (WHO, 2023).

Malaria remains a top development priority in Nigeria, which accounts for a disproportionate share of the global malaria burden, with staggering numbers of cases and deaths (Gavi, 2024). Public relations-driven health campaigns have been integral to national control strategies, emphasizing preventive measures. However, the effectiveness of these campaigns has been inconsistent. A recurring theme in the literature is the awareness-to-action gap, where high levels of public awareness do not translate into consistent behavioral adoption. For example, despite intensive campaigns on sanitation, many rural households still lack access to clean water or do not adopt recommended hygiene practices due to a combination of entrenched cultural habits and infrastructural constraints (UNICEF, 2024).

This highlights a critical point: effective communication must move beyond raising awareness to directly address the socio-cultural barriers that mediate behavioral adoption. As Oyewole (2022) argues, these barriers can only be addressed through participatory communication models that empower communities to co-create solutions. This principle is at the heart of effective development communication, which recognizes that sustainable change is not imposed but emerges from within a community, driven by trust and cultural sensitivity (Ekanem & Okon, 2021).

Strategic Role of Channels and Source Credibility

The success of any health campaign is heavily reliant on the strategic selection of communication channels and the credibility of the message sources. Research consistently finds that in Nigeria, trust in government institutions significantly shapes public response to health initiatives (Nwachukwu, 2018). Where institutional trust is low, even expertly crafted messages may be ignored or met with suspicion. In this context, campaign credibility is often enhanced when messages are delivered by trusted community leaders, local healthcare workers, or faith-based organizations rather than government officials alone (Ajala & Igbokwe, 2019).

In rural communities, traditional media, particularly radio, remains the most accessible and widely trusted medium, followed by interpersonal communication methods such as town hall meetings and peer-to-peer engagement (Oyenuga & Ojebuyi, 2023). While digital technologies have opened new frontiers for health communication, their reach in rural settings is still limited by low connectivity and digital literacy (GSMA, 2024). The rise of social media also presents a new challenge: the rapid proliferation of misinformation and disinformation, which can quickly undermine public health efforts (Adeleke, 2023). This necessitates that PR practitioners not only leverage trusted channels but also actively build systems for monitoring and combating health misinformation in real time.

Challenges of Public Relations Practice in Rural Communities

The practice of PR in Nigeria is further complicated in rural settings, where cultural norms, literacy levels, and infrastructural deficits significantly shape communication outcomes. Rural communities often maintain deeply rooted cultural practices, which can clash with the behavioral changes promoted by public campaigns. For instance, in malaria campaigns, some households view insecticide-treated mosquito nets as uncomfortable or unsuitable for hot climates, despite their proven efficacy (WHO, 2023).

Research indicates that rural audiences are less influenced by mass media channels and more responsive to interpersonal communication methods such as town hall meetings, market gatherings, and religious platforms (Ekanem & Okon, 2021). Furthermore, infrastructural challenges—such as unreliable electricity, low internet penetration, and limited access to print media—reduce the effectiveness of conventional campaign tools. Oyewole (2022) found that rural health campaigns in Nigeria often fail not because of poor message quality but because of delivery methods that overlook localized realities. This reinforces the call for culturally grounded PR

approaches that leverage trusted community figures and traditional communication systems to foster acceptance and compliance (UNICEF, 2024).

Malaria as a Development Communication Priority

Malaria remains one of the most pressing public health concerns in Nigeria, accounting for nearly 27% of global cases and over 30% of global deaths (WHO, 2023). The disease disproportionately affects vulnerable populations, particularly pregnant women and children under five. For policymakers, this makes malaria control not only a health issue but also a development imperative. Malaria impacts productivity, household income, and educational outcomes, perpetuating cycles of poverty (Gavi, 2024).

Public relations-driven health campaigns have been integral to Nigeria's national malaria control strategy. The Roll Back Malaria initiative and more recent state-level awareness campaigns have emphasized preventive measures such as insecticide-treated nets (ITNs) and indoor residual spraying. However, the effectiveness of these campaigns is mixed. While awareness levels have increased, behavior change has lagged, with households citing discomfort, cultural myths, or mistrust of government programs as reasons for low uptake of ITNs (Punch, 2025). This underscores the importance of PR strategies that go beyond awareness-raising to directly address socio-cultural barriers to behavioral adoption.

Behavior Change and Cultural Barriers

Behavior change remains the central challenge of public health communication in Nigeria. Awareness does not automatically translate into adoption of preventive behaviors. For example, UNICEF (2024) notes that despite intensive campaigns on sanitation, many rural households still lack access to clean water or do not adopt recommended hygiene practices due to entrenched cultural habits and infrastructural constraints. Similarly, malaria prevention campaigns often confront cultural skepticism about modern medicine or traditional beliefs that downplay the severity of the disease.

Oyewole (2022) argues that these barriers can only be addressed through participatory communication models that empower communities to co-create solutions. Involving traditional leaders, women's groups, and youth organizations can increase ownership of health campaigns and bridge the gap between message dissemination and behavioral adoption. This reflects the broader principle that effective PR must integrate cultural sensitivity into its strategies, recognizing that people act not only on information but also on cultural meaning and trust (Ekanem & Okon, 2021).

Community Trust, Misinformation, and Health PR

Trust is perhaps the most critical factor in determining the success of health communication campaigns. In contexts where communities distrust government motives, health interventions are often perceived as externally imposed rather than community-driven (Punch, 2025). The

proliferation of misinformation, especially through digital platforms, exacerbates this problem. Adeleke (2023) notes that misinformation thrives in environments of low institutional trust, where people turn to informal networks for information validation. This underscores the importance of grounding PR campaigns in trust-building strategies: transparency, accountability, and long-term community engagement. Rather than focusing solely on short-term message dissemination, public health campaigns must invest in sustained relationship management with communities. Such strategies resonate with the principles of development communication, which emphasize dialogue, participation, and empowerment as central to long-term change (Oyenuga & Ojebuyi, 2023).

Knowledge Gap and Contribution of the Study

While the existing literature provides a robust theoretical and empirical understanding of the challenges facing public health campaigns in Nigeria, a significant knowledge gap remains. Few studies have conducted a detailed, comparative analysis of the public relations effectiveness of a specific malaria campaign across distinct, yet geographically proximate, communities. This research addresses this gap by providing a unique, empirical assessment of a campaign's strategy in two contrasting communities: Abraka, a semi-urban university town, and Kokori, a more traditional, rural settlement.

By comparing these two contexts, our study will provide a nuanced understanding of how diverse demographic and social profiles influence the reception and impact of public health messages. The findings will not only contribute to the theoretical discourse on public relations as a tool for development but will also offer context-specific, evidence-based recommendations for designing future health campaigns in Delta State and similar regions. Ultimately, this research aims to underscore that effective PR is a catalyst for sustainable change, bridging the crucial gap between raising awareness and fostering lasting behavioral adoption.

Theoretical Framework

This study draws upon two key communication theories:

Diffusion of Innovations Theory (Rogers, 2003) This theory explains how new ideas and practices spread within a community. In the case of malaria prevention, it helps analyze the adoption of insecticide-treated nets across different segments of the population. The theory's stages—knowledge, persuasion, decision, implementation, and confirmation—provide a nuanced framework for assessing how awareness campaigns translate (or fail to translate) into behavioral adoption. It also highlights the role of opinion leaders and social networks in influencing community uptake.

Agenda-Setting Theory (McCombs & Shaw, 1972)

This theory is essential for understanding how media and campaigns can shape public priorities. By consistently emphasizing malaria as a health crisis and highlighting the efficacy of preventive measures, campaigns can elevate malaria prevention on the public agenda. In the Nigerian context, agenda-setting helps explain how repeated exposure to malaria-related messages can shift perceptions, making the disease and its prevention strategies a matter of urgent concern.

Together, these theories provide the analytical tools to evaluate not just the reach of the campaign but its ability to influence attitudes, behaviors, and public priorities.

METHODOLOGY

This study used a quantitative research design with a survey method to evaluate the public relations effectiveness of a malaria awareness campaign in Delta State. This approach was chosen because it allows for the systematic collection of numerical data from a large number of people, which is great for measuring awareness, message credibility, and behavioral change. The research took place in the Abraka and Kokori communities in Ethiope East Local Government Area, Delta State. These communities were picked because they had been exposed to the state government's malaria campaign and represent the rural communication dynamics this study explores. The study's target population included adults aged 18 and older from these communities. A purposive sampling technique was used to select 108 respondents, ensuring the participants were relevant to the study. Data was gathered using a structured questionnaire with three main sections: demographics, campaign exposure, and perceptions/behavioral change. A five-point Likert scale was used to measure attitudes, and a few open-ended questions were included for more detailed feedback. To ensure the questionnaire was valid and reliable, it was reviewed by experts and pilot-tested on 15 people from a nearby community. The Cronbach's Alpha coefficient was used to confirm internal consistency. Data was collected over two weeks with the help of two trained research assistants who were fluent in both English and Urhobo. Respondents were informed of the study's purpose, and their confidentiality was guaranteed.

The collected data was coded and analyzed using SPSS (Version 26). Descriptive statistics like frequencies and percentages were used to summarize the data, while inferential statistics were used to look for relationships between demographics and campaign perceptions. The study followed all ethical guidelines, obtaining clearance from the university's ethics committee, and ensuring participation was voluntary and confidential.

While the purposive sampling may limit the generalizability of the findings beyond the studied communities, and the reliance on self-reported data could introduce bias, this methodology provides a strong foundation for assessing the campaign's impact.

Data Presentation

Table 1: Questionnaire Distribution Return Rate

Total Questionnaires	120	100%
Questionnaires Retrieved	108	90%
Questionnaires Unreturned	12	10%

Table 1 shows the total number of questionnaires given out, how many were returned, and how many were not. The table indicates that 120 questionnaires initially distributed to the study's participants. This number represents 100% of the total planned sample. Out of these, 108 questionnaires were successfully completed

and retrieved, which translates to a high return rate of 90%. This suggests that the data collection process was very effective. Conversely, 12 questionnaires were not returned, accounting for the remaining 10%.

Demographic Variables of Respondents

Table 2a: Distribution of Respondents by Sex

Sex	Frequency (n)	Percentage (%)
Male	47	43.5
Female	61	56.5

Table 2a presents the gender distribution of the study's respondents. A total of 108 respondents participated, with the data showing a slight majority of female participants. Specifically, 61 (56.5%) of the respondents were female, while 47 (43.5%) were male. This distribution indicates that more women participated in the survey than men.

Table 2b: Distribution of Respondents by Age

Age Group (Years)	Frequency (n)	Percentage (%)
18–29	38	35.2
30–49	45	41.7
50–69	20	18.5
70+	5	4.6

Table 2b shows the age breakdown of the 108 survey respondents. The largest group of participants were those between 30 and 49 years old, accounting for 41.7% (45 respondents) of the total sample. This group is often the most economically active and socially influential within a community, making their feedback particularly valuable for understanding the campaign's impact.

The next largest group was the younger cohort, aged 18 to 29 years, who made up 35.2% (38 respondents) of the sample. The older age groups were less represented, with individuals aged 50 to 69 years making up 18.5% (20 respondents), and those 70 years and above comprising the smallest segment at just 4.6% (5 respondents).

Table 2c: Distribution Variables of Respondents by Marital Status

Marital Status	Frequency (n)	Percentage (%)
Single	43	39.8
Married	52	48.1
Divorced/Widowed	17	15.7

Table 2c shows that the majority of our participants, 48.1% (52 respondents), were married. This finding is crucial because household health decisions, including the use of mosquito nets, are often made within family units.

The next largest group was single individuals, who made up 39.8% (43 respondents) of the sample. The remaining 15.7% (17 respondents) were either divorced or widowed

Table 2d: Distribution of Respondents by Educational Attainment

Education Level	Frequency (n)	Percentage (%)
No Formal Education	35	32.4
Primary School	16	14.8
Secondary School	36	33.3
Tertiary Education	21	19.4

Table 2d shows a varied distribution of educational attainment within our sample. The largest group, representing 33.3% of participants, had a secondary school education. This is closely followed by those with no formal education, making up a significant 32.4% of the sample. The remaining participants had either a primary school education (14.8%) or a tertiary education (19.4%).

Table 2e: Distribution of Respondents by Community

Community	Frequency (n)	Percentage (%)
Abraka	70	64.8
Kokori	38	35.2

Table 2e shows the distribution of our survey participants across the two study communities. Of the 108 total respondents, the majority were from Abraka, which accounted for 64.8% (70 respondents) of the sample. The remaining 35.2% (38 respondents) were from Kokori.

Findings on Awareness and Impact of Campaigns

Table 3a: Awareness of the Malaria Campaign

Response	Frequency (n)	Percentage (%)
Aware	93	86.1
Unaware	15	13.9

Table 3a reveals a high level of campaign awareness among our respondents. A significant majority, 86.1% (93 respondents), reported being aware of the malaria campaign. Only a small fraction, 13.9% (15 respondents), were unaware.

Table 3b: Sources of Campaign Information

Information Source	Frequency (n)	Percentage (%)
Radio Jingles	42	45.2
Community Health Workers	32	34.4
Posters/Handbills	10	10.8
Word-of-Mouth	9	9.6

Table 3b shows the most effective channels used to reach the community with malaria campaign messages. The results show that radio jingles were the most impactful source of information, with 45.2% (42 respondents) of our sample identifying them as their primary source of awareness. Community health workers cited 34.4% (32 respondents) as their main source.

Together, these two sources—radio jingles and community health workers—accounted for nearly 80% of all reported campaign awareness. Other sources, such as posters/handbills and word-of-mouth, played a much smaller role, confirming that a hybrid approach combining accessible mass media with trusted interpersonal channels is crucial for effective message penetration.

Table 3c: Community-Specific Awareness Levels

Community	Frequency Aware	Percentage (%)
Abraka	62	88.6
Kokori	31	81.6

Table 3c shows a high level of awareness in both communities, but with a slight difference. In Abraka, 88.6% of respondents were aware of the campaign. In Kokori, that number was slightly lower at 81.6%.

Perceived Relevance and Credibility of Messages

Table 4: Mean Perception Scores by Information

Information Source	Mean Relevance Score	Mean Credibility Score
Community Health Workers	4.2	4.5
Radio Jingles	3.6	3.2
Posters/Handbills	3.1	2.9
Word-of-Mouth	3.9	4.1
Overall Mean	3.8	3.7

Table 4 shows the mean perception scores for the relevance and credibility of different information sources. A score closer to 5 indicates a higher perception of both relevance and credibility, while a score closer to 1 suggests the opposite.

The data clearly indicates that community health workers were perceived as the most trusted and relevant source of information. They earned a mean relevance score of 4.2 and a mean credibility score of 4.5. This high score is a powerful finding, confirming that direct, interpersonal communication from a trusted source is highly valued in these communities.

Following them closely was word-of-mouth, which received a relevance score of 3.9 and a credibility score of 4.1. This result further underscores the importance of social networks and community-based interactions in shaping perceptions.

In contrast, mass media channels were viewed with less credibility. Radio jingles, despite being the most-cited source of awareness, had lower scores for relevance (3.6) and credibility (3.2). Similarly, posters and handbills were at the bottom, with scores of 3.1 and 2.9, respectively.

Behavioral Change and Non-Adoption Factors

Table 5a: Reported Behavioral Change (n = 108)

Response	Frequency (n)	Percentage (%)
Adopted Consistent Net Use	45	41.7
Did Not Adopt Net Use	63	58.3

Table 5a reveals that despite the high awareness we saw earlier, a significant majority of our respondents did not adopt the recommended behavior.

Only 41.7% (45 respondents) reported that they had started using insecticide-treated mosquito nets consistently. In stark contrast, a larger group of 58.3% (63 respondents) did not adopt this key preventive behavior.

Table 5b: Reasons for Non-Adoption

Reason	Frequency (n)	Percentage (%)
Lack of trust in net's effectiveness	20	31.7
Belief in traditional remedies	16	25.4
Perceived inconvenience	14	22.2
Other reasons	13	20.7

Table 5b details the main reasons why people didn't use the nets, with the total number of respondents for this section being the 63 people who had not adopted the behavior.

The primary reason for non-adoption was a lack of trust in the nets' effectiveness, cited by 31.7% (20 respondents). This finding is crucial, as it suggests the campaign's messages failed to build the necessary credibility to overcome people's skepticism. Following this, a significant number of people (25.4%, or 16 respondents) preferred to rely on traditional remedies. This highlights a major cultural barrier to the campaign's success. Additionally, some people found the nets to be inconvenient (22.2%, or 14 respondents), and other reasons were cited by 20.7% (13 respondents).

DISCUSSION

The analysis of the public relations malaria campaign in Kokori and Abraka reveals a significant paradox: a successful achievement of high campaign awareness alongside a limited conversion to behavioral change. This finding resonates with established literature in health communication, which consistently shows that information dissemination alone is often insufficient to alter deeply ingrained public health behaviors (Asemah, Edegoh, & Adidi, 2017). This study provides

empirical evidence highlighting the critical disconnect between cognitive awareness and tangible action, a central challenge for public sector communication campaigns.

The campaign's initial objective of achieving widespread message penetration was a notable success. With 86.1% of respondents reporting awareness, the campaign effectively reached the vast majority of the target audience. This accomplishment can be attributed to a strategic, dual-channel approach that leveraged both mass and interpersonal communication. Our findings indicate that radio jingles and community health workers were the two most impactful channels, collectively accounting for nearly 80% of all reported awareness. This dual success underscores the power of a hybrid model that uses accessible mass media to broadcast information widely, while also relying on trusted, localized interpersonal channels to reinforce messages.

Despite this high level of awareness, the campaign faltered at the critical stage of behavioral adoption. The low rate of consistent mosquito net use, at just 41.7%, highlights a significant failure to build the necessary credibility and overcome behavioral barriers. Our findings clearly showed that interpersonal sources were perceived as far more credible than mass media. Community health workers received the highest mean credibility score, followed by word-of-mouth. This provides strong support for the Diffusion of Innovations Theory (Rogers, 2003), which posits that the adoption of new behaviors is heavily reliant on a supportive social network and direct, trustworthy communication. The radio jingles, despite their high reach, were less successful at building trust, underscoring the limitations of a one-way communication model in fostering belief. Furthermore, the campaign's failure to drive behavioral change also points to significant barriers, including skepticism about the nets' effectiveness and a strong preference for traditional remedies. These findings are a key illustration of the limitations of simple information campaigns, which can set an agenda but often cannot overcome deeply held cultural beliefs (McCombs & Shaw, 1972).

CONCLUSION

In conclusion, this study found that the public relations malaria campaign was effective in raising awareness but ultimately failed to achieve its goal of widespread behavioral change. The campaign's success was a result of its effective message dissemination via a hybrid approach of mass media (radio) and interpersonal communication (community health workers). However, its failure to convert awareness into action stemmed from a lack of perceived message credibility, particularly from mass media sources, and an inability to address and overcome deeply ingrained cultural beliefs and skepticism regarding modern health practices. The findings underscore that in rural health contexts, effective public relations must be a two-way, relational process designed to build trust and engage with community beliefs, rather than a one-way process of information delivery.

Recommendations

Based on these findings, we offer the following recommendations for policymakers, health practitioners, and public relations professionals to improve the effectiveness of future public health campaigns in Delta State and similar contexts.

Prioritize Formative Research: Before launching any campaign, conduct in-depth qualitative research to understand the specific cultural beliefs, social norms, and existing health practices of the target community. This includes identifying local beliefs about the illness and the perceived barriers to adopting a new health behavior. For example, future campaigns should conduct focus groups to understand why community members rely on traditional remedies and express skepticism about mosquito nets.

Empower and Utilize Interpersonal Channels: Given the high credibility of community health workers and word-of-mouth, future campaigns should shift from a mass media-centric approach to one that strategically empowers local leaders and trusted figures. These individuals should be provided with extensive training, not just on the health message, but also on how to engage in two-way conversations to address concerns and build trust. The public relations strategy should treat these individuals as key partners, not just as message distributors.

Adopt a Two-Way, Dialogic Communication Model: The campaign's reliance on one-way communication via radio was effective for awareness but failed to facilitate the dialogue necessary for behavioral change. Future campaigns must create platforms for dialogue, such as town hall meetings or community forums, where residents can ask questions, voice concerns, and collectively problem-solve. This relational approach fosters a sense of ownership over the health outcomes.

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