



## Communication Strategies for High Blood Pressure Management Awareness among Patients in Akwa Ibom State, Nigeria

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### ABSTRACT

**Background:** High blood pressure is a major public health concern in Nigeria, with prevalence estimates ranging between 30 and 40 per cent among adults in Akwa Ibom State. Despite the availability of treatment options, many diagnosed patients do not manage the condition effectively, leading to complications such as stroke, heart failure, and kidney disease. These challenges are often linked not only to medical factors but also to gaps in communication related to treatment adherence, lifestyle modification, and long-term disease management. However, limited attention has been given to how communication strategies supporting high blood pressure management operate within the specific social context of Akwa Ibom State.

**Objective:** This study examined communication strategies used to support awareness of high blood pressure management among diagnosed patients in Akwa Ibom State, Nigeria, with a focus on how these strategies influence patients' understanding, attitudes, and self-management practices.

**Method:** An exploratory mixed methods research design was adopted. Data were collected using a structured questionnaire administered to eleven select diagnosed high blood pressure patients, alongside in depth interviews conducted with three select patients to gain deeper insight into their experiences of health communication. Quantitative data were analysed using descriptive statistics, while qualitative data were analysed thematically.

**Result:** Findings show that interpersonal and institutional communication channels, particularly health talks by medical professionals and community-based outreach, were perceived as more effective than mass media messages in supporting understanding and management-related behaviour. Patients indicated that message clarity, trust in health workers, use of familiar language, and opportunities for interaction strongly shaped how communication was received and acted upon. However, gaps were identified in message consistency, follow-up communication, and access to locally meaningful and audience responsive information.

**Conclusion:** The study concludes that effective management of high blood pressure among patients in Akwa Ibom State is strongly influenced by communication approaches that prioritise interpersonal engagement, trust, and sustained interaction rather than one-off information dissemination.

**Unique Contribution:** By emphasising patient perspectives, this study contributes to health communication scholarship in Nigeria by demonstrating how communication strategies shape management awareness and everyday self-care practices among individuals living with high blood pressure.

**Key Recommendation:** Health communication interventions should prioritise patient centred, participatory, and audience responsive communication strategies that support continuous management of high blood pressure, integrating interpersonal approaches with appropriate mass media and digital platforms.

**Keywords:** Health communication, Patient engagement, Risk perception, Community outreach



## INTRODUCTION

High blood pressure (hypertension) is a serious public health problem worldwide (Mills, Stefanescu, & He, 2020). Studies have shown that about 1.3 billion people are affected by high blood pressure and it increases the risk of developing other diseases that are not communicable like stroke and heart diseases (WHO, 2023). According to the World Health Organisation, hypertension affects a significant proportion of adults globally with higher prevalence in Africa. In spite of the distressing statistics, high blood pressure often does not show symptoms until it causes serious health problems, earning it the nickname “silent killer” (Wahied & Sachdeep, 2021).

This problem, which was originally rare in sub-Saharan Africa, is now a major menace. The occurrence of high blood pressure in Nigeria has progressively increased from 10.1-13.3% and from 8.9% in the late sixties to between 38.8% - 44.5% recently in rural and urban communities, respectively (Ogah et al., 2012). From the ages of thirty to seven-nine at 2019, 49% of both men and women in Nigeria were diagnosed with high blood pressure with the population of 19.1 million (WHO, 2023). In Nigeria, the problem of high blood pressure has been on the rise, fuelled by development, sedentary way of life and restricted access to healthcare services. Although the incidence of high blood pressure in Nigeria keeps rising, the level of public awareness, treatment and control remain low (Gouge, Ogunleye & Smith, 2024). Furthermore, cultural beliefs, health literacy challenges, and lack of trust in the healthcare systems often influence how information is received and acted upon at the community level (Schouten et al., 2020; Aligwe et al., 2019).

A study by Akpan, Ekrikpo, Udo, and Bassey (2016) conducted in selected rural and urban communities in Akwa Ibom State, South South Nigeria, reported higher prevalence of high blood pressure in rural communities (44.3 per cent) compared to urban areas (28.8 per cent). While such community based studies provide useful local insights, broader evidence indicates that a substantial proportion of individuals diagnosed with high blood pressure in Nigeria remain inadequately informed about effective management practices, thereby increasing their risk of complications such as kidney failure, stroke, and heart disease (World Health Organisation, 2023).

The key problem, however, **Akuiyibo et al. (2022)** confirmed that challenges related to high blood pressure extend beyond prevalence to include low levels of awareness, inadequate control, and ineffective communication strategies used to address the condition. There was an urgent need to develop and implement strategic communication interventions that are tailored to the specific needs, of high blood pressure patients in Akwa Ibom State. Effective communication is essential in bridging this knowledge gap and promoting healthy behaviours Muoneke & Nwafor (2024).

Existing studies on high blood pressure in Nigeria have largely focused on prevalence, risk factors, and biomedical management, while others have examined general awareness and media campaigns across different regions. However, there remains a paucity of empirical research that examines high blood pressure management from a health communication perspective, particularly by focusing on the experiences of diagnosed patients. Limited attention has been



paid to how patients interpret and respond to communication strategies related to disease management, as many studies have prioritised large scale quantitative approaches or non-patient populations. This study therefore addresses this gap by examining communication strategies for high blood pressure management awareness from the perspective of diagnosed patients in Akwa Ibom State, thereby extending existing literature and offering **locally grounded** insights into health communication and chronic disease management in Nigeria.

## RESEARCH OBJECTIVES

1. To evaluate the effectiveness of current communication strategies in enhancing diagnosed patients' knowledge of high blood pressure management.
2. To assess the level of knowledge of high blood pressure management among diagnosed patients in Akwa Ibom State.
3. To find out preferred communication channels for disseminating information to high-blood pressure patients.
4. To identify communication strategies and interventions that could improve patients' knowledge and practice of high blood pressure management.

## LITERATURE REVIEW

### High Blood Pressure and its Health Impact

One of the major health challenges associated with high blood pressure is its largely asymptomatic nature in the early stages, which delays diagnosis and increases the likelihood of complications (Wahied & Sachdeep, 2021). As a result, many individuals become aware of the condition only after experiencing adverse health events, contributing to poor treatment outcomes and highlighting the importance of effective communication in supporting early recognition, sustained management, and treatment adherence.

In Nigeria, the health impact of high blood pressure is further intensified by systemic constraints, including limited access to healthcare services, inadequate follow-up care, and uneven distribution of trained health professionals (Gouge, Ogunleye, & Smith, 2024). These challenges are more pronounced in states such as Akwa Ibom, where reliance on primary healthcare facilities and informal sources of health information is common, shaping patients' understanding of the condition and its long-term implications.

Beyond biomedical consequences, effective hypertension management is closely linked to health literacy, trust in healthcare providers and clarity of health messages, which significantly influence treatment adherence and lifestyle modification (Schouten et al., 2020).

### Prevalence, Risk Factors, Awareness and Knowledge of High Blood Pressure in Nigeria



The occurrence of high blood pressure in Nigeria is alarmingly high. A study conducted by Akpan et al. (2016) found that approximately 30% of Nigerian adults suffer from the medical condition, with higher rates observed in urban areas due to factors such as increased consumption of unhealthy diets, high stress levels and physical inactivity. Additionally, genetic factors, obesity and excessive alcohol consumption contribute significantly to the increasing burden of high blood pressure in the Nigerian population. Erem, Ari & Hacıhasanoglu (2014) further suggests that Nigeria's increasing urbanisation and lifestyle change are critical factors contributing to the high rates of the medical condition in the country

Several studies have shown that a substantial proportion of Nigerians are not aware of their blood pressure status due to lack of routine check-up and insufficient public health awareness campaigns. According to a study by Sani, Wahad, Yusuf, Gbadamosi and Johnson (2017), many individuals with high blood pressure in Nigeria are not diagnosed, and among those diagnosed, many lack a basic understanding of the implications of the disease. This lack of awareness is caused by the fact that high blood pressure is often asymptomatic until it reaches progressive stages (Erem et al., 2014). Early detection through regular screening and improved awareness programs could significantly reduce the impact of high blood pressure (WHO, 2023).

### **Communication Strategies and Challenges in Communicating Health Information about High Blood Pressure**

Nwafor et al., (2024) opined that strategic communication plays a critical role in the design of effective awareness campaigns, particularly when messages are tailored to audience needs. For high blood pressure awareness campaigns, the use of both traditional and modern media has been found to be highly instrumental. Ayo, Adeyemi & Olusanya (2017) found that radio and television campaigns were instrumental in educating the public about the risks of high blood pressure and the importance of blood pressure monitoring. However, the study also opined that such campaigns had limited reach in rural areas where media could not be easily accessed.

Dalli et al (2024) assessed the use of social media for high blood pressure campaign and for the delivery of hypertension information. Pereira et al (2024) ascertained the use of mobile text messages for frequent reminder for adherence to antihypertensive treatment.

One major challenge in raising awareness about high blood pressure is the difficulty in delivering information in a way that resonates with the different literacy levels of the target population and studies have shown that health messages must be culturally tailored to be effective (Odongo, 2024). In Nigeria, for example, health communication strategies should consider local languages, as well as traditional practices and beliefs, to ensure maximum impact. Additionally, trust in healthcare professionals and information sources significantly affect the success of hypertension awareness campaigns (Mills, O'Connell, Pan, Obst, He & 2024). Ehwarieme & Emina (2022) found that although many Nigerians trust their doctors and nurses for health information, the quality and clarity of high blood pressure-related advice often remain inadequate. Furthermore, a gap in training of healthcare workers on how to effectively communicate to patients about high blood pressure can lead to insufficient explanation of hypertension risks and management option, which contributes to poor adherence to treatment regimens.



## **The Role of Media in Improving High Blood Pressure Management Awareness**

The media, both traditional and modern, have the potential to significantly influence public health awareness (Egbo & Nwafor 2024). Recent studies highlight the increasing role of social media in disseminating health information. A study by Olaide & Adebola (2020) found that social media platforms like *Facebook* and *Twitter* are widely used in Nigeria, providing an opportunity to reach a broad audience with high-blood pressure related content. Social media campaigns can enhance awareness efforts and engage younger populations who may not typically attend health talks or screenings (Nwachukwu, Onyenankeya & Udejaja 2020). However, the challenge remains in ensuring that the information shared on these platforms is accurate, accessible and culturally sensitive.

To address the knowledge gap about high blood pressure, several strategies can be employed. Health education interventions must integrate various approaches, including mass media campaigns, community-based programs, and health professional training (Odongo, 2024). Community outreach programs such as free blood pressure screenings in public spaces have been shown to be effective in diagnosing undiagnosed hypertension cases and educating people about it (Sani, Wahab, Yusuf, Gbadamosi & Johnson, 2017). Also, public-private partnerships that combine resources from government agencies, non-governmental organizations and the private sector can play an essential role in increasing the reach and effectiveness of hypertension awareness (Erem, Ari & Hacıhasanoglu, 2014).

### **THEORETICAL FRAMEWORK**

For this study, two theories are adopted, the Health Belief Model (HBM) and the Participatory Communication Theory. These theories offer valuable insights into how communication interventions can be tailored to enhance high blood pressure awareness and management among patients.

#### **1. Health Belief Model (HBM)**

The Health Belief Model (HBM) was developed in the 1950s by Godfrey Hochbaum, Stephen Kegels, Howard Leventhal, and Irwin Rosenstock to explain individuals' perceptions of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy (Rosenstock, 1974). The model began from the attempt to explain the failure of people to participate in disease prevention programmes and has since become one of the most widely used conceptual frameworks in health behaviours research (Champion & Skinner, 2008).

Applying the HBM in this study, it is clear that many individuals may not put in place preventive measures such as regular blood pressure monitoring and strictly following their medication unless they perceive themselves at risk and understand the serious consequences of uncontrolled high blood pressure (Glanz et al., 2015).

Communication strategies must be designed to identify the benefits the lifestyle changes and treatment adherence at the same time, address barriers such as costs, cultural beliefs, misconceptions about high blood pressure, or fear of stigma. Also, community outreaches, radio



jingles in local dialect, posters in clinics, and interpersonal campaigns are necessary to ensure awareness.

### **Participatory Communication Theory**

Participatory communication theory was propounded by Paulo Freire in 1970. Participatory communication theory arose as a response to the shortfalls of the traditional communication models that saw audiences as passive recipients of information. It gave room for inclusive and empowerment-driven communication processes where the audience actively shapes the content and direction of communication (Servaes, 1996).

With regards to this study, participatory communication theory emphasises the need for campaigns to create opportunities for patients and community members to voice their concerns, share experience, contribute ideas, and jointly develop solutions to high blood pressure. For example, having group discussions with patients can help identify misconceptions surrounding high blood pressure and engaging local leaders and influencers can facilitate trust and credibility in the message passed. By putting these strategies in place, people will see the message as one from the community and this will enhance receptiveness and effectiveness, thereby promoting empowerment and capacity building so that individuals can make better decisions about their health (Melkote & Steeves, 2015).

Thus, this theory informs the study by emphasising that effective high blood pressure awareness strategies must be aimed at engaging the patients so that they have a thorough understanding of the medical condition and even inform others to take actions towards preventing it.

Both theories provide corresponding insights for understanding and designing communication strategies aimed at enhancing awareness of high blood pressure among patients in Akwa Ibom State.

## **METHODOLOGY**

### **Research Design**

This study adopted mixed methods research approach to examine communication strategies used to support hypertension awareness campaigns among high blood pressure patients in Akwa Ibom State, Nigeria. The quantitative component employed descriptive survey design to generate numerical data while the qualitative involved in-depth interviews.

### **Study Area**

The study was conducted in Akwa Ibom State, focusing on individuals diagnosed with high blood pressure and accessing health information within the state.

### **Population and Sample Size**

The population of the study comprised of adults diagnosed with high blood pressure who have been exposed to awareness campaign or health communication activities related to hypertension. Participants were selected using purposive sampling, based on their diagnosis status and



willingness to participate. A total of eleven (11) respondents completed the questionnaire component of the study. In addition, three (3) select HBP patients participated in in-depth interviews. The purposive sampling technique was used to select participants' relevance to the study.

The sample size reflects the exploratory nature of the study and the practical challenges associated with accessing diagnosed patients within clinical and community settings.

### **Research Instruments**

Data were collected using a structured questionnaire designed and administered through Google Forms and interviews. The questionnaire was designed to obtain quantitative data on respondents' demographic characteristics, sources of hypertension-related information, preferred communication channels, and management practices. While interview was used interviews to get deeper understanding of communication strategies for high blood pressure awareness among patients in Akwa Ibom State.

### **Methods of Data Analysis**

Quantitative data obtained from the questionnaires were analysed using descriptive statistics, including frequencies and percentages, and presented tables for clarity. Qualitative interview data were analysed thematically. Interview transcripts were analysed using thematic analysis. No inferential statistical tests were applied, as the study did not seek to test hypotheses or establish statistical relationships.

### **DATA ANALYSIS**

Data from the questionnaire and in-depth interviews were analysed using descriptive statistics, specifically frequencies and percentages, to summarise responses from select respondents. Qualitative data generated from the in-depth interviews were analysed using thematic analysis, which involved identification of recurring patterns relevant to the study objectives.

### **Discussion**

**Table 1: Demographic Characteristics of Respondents**

Variable	Category	Frequency	Percentage
<b>Gender</b>	Male	6	54.5
	Female	5	45.5
<b>Age</b>	31-45	6	54.5
	46-60 years	2	18.2
	61 years and above	3	27.3
<b>Educational qualification</b>	No formal education	1	9.1



	Primary	1	9.1
	Secondary	1	9.1
	Tertiary	8	72.7

**Table 2: Awareness and Knowledge of High Blood Pressure**

Item	Response	Frequency	Percentage
Awareness of high blood pressure diagnosis	Yes	8	72.7
	No	3	27.3
Knowledge of causes of HBP	Yes	8	72.7
	No	3	27.3
Knowledge of symptoms and health risks	Yes	11	100
	No	0	0

**Table 3: Communication Channels and Message Preferences (Multiple responses allowed)**

Item	Frequency	Percentage
<b>Preferred Communication Channels</b>		
Hospital health talks	7	63.6
Social Media	6	54.5
Community outreach programmes	5	45.5
Radio	4	36.4
Television	2	18.2
Newspapers	2	18.2
SMS/Phone calls	1	9.1
<b>Most Helpful Messages Types</b>		
Preventive tips	8	72.7
Dietary advice	7	63.6
Warning signs and symptoms	4	36.4
Medication reminders	2	18.2
Patients testimonials	2	18.2

**Table 4: Management Practices and Challenges (Multiple responses allowed)**

Item	Frequency	Percentage
Use of medication	9	81.8
Diet control	8	72.7
Regular health check-ups	8	72.7
Exercise	7	63.6
Stress management	6	54.5
<b>Challenges Faced</b>		



Side effects of medication	6	54.5
Cost of medication	5	45.5
Lifestyle difficulties	4	36.4
Lack of information	1	9.1

## **Thematic Analysis of Interviews**

### **Theme 1: High awareness rooted in diagnosis and experience**

Findings indicate a relatively high level of awareness of high blood pressure among participants. Most respondents demonstrated knowledge of their diagnosis, causes, symptoms, and management strategies, largely because they had already been diagnosed and had lived with the condition for several years. Interview data further reveal that awareness was often triggered by personal experience rather than preventive campaigns. While some participants became knowledgeable only after diagnosis, others developed awareness through family history of the condition. However, some participants perceived high blood pressure as a condition that mainly affects older people, indicating gaps in risk perception among certain patients.

### **Theme 2: Dominance of interpersonal and institutional communication channels**

Both questionnaire and interview findings show that hospitals and clinics are the most influential sources of hypertension-related information. Health talks, one-on-one counselling, and community outreach emerged as central communication strategies and were preferred over mass media alone. Participants emphasised that direct engagement with health professionals enhanced trust and clarity of information. Although media platforms such as radio, television, newspapers, and social media played supportive roles, interpersonal and institutional communication remained the most impactful, especially in rural and semi-urban contexts.

### **Theme 3: Message clarity, trust, and follow-up as determinants of effectiveness**

The effectiveness of communication strategies was strongly linked to message clarity and the credibility of information sources. Educational messages, fear-based messages highlighting the dangers of hypertension, and storytelling approaches were reported to influence lifestyle changes such as reduced salt intake and regular blood pressure monitoring. However, participants also identified challenges, including the use of complex medical language, improper diagnosis, and inadequate follow-up communication. These issues reduced confidence in healthcare providers and limited sustained behaviour change, indicating that effective communication requires more than information dissemination alone.

### **Theme 4: Preference for participatory communication**



Participants expressed a strong preference for communication strategies that were participatory and culturally accessible. Community meetings, hospital talks, phone calls, and the use of local languages such as Ibibio were identified as effective ways to enhance understanding and engagement. Interviewees recommended integrating modern platforms such as social media with traditional forums including town hall meetings and religious gatherings. Relatable patient stories, consistent reminders, and community-based outreach were seen as crucial for improving awareness and encouraging long-term behavioural change.

## **RESULT**

This study examined communication strategies supporting high blood pressure awareness and management among selected patients in Akwa Ibom State. Findings indicate relatively high awareness and knowledge of high blood pressure diagnosis, causes, symptoms, and associated health risks among the selected respondents. This aligns with earlier Nigerian studies reporting improved awareness among diagnosed patients due to increased interaction with healthcare providers (Sani et al., 2017; Ehwarieme & Emina, 2022). However, similar to previous research, awareness in this study appears largely post-diagnostic, suggesting that preventive communication remains limited (Erem et al., 2014; Wahied & Sachdeep, 2021). This extends existing knowledge by reinforcing the need to prioritise proactive, preventive communication rather than diagnosis-driven awareness efforts.

The prominence of hospital-based health talks and interpersonal communication supports findings from prior studies that identify healthcare professionals as trusted sources of hypertension information (Mills et al., 2024). While mass media and social media platforms were acknowledged, they were perceived as less effective when not complemented by interpersonal interaction. This partially contrasts with studies emphasising the effectiveness of mass media campaigns (Ayo et al., 2017; Olaide & Adebola, 2020), a difference that may be explained by contextual factors such as media access, literacy levels, and the need for interactive clarification. The study therefore extends knowledge by highlighting the importance of credibility and dialogue in sustaining management awareness.

Preferences for educational and preventive messages align with previous studies showing that practical, supportive communication is more effective for chronic disease management than fear-based messaging alone (Schiavo, 2013; Glanz et al., 2015). Although fear-based messages may create initial concern, findings suggest they are insufficient for sustained behaviour change without follow-up communication. This supports the Health Belief Model's emphasis on perceived benefits and self-efficacy and emphasises the need for continuous, patient-centred messaging.

Reported management practices, including medication use, dietary control, exercise, and regular health check-ups, are consistent with earlier Nigerian studies (Akuiyibo et al., 2022).

Nonetheless, challenges such as medication side effects, cost, and lifestyle adjustments echo barriers identified in previous research (Gouge et al., 2024), explaining why awareness does not always translate into optimal practice. Insights from the thematic analysis further reinforce



participatory communication theory, as selected participants emphasised the value of dialogue, local language, and sustained engagement. To sum it up, the study contributes to existing literature by demonstrating that effective hypertension communication requires not only information dissemination but also interactive and continuous engagement.

## **CONCLUSION**

This study examined communication strategies used to raise awareness about high blood pressure among patients in Akwa Ibom State. Findings show that while awareness of high blood pressure is generally high, it is often acquired after diagnosis rather than through preventive communication. Patients mainly rely on hospital consultations, media platforms, and community programmes for information, but challenges related to message clarity, consistency, and follow-up limit the overall effectiveness of these strategies.

Health talks, radio programmes, and social media campaigns were found to be more effective when messages were clear, relatable, and emotionally engaging. Participants highlighted the importance of interpersonal and participatory communication approaches in improving understanding and supporting positive health behaviours. Broadly, the study highlights the need for communication strategies that move beyond information dissemination to prioritise trust, cultural relevance, and sustained engagement in high blood pressure awareness and management.

## **RECOMMENDATIONS**

Based on the findings, this study recommends the adoption of clearer and more accessible communication strategies for high blood pressure awareness in Akwa Ibom State. Health professionals should simplify medical language and use relatable forms of communication, including local languages such as Ibibio and Nigerian Pidgin, to improve understanding among patients with diverse educational backgrounds. Community-based outreach approaches, including town hall meetings and neighbourhood health talks, should be strengthened to reach individuals with limited access to hospitals or media platforms.

The study also recommends the integration of traditional and modern communication channels. While social media may be more effective for younger audiences, radio programmes, health talks, and community meetings remain important for older patients. In addition, consistent follow-up through phone calls, messaging platforms, or reminder systems is essential to support sustained behavioural change. Finally, government-led awareness campaigns on high blood pressure should be intensified and prioritised alongside other major public health campaigns to improve prevention and management outcomes.

## **Ethical clearance**

Ethical consent was sought and obtained from the selected respondents and participants prior to data collection. They were informed that the study was purely for academic purposes, and their participation was voluntary.



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### **Conflict of interest**

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### **Author's contributions**

The author solely conceived and designed the study, carried out data collection, conducted data analysis and interpretation, and drafted the manuscript. The author reviewed and approved the final version of the manuscript and takes full responsibility for its content and similarity index.

### **Data availability statement**

The datasets on which conclusions were made for this study are available on reasonable request.

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