

DESIGNING AND IMPLEMENTING EFFECTIVE MEDIA INTERVENTIONS FOR HYPERTENSION PREVENTION AMONG THE WORKING CLASS POPULATION IN NIGERIA

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Abstract

The increasing prevalence, health complications and mortality caused by hypertension around the world call for concern. This has brought about a greater and urgent need to develop effective strategies to enlighten a great portion of the Nigerian population who have displayed inadequate knowledge, attitude and practice of hypertension prevention. Therefore, the objective of this study was to develop a framework for designing and implementing media interventions for hypertension prevention especially among the working class who are at high risk of developing hypertension. This study was hinged on the Social Cognitive theory (SCT). The qualitative research method was used in this study. Five key informants were purposively selected and interviewed from among public health officers, health practitioners and media content producers in the field of health communication in Ogun state, Nigeria. All five informants of this study agreed that hypertension prevalence among the working class is on the increase because of the adoption of technology in the workplace which encourages a sedentary lifestyle. The results also showed that media interventions could be effective for hypertension prevention if designed with persuasive messages, focused on modifiable risk factors of hypertension, share relatable examples, are theory-based and promote self-efficacy among the audience. The study recommended that media intervention planners design intervention materials factoring the results of this study, ensure the sustainability of the intervention by providing enough funds for implementation and guide against atrophy among the audience by introducing incentives.

Keywords: Hypertension prevention, Media intervention, Health communication, Intervention design

Introduction

Non-Communicable Diseases (NCDs) are becoming a global priority sequel to the burdens they pose on health, finance, economy and the entire society. Of the several NCDs, hypertension has been identified as a leading cause of death. Approximately 7.5 million lives are lost to hypertension annually around the world (World Health Organization, 2019). Hypertension is increasingly becoming a challenge for the African continent where 46% of the populace are hypertensive and projections show that if not curtailed, the prevalence would nearly double in Sub-Saharan Africa by the year 2030 (Damasceno, Azevedo, Silva-Matos, Prista, Diogo & Lunet, 2009; World Health Organization, 2019). Unfortunately, this disease is developed because of preventable lifestyle behaviours such as the harmful use of tobacco and alcohol, physical inactivity and unhealthy diet.

Studies have shown that Nigerians do not possess adequate knowledge nor display appropriate attitude and practice of preventive behaviours needed for a healthy blood pressure (Akindele & Ayankogbe, 2013; Aghoja, Okinedo & Odili, 2017; Abubakar, Muhammad, Ahmed & Idris, 2017; Raji, Abiona & Gureje, 2017). Consequently, many Nigerian are unaware of the symptomless nature of the disease and mostly find out they are hypertensive during screening interventions (Owolabi, Owolabi, OlaOlorun & Amole, 2015). This leads to several cases of prolonged and uncontrolled high blood pressure which further lead to other diseases such as stroke, kidney failure, dementia and coronary heart diseases.

Though everyone is susceptible to hypertension, the working class individuals have a higher risk of developing high blood pressure because of the strain of occupational stress, poor diets as a result of having to eat junks from fast foods, lack of physical activities due to staying on the desk for so long, frequent use of cars and elevators and/or lack of time to exercise which also leads to obesity, which collectively lead to hypertension (Awunor & Isah, 2016; Ige, Owoaje & Adebisi, 2013; Okpara, Utoo & Bako, 2015). The continuous practice of these lifestyle behaviours among this group increases the risk of developing hypertension which in turn affects health, human productivity and ultimately affects the health index of a nation, economy and national development.

Being a life-long disease with no cure, hypertension requires a recurrent cost for medications and treatments of diseases such as stroke caused by uncontrolled blood pressure. These bring about a financial burden especially among citizens of low-and-middle-income countries where poverty and lack of basic health amenities make it difficult to prevent hypertension, report known cases and buy anti-hypertensive drugs (Azubuike & Kurmi, 2014; Ezika, Cross & Lewitt, 2018; World Health Organization, 2013).

Judging by the role the mass media can play in enlightening the populace and advocating for the provision of health amenities, there have been several calls for media interventions to tackle the prevalence, knowledge, attitude and practice of hypertension (Akindele & Ayankogbe, 2013; Ezika, Cross & Lewitt, 2018; Okpetu, Abimbola, Koot & Kane, 2018). The mass media as a tool for health communication is known to have the capacity to reach a widely dispersed audience, set agenda on health issues and persuade the audience on the promoted health behaviour. Therefore, this study attempts to develop a framework to help design and implement effective media interventions that would raise the consciousness of individuals towards hypertension prevention and save the lives of many who might be the next casualties of this non-communicable disease.

Objective of the study

This study is set to propose a framework for designing and implementing effective media interventions for hypertension prevention.

Theoretical Framework

Scholarships in the field of mass communication and health communication provide validated explanations of the use of the media for health promotion, human response, behaviours and learning capabilities of promoted messages through the Social Cognitive theory (SCT). The Social Cognitive theory (SCT) posits that by observing models, members of the society learn, retain messages and imitate promoted behaviours (Bandura, 2012). Models, which include mass media characters as seen in TV, read in print materials or listened to on the radio, serve as role models who transmit knowledge, values, new ways of thinking, and behavioural patterns to audience members. This process of observational learning according to SCT is by attention, retention, production and motivation (Baran & Davis, 2012; Moyer-Guse', 2008).

Bandura (2004) affirm that the core messages to be disseminated by media interventions adopting SCT should cover the areas of knowledge of the health issue, self-efficacy, benefits/outcome of health behaviours, set goals to perform newly learnt behaviours, perceived facilitators and impediments for the adoption of the healthy lifestyle. He further explained that the adoption of SCT for media intervention means that knowledge would be portrayed in actions, talks and circumstances through the 'positive, negative and transitional' role models. The positive role models are characters portrayed to exhibit good behaviour which is the communicator's intended goal, while negative role models show behaviours worthy of consequences. Transitional characters are filled with doubts, moving from being negative to positive and/or neutral to positive.

The theory accounts for some environmental factors such as friends and family in one's social circle, and personal factors like human reasoning that can intervene in the processing of learning from the media (Baran & Davis, 2012). These two factors affect the learning process as the audience sometimes observe the social environment (family, friends, teachers) who might be exhibiting unhealthy behaviours, while bad weather in a physical environment can affect the TV signal leading to a loss of interest in a health campaign been viewed by the audience. Hence, the personal factors, environment and the media according to SCT are constantly influencing each other to teach and reinforce health messages to the audience and these should be put factored into every intervention.

Literature review

Health communication has been postulated by different scholars as a branch of development communication, which is concerned with facilitating the process of good health and wellbeing by moving people to a higher critical state of awareness where they learn to think for themselves, analyse their situations and take decisions on how to behave and improve their health. According to Obregon and Mosquera (2005) health communication is the study and use of communication strategies to "improve personal and public health... in all aspects of disease prevention including physician-patient communication, adherence to treatment, and the design,

implementation and evaluation of public health communication campaigns” p. 233). Thomas (2006) further explains that it is the use of different communication strategies to “inform and influence individual and community knowledge, attitudes and practices (KAP)” in all aspects of disease prevention and health promotion (p.2). This implies that health communication is a planned strategic effort aimed at improving health knowledge, attitude, beliefs, behaviour and well-being of the target audience concerning any health issue. It also involves implementing public health campaigns and health care policy, for the purpose of the enhancement of quality of life and total wellbeing of the public.

Storey, Seifert-Ahanda, Andaluz, Tsoi, Matsuki and Cutler (2014) emphasise that health communication takes place in a variety of channels and forms to increase the knowledge of health issues and products, strengthening social support networks and to help people understand the benefits of adopting new health behaviours needed for healthy living. They added that health communication programmes are likely to be more effective through the utilisation of “multiple coordinated communication elements to reach people with consistent high-quality messages through a variety of channels (media, peer networks, and provider contact) and in a variety of forms (print, verbal, broadcast, informational, and entertaining)” (p. 248).

In delivering the role of health communication, the mass media have been identified as major stakeholders and channels because of their reach, agenda-setting strength, persuasive ability and arguably, their effects on audience acceptance of health messages (Freimuth & Quinn, 2004; National Prevention Information Network, n.d; Oyama & Okpara, 2017; Storey et al. 2014). Through news coverage, interviews, jingles, talks, analysis, campaigns and other media programmes, health communication uses the media to increase public awareness and advocate for public health policies that would create an environment in support of healthy living. Health promotional materials and messages are also disseminated through the different channels of the mass media. To reach a wider audience, health promoters adopt paid means in the media to modify the different health aspects of consumer behaviour through partnerships with producers, marketers and providers of health products and services. The mass media can also serve as a part of a series of programmes or an intervention by itself used to address lifestyle issues and promote behaviours such as healthy diet, exercising, and blood pressure measurement (Freimuth & Quinn, 2004; National Prevention Information Network, n.d; Storey et al. 2014).

In Nigeria, the mass media has been identified as an imperative tool for health communication towards sustainable development. This is because the Nigerian mass media have been instrumental in designing, championing and supporting campaigns of health in the areas of malaria, immunisation, reproductive health, HIV/AIDS, Ebola, prevention and healthy living practices (Akpobo, 2015; Nwanne, 2014). Through the various agenda setting platforms, the mass media ensured awareness and the promotion of the Poliomyelitis vaccine in the Northern region of Nigeria where many parents refused to immunise their children and lives were lost due to misconceptions about the safety of the vaccines. In the heat of the growing population, Akpobo (2015) exposed that the media enlightened the people about the health, financial and social development implications of having continuous childbearing for women. This brought about the adoption of family planning among Nigerians.

Unfortunately, various scholars have expressed that the Nigerian mass media especially the print media which provide information custody and opportunity for future reading among the audience, have not been fully explored for the promotion of hypertension prevention. Uwom

and Oloyede (2014) revealed in their analysis of the *Guardian* and *Punch* newspapers all through January 2010 to December 2011 that there was no reportage of hypertension. Similarly, among 28,992 stories published by *Guardian*, *ThisDay* and *Vanguard* newspapers between the year 2011 and 2013, Okpoko and Aniwada (2017) discovered that only 101 stories were on hypertension and none of these was on the front or back pages even on World Hypertension Day. Consequently, there have been calls for the Nigerian mass media to improve on the dissemination of hypertension information in order to reduce morbidity and mortality that can be prevented.

Bearing in mind the need to educate the Nigerian population especially the working class individuals (high-risk group) about hypertension, designing and implementing a media intervention is germane. According to the U.S. Department of Health and Human Services, (2000) designing and implementing such media intervention involves “systematic exploration of all the factors that contribute to health and the strategies that could be used to influence these factors” (para. 7). Wight, Wimbush, Jepson and Doi (2015) further explain that these require “practical, logical, evidence-based ways to maximise likely effectiveness” (p. 520). Hence, Eldredge, Markham, Ruiter, Kok and Parcel (2016) propounded the intervention mapping taxonomy, describing a six-step systematic path that serves as a blueprint for designing, implementing and evaluating an intervention based on theory, research and practice.

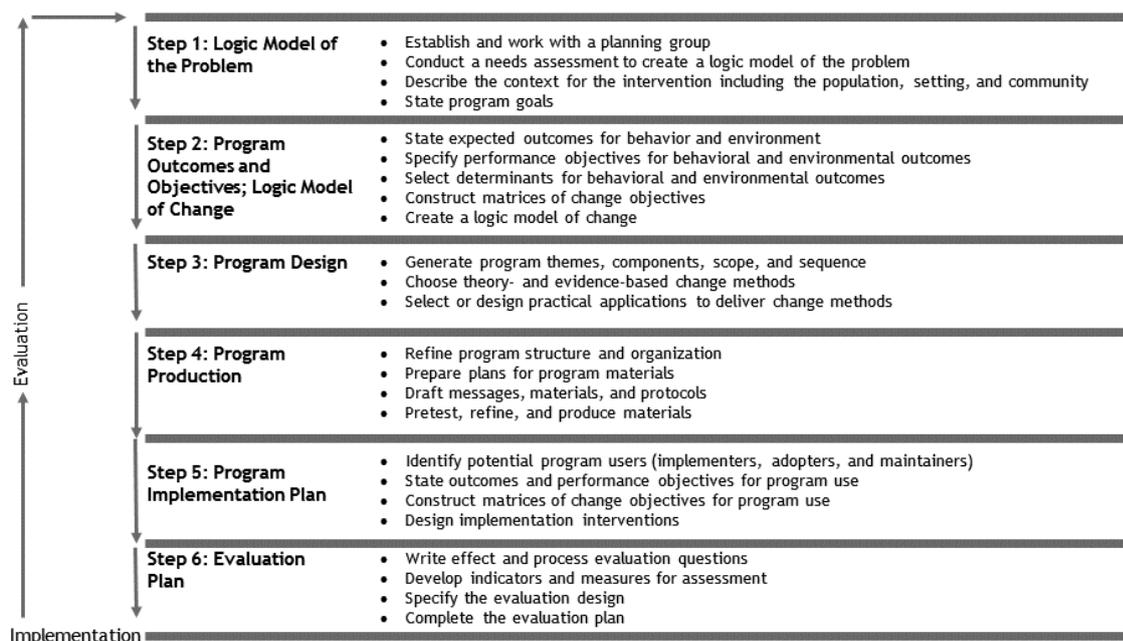


Figure 2.1: The six steps of Intervention Mapping

Source: Eldredge, Markham, Ruiter, Kok and Parcel (2016, p. 13)

The process of intervention designing begins with problem identification (hypertension in this case) and assessment of the society. The programme designer assesses the health challenge, the risk behaviours, misconceptions and social norms among the people. A needs assessment may include the process of understanding the risk population or community in light with the identified problem. This is in an effort to identify the weakness and strength of the community to the proposed health-enhancing intervention. This could involve scientific approaches of studying the prevalence, knowledge, attitude and practice of the health problem. The results of the needs assessment make up the problem that would inform the formulation of programme objectives.

The second stage of the designing process involves the formulation of objectives. These are expected to SMART (Specific, Measurable, Attainable, Realistic and Time-bound). The health promoter at this stage, partners with members of the target group, opinion leaders and other stakeholders to produce a change objective that captures the essence of health cause. The programme design includes the selection of the most appropriate communication form (entertainment, informational) and channel (radio, TV, print) to convey the message, theme and scope identification, and underlining theory for behaviour change.

At the programme production stage, health communicators produce and pre-test the first draft of the intervention materials, such as radio programmes and flyers. The materials are pretested for attraction, comprehension, acceptability, self-involvement and persuasion among the target audience. Results of the pre-test are effected to produce the final materials which move the intervention designer into the implementation stage.

At implementation, the materials are distributed and monitored among the target audience in line with the objective of the programme. Conclusively, the intervention is evaluated to ascertain if the objectives were met, measure the success rate, highlight the challenges that were encountered and review for future planning (Eldredge et al. 2016; Garba & Gadanya, 2017; Wight et al. 2015).

Methodology

This study adopted a qualitative research design. For this qualitative study, five key informants were purposively selected and interviewed to help reveal trends, contents, challenges and other relevant information needed to design and implement a media intervention for hypertension prevention. The key informants were selected in Ogun state and interviewed in November 2018 based on their experiences and roles, which enabled them to share relevant information about hypertension among the working class, production of media intervention and hypertension prevention. They include a public health officer, a broadcaster and a print journalist specialising in health communication, a health radio drama producer and a lead Director of Medical/Health services. An interview guide was used to gather data for this study. The Interview guide consisted of questions and concepts that steered the discussion with the Key Informants on hypertension prevention in Nigeria as well as the mass media as interventions for hypertension prevention among the working class. The communicative validation also known as respondent validation process was also conducted to ensure the validity of the instrument. The interviews were conducted by the researchers, responses were transcribed manually and analysed thematically.

Presentation and Discussion of findings

Presentation of findings

The responses of the key informants were transcribed and classified into the following themes: Key informants' awareness of hypertension among the working class; Focus for effective hypertension intervention; The mass media as a tool for hypertension prevention; and challenges of hypertension prevention intervention. Informant A is a lead Director of Medical/Health services. Informant B is a public health officer. A broadcaster/producer is informant C. Informant D is a print journalist, while informant E is a health radio drama producer.

Key informants' awareness of hypertension among the working class

All key informants interviewed asserted to the high prevalence of hypertension among the working class. They explained that high blood pressure has been on the increase among workers in recent times because of the stress of work and sedentary lifestyle aided by the use of technological innovations in the work environment.

According to informant A “with the increase in technology and every office adapting to it, workers now hardly leave their desk. This brings about a lack of physical activities and increases their chances of developing high blood pressure. For example, our administrative staff no longer carry letters and files around. They just send documents via email. Memos and notice of meetings are also now sent electronically. This has drastically reduced the rate of physical activities carried out by them”.

The informant B further explain that the attitudinal disposition of workers to hypertension may be responsible for the increase in prevalence. “Like many other public health issues, it is not that these workers have not heard the word hypertension before, the issue is their attitude towards lifestyle practices that would help reduce their risk of hypertension. Even when they know that checking their blood pressure regularly would make them aware of their status early enough for it to be controlled, they are still usually nonchalant about it. Many people do not take health issues seriously until it is critical” (Informant B).

Focus for effective hypertension intervention

Being specialists in health interventions programmes, key informants shared that every intervention willing to be successful among the participants must focus on risk factors of hypertension, consciousness appeal and use relatable examples.

There are certain non-modifiable factors of hypertension such as gender and age that people need to be aware of. These are factors we really cannot do anything about. You cannot change your gender, neither can you stop yourself from advancing in age. However, much attention should be placed on modifiable factors such as obesity, diet and sedentary lifestyle. These can be improved upon by people to reduce their chances of developing a high blood pressure (Informant A).

For media intervention materials to get through to the audience, it was recommended that intervention materials “should appeal to the consciousness of the participants”. While informant B acknowledged that all aspects of hypertension are important, the he advocated for the “dissemination of messages in a persuasive manner that would awaken the audience to begin to do the right things. Telling them about the adverse effect of uncontrolled blood pressure such as stroke is important too. Let them know that just like the common name of hypertension – ‘silent killer’, they are silently killing themselves when they fail to adopt the promoted health-enhancing behaviours” (Informant B).

An effective intervention should speak to the people in the language they understand. Communicate with them with what they can identify with. Designing an hypertension prevention intervention for the working class must require your media materials having examples that are related to a work environment or things they do as workers (Informant C).

The mass media as a tool for hypertension prevention

The key informants reveal how to use mass media to promote hypertension prevention. They explain that persuasiveness, choice of colours and a theory-based media intervention is more likely to influence the audience and achieve its objectives.

According to the key informant, while producing materials of media intervention, hypertension prevention messages should be conveyed in an “affirmative, yet persuasive way”. While she asserts that the choice of the media to be used would be based on previous research of what works best among the population the health communicator is targeting, information shared with the audience should also be evidence-based but delivered persuasively. This can be achieved by not “boring the audience with information overload or sounding like a health practitioner in the hospital. For example, a media intervention programme that uses radio can be persuasive by using characters that can relay the information through their actions on how the health practices being promoted can be engaged in. That way, you are not just telling the audience, you are setting the example by doing it (Informant C).

Tilting towards the use of the print media to disseminate hypertension prevention messages, informant D expressed that “when designing graphics for interventions, you have to pay attention to the choice of words. Be simple, clear and go straight to the point. The choice of colours is equally important to gain the attention of the audience to the posters and flyers. It is when they are attracted to it that they can read what is written in it” (Informant D).

The focus of media intervention according to this key informant should be to “influence behaviour, knowledge, beliefs and attitude with messages based on theory and painstaking research”. Of the various theories in the field of communication, medicine and public health, the use of the Social Cognitive Theory (SCT) was encouraged. He further explained that “two specific principles of the theory should be incorporated: modelling and self-efficacy. Modelling is a strategy that encourages the imitation of the behaviour of another well-respected person. People learn by modelling themselves after others, hence the need to present scenes where groups/people have succeeded, e.g. through self-help or peer groups. Self-efficacy refers to a person’s confidence in his/her ability to make a specific change in behaviour. The media intervention materials should provide several scenarios and contexts where encouragement and praise are rewards for high self-efficacy and provide support for enhancing self-efficacy in situations where people feel less confident” (Informant E).

Challenges of hypertension prevention intervention

Every intervention is prone to challenges that might undermine its effectiveness and/sustainability. After designing a media intervention, recruiting participants for implementation could sometimes be challenging especially among the working class who may have busy schedules and are guided by work ethics and regulations. In the view of informant B, “Sometimes, the operations of the workplace of the participants may not be welcoming. Their work schedule or the environment itself may not encourage them to participate in intervention programmes. To ease your way to the participants, pick a representative from their group or workplace who they respect and would encourage them to participate in the study” (Informant B).

Unavailability of funds, change in officer/researcher in charge of the intervention and atrophy could also affect the sustainability of the intervention. According to a key informant, “enough

funds necessary for the completion of the programme must be made available before it commences. Continuity could also be a challenge if the researcher or officer in charge changes or is no longer available. To avoid this, the researcher should be available all through media intervention planning and implementation period. Most times attrition could also be a major challenge for interventions that are being implemented for over a period of time. Discouraged participants can even influence other participants to discontinue from the programme” (Informant A)

To curtail the discontinuation of participants from an ongoing media intervention, it was advised that the researcher or programme coordinator should inform the participants “what to expect from the programme before it commences. If available, share the result of a part of the study with them while the intervention is still ongoing. Sharing the result with them could be a morale booster to continue in the study and to be more receptive to future interventions. You can also give them incentives such as refreshments, referring them to the hospital if need be, issuing a certificate of participation or letter of recommendation (Informant A).

Discussion of findings

This was a qualitative study aimed at revealing important elements needed to design and implement effective media interventions for hypertension prevention among the working class individuals in Nigeria. Issues highlighted include establishing the prevalence of hypertension among the working class and some reasons for the increasing prevalence, content focus for media intervention materials, specific strengths that can be leveraged upon by the mass media and challenges of implementing hypertension prevention media interventions.

In this study, the incidence of hypertension among the working class was established and connected to stress. This is in relation to Douglas and Orakesi (2015) whose study of prevalence, knowledge, attitude and practice to hypertension among firefighters in Rivers state, Nigeria revealed that stress as a major contributor of high blood pressure. Similarly, the high level of stress among the among factory workers in Edo state Nigeria, in the study of Awunor and Isah (2016) was discovered to have affected the rate of prevalence of hypertension. Okpoju, Onah and Dzer (2018) also scientifically proved that there is a positive relationship between stress and hypertension ($p < .05$) among the civil servants, while workers with hypertension also experienced more stress than those without hypertension.

Findings from this study also highlighted that the increasing prevalence of hypertension can be connected to technological advancement in the workplace which encourages unhealthy behaviours such as sedentary lifestyle. Earlier researchers, Ige, Owoaje and Adebisi (2013) agree that the lack of physical activities due to staying at the desk for long and availability of vehicles for transportation are some of the factors that have led to the increase of hypertension among the staff of the University of Ibadan. The nonchalant attitude displayed by the individuals towards hypertension prevention was confirmed by studies, especially in the areas of measuring blood pressure, exercising and diet (Awunor & Isah, 2016; Ige, Owoaje & Adebisi, 2013; Okpara, Utoo & Bako, 2015).

With the identified factors affecting the audience in preventing hypertension, this study revealed that media interventions should focus on communicating modifiable risk factors of hypertension such as diet, maintaining a healthy weight and physical activities. The significance of this was affirmed by Shayesteh, Mirzaei, Sayehmiri, Qorbani and Mansourian

(2016) who in the Lorestan Province of Iran found that their intervention positively affected the lifestyles of patients especially in the areas of the adoption of a healthy diet, physical activity and stress management. This finding is also similar to that of Akinwusi and Odelola (2018) who found that at the end of their 8 weeks intervention which was focused on creating awareness about exercises and physical activities, the Secondary school principals in Oyo state, Nigeria were more willing to participate in physical activities.

The need for media interventions to focus on the risk associated to persistent high blood pressure such as stroke, is in tandem with the assertion of Ige, Owoaje and Adebisi (2013) who explain that limited understanding of the risk of developing hypertension and the effects of uncontrolled hypertension among workers of the University of Ibadan, Nigeria, affected their poor choices and disposition to hypertension prevention lifestyle behaviours. This is also in relation to the assumption of the Health Belief Model (HBM) which postulates that to eradicate resistance of health messages and bring about behaviour change among the audience, a change in believed perceived risk and severity of diseases must first occur (Jones, Jensen, Scherr, Brown, Christy, & Weaver, 2015).

To effectively get across to the audience, communicating hypertension prevention messages according to this study, must be attractive, persuasive and in the language of the audience. In relations to this finding, Dainton and Zelle (2015) argue that for audience acceptability, persuasion must be communicational rather than being accidental or coercive. Oluwabamide and Jegede (2008) also affirm that delivering health communication messages in indigenous languages facilitate acceptability and efficacy among the audience. Likewise, Ezika, Cross and Lewitt (2018) confirm that language could be a barrier for receiving health messages among Nigerians, therefore, delivering messages in the language the audience understand would promote trust and give the participants a sense of ownership of the intervention programme.

Providing examples the audience can easily relate to is also essential for any media intervention which plans to achieve its overall goal of reducing the prevalence of hypertension. This is in line with the Social Cognitive theory which posits that individuals observe and learn from media characters (Bandura, 2012). The audience, however, identifies with like characters that they share something similar with and this creates a cognitive and emotional bond, which increases the chances of emulating such characters (Bandura, 2012; Singhal and Rogers, 2001).

In agreement with this study, Lippke and Ziegelmann, 2008 elucidate that having a health intervention that is theory based makes it possible to draw from the techniques of the theory to drive change and predict behaviours among the participants of the intervention. The authors also show that Social Cognitive Theory (SCT) is one of the common theories that guide health interventions. Promoting self-efficacy, a component of the Social Cognitive theory was also identified as one of the cruxes of influencing the intervention participants. To get the audience to accept the promoted hypertension prevention behaviours, media intervention designers are to go beyond information presentation, to show how to engage in hypertension prevention practices that would boost the confidence of the audience in themselves to replicate such. Ding et al. (2015) affirm that interventions can boost the self-efficacy of individuals about Non-Communicable Diseases. Similarly, Daniali, Eslami, Mohammad, Shahabi and Mostafavi-Darani (2017) discovered that at the post-intervention assessment conducted among Iranian women, it was observed that their intervention significantly influenced self-efficacy and participants improved on their health nutrition and physical activities.

As identified by this study and seen in several intervention studies (Awosan et al., 2013; Daniali et al., 2017; Osuala, 2017) the discontinuation of participants in an intervention programme is a challenge. It, therefore, beholds the intervention designers to sustain the interest of the participants in the study through several strategies such as incentives and sharing the intervention results with them. The challenge of insufficient funding for the implementation and sustainability of interventions also remains a concern. Ezika, Cross and Lewitt (2018) affirm that some major impediments of effective health communication for cardiovascular diseases prevention in Nigeria are lack of funds, diversion of funds for personal use and corruption. Okpetu, Abimbola, Koot and Kane (2018) also assert that interventions suffer because funds are not released for implementation. Consequently, the authors recommend long term financial investments and the provision of more fund for interventions that would help expose many members of Nigerian society to media intervention messages.

Conclusion

Hypertension among the working class is a disease that needs to be prevented. To do this, media intervention messages must focus on the modifiable risk factors of hypertension, promote evidence-based information, be persuasive and appeal to the consciousness of participants. The concept of self-efficacy must be promoted by the media through characters that would show the audience how to engage in hypertension prevention practices. Showing relatable examples, attractive print material designs and producing theory-based media materials are also important for effective health promotion. To avoid common challenges encountered by many interventions during implementation, funds must be made available, respectable representatives must be selected among the participants to serve as a link between the researcher and participants, participants must be fully aware of what is required of them and must be appreciated to reduce discontinuation from the media intervention programme.

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