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Comparative communication of health and hygiene awareness guides in Senegal: Dynamics and field realities

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Abstract - This article takes a close look at public health and cleanliness awareness campaigns in Senegal, unpacking how they're shaped by local social representations and the persuasive communication techniques used by planners. The core question on the table: how effective are these guides—these campaigns, pamphlets, school programs, even cheeky SMS messages—at actually combating health threats like cholera and malaria, especially in the messiness of real-world cultural habits and beliefs? Methodologically, it is pretty robust—think: a "mixed-methods" approach, meaning the researcher didn't just pluck stats from a spreadsheet. They got hands-on, analysing campaign content, running in-depth interviews, and even staking out actual initiatives to observe how people react in the wild. The analysis zeroes in on five significant Senegalese health efforts, such as "Marché Santé" (market-based health initiatives), "Écoles Santé" (school interventions), and the adrenaline-fueled Ebola SMS campaigns that bombarded communities during outbreaks. What did they find, as they combed through the data? Well, it's not one-size-fits-all. Strategies ranged from top-down, didactic "here's what you *should* do" messages, to more participatory, community-driven, and educational models. Interestingly, the notion of "cleanliness" itself turned out to be a hotbed of conflicting ideas—sometimes it's framed in technical, almost clinical terms (use this soap, follow this routine), while elsewhere it's enmeshed in the rhythms and traditions of local life (rituals, beliefs, even superstitions). The upshot of all this? If health guides are going to make real inroads, designers can't just parachute in with generic solutions. Successful communication needs to be rooted in the everyday lives and cultural frameworks of specific communities. The article recommends, ultimately, that developers tailor health messaging more thoughtfully, integrating local practices and addressing the unique needs of each group. Only then is there any real hope of boosting health literacy and genuinely shifting everyday behaviours.

Keywords: health communication, hygiene awareness, public health campaigns, field realities, health education

1. Introduction

Senegal stands as a compelling example of the persistent public health and sanitation challenges seen across sub-Saharan Africa. Ongoing issues—cholera outbreaks, malaria transmission, and the prevalence of foodborne illnesses—continue to have a substantial effect on the well-being of its population. As reported by UNICEF in 2020, approximately 34 percent of Senegalese citizens still lack access to improved sanitation facilities, and a significant 14 percent engage in open defecation. Such sanitation deficiencies are not merely infrastructural problems; they play a pivotal role in sustaining cycles of infectious disease, intensifying the nation's overall health burden.

In response to these interrelated challenges, a variety of actors—including public institutions, NGOs, and community-based organizations—have implemented health and sanitation awareness activities. These initiatives are designed to educate individuals regarding basic hygiene practices, encourage the use of improved sanitation services, and thereby limit the spread of communicable diseases. Often, these guides utilize a combination of in-person education, mass media campaigns, and the distribution of educational materials to instill desirable behavioural changes.

Yet, it is important to recognize that transforming health behaviours involves more than simply disseminating scientific information. Senegal's socio-cultural landscape weaves together traditional beliefs, religious values, and local practices, especially in rural areas where ancestral knowledge and rituals remain influential. Public health messaging cannot overlook such realities; indeed, interventions that ignore local contexts tend to be less effective, or may even be rejected outright. For instance, in numerous Senegalese communities, health and cleanliness are entwined with cultural practices such as herbal medicine usage, spiritual healing, and community-centred rituals. Effective health promotion materials, therefore, must demonstrate cultural sensitivity and adaptability if they are truly to change behaviour and improve public health.

Against this backdrop, this study undertakes a comparative analysis of five salient health and hygiene initiatives: the WHO's "Marché Santé" project, AMREF's "Écoles Santé" program, the rapid-response Ebola SMS campaign, the nationwide Cleanliness Promotion Campaign, and the "100 Volunteers" action mobilized during the COVID-19 pandemic. These examples are noteworthy in that they reflect different strategies, communication modes, and contextual adaptations targeting both urban and rural populations. By examining their implementation, messaging techniques, and community reception, this research aims to elucidate how health and cleanliness are represented in various Senegalese contexts, identify the core communication strategies at play, and critically assess the tangible impact of these programs.

From a theoretical standpoint, this research is grounded within the field of Information and Communication Sciences (ICS). Situated at the intersection of social theory and health communication, the analysis draws upon a dual framework: social representations theory and the principles of persuasive communication. Social representations theory, particularly as articulated by Serge Moscovici (2001), provides an analytical lens to explore how collective beliefs, shared meanings, and cultural narratives shape health-related perceptions and actions. These social representations are inherently dynamic, evolving through social interaction and ongoing reinterpretation. In the Senegalese case, the understanding of health is not merely the absence of disease; it also encompasses mental and spiritual well-being. Such a holistic notion of health is especially pronounced in rural areas, where traditional healing—encompassing herbal remedies and spiritual care—remains deeply rooted (Faye, 2020). Persuasive communication theory, meanwhile, clarifies how targeted messaging can effectively encourage behavioural change, while also highlighting the challenges posed by pre-existing social norms and values.

By fusing these perspectives, the study seeks not only to catalogue the content of health awareness campaigns, but also to dissect their approach and efficacy—why some initiatives resonate with communities, whereas others fail to effect lasting change. Ultimately, this inquiry aspires to contribute nuanced insights into the complexities of health communication in Senegal, demonstrating that culturally attuned, context-sensitive approaches are indispensable for effective and sustainable public health improvement.

In Senegal, cleanliness extends well beyond basic hygiene routines—it is a deeply rooted social and cultural value closely interwoven with ideas of dignity, respect for social order, and religious ideals of purity. This is evident in national initiatives like the National Cleanliness Promotion Campaign, where the emphasis on cleanliness moves far past simply keeping germs at bay and is constructed as a shared social and moral obligation (Ministry of Urban Renewal, 2019). When we look closely, the meaning of both health and cleanliness isn't monolithic; rather, it shifts depending on context. Urban populations, for example, tend to focus on technical methods—controlling microbial contamination in marketplaces or at home. In contrast, rural

communities often incorporate longstanding religious beliefs into their understanding of health and frequently see faith itself as providing substantial protection against illness (WHO, 2021). These differences ground everyday health practices in a network of norms, both spiritual and empirical, varying sharply between city and countryside.

To analyse how such health and cleanliness campaigns reach their audiences, Hovland and his colleagues' persuasive communication model (1953) provides a remarkably useful framework. The model, which includes the source, the message, and the receiver, allows us to parse exactly how these guides work—or don't—depending on who's talking and who's listening. In Senegal, specifically, the authority and legitimacy of the messenger are crucial. While institutions such as the Ministry of Health or the World Health Organization are generally respected in urban areas, their influence can be much weaker in rural settings, where everyday people turn naturally to local leaders. Figures like women's facilitators (the "Badiene Gokh") and influential religious leaders frequently command far more trust and attention regarding community health information (France 24, 2020).

The messages themselves, and their design, vary quite a bit across different awareness-raising initiatives. The "Marché Santé" project, as an example, adopts strict normative guidelines that lay out hygiene behaviours clearly and directly. Contrast that with the "Écoles Santé" program, which weaves stories and narrative elements into the curriculum, especially for schoolchildren, in hopes of influencing behaviour in a way that is more engaging and memorable. Meanwhile, during the Ebola crisis, the government and NGOs deployed SMS text messaging campaigns to distribute concise, multilingual information—an approach that worked relatively well in cities. Yet, these same campaigns ran into real roadblocks in rural areas, where not only are there fewer mobile phones, but literacy levels can restrict who actually receives and comprehends the messages (WHO, 2014). This reveals how communication strategies both shape and restrict the spread of information, often amplifying regional disparities.

The effectiveness of all these health guides and campaign tools also hinges on how well they fit their intended audience. Senegal's social fabric is characterized by complex linguistic and cultural diversity—Wolof, Serer, Mandinka, and more—requiring campaigns to carefully adjust language and anticipated cultural norms if they hope to foster true understanding and practical uptake across communities. A community-based approach is centrally important within this context and remains, arguably, the linchpin for ensuring health and cleanliness messages are not simply heard but trusted and internalized. There are substantial disparities in healthcare access between urban centres (especially Dakar) and less served rural areas (Faye, 2020). In response, Senegalese policy and non-profit actors increasingly leverage community leaders, women's facilitators, and youth volunteers to bridge the gaps between "official" institutional models and the lived realities of everyday people (AMREF, n.d.). Local volunteers become conduits of information, but also adapters—translating external health directives into locally meaningful action.

Projects such as the "100 Volunteers" initiative have demonstrated the value of combining traditional knowledge and local custom with modern public health protocols. By rooting contemporary health messages within familiar cultural frames, these programs dramatically boost relevance and trustworthiness in the eyes of target communities. Critically, these efforts put a premium on participatory communication, treating local communities not as passive recipients of instructions but as active co-creators in the message and its delivery. Such an approach is particularly powerful: When health messages aren't merely handed down from above, but are instead developed, discussed, and shared within the community itself, evidence strongly suggests their relevance, legitimacy, and overall effectiveness are greatly enhanced. In this sense, true success in health and cleanliness campaigns in Senegal often depends less on the novelty or sophistication of the message, and far more on whose voices shape it and how deeply it resonates in the fabric of everyday life.

Within the landscape of health communication in Senegal and, more broadly, in sub-Saharan Africa, awareness guides on health and cleanliness function as crucial mediating tools.

Essentially, their purpose is to adapt and channel expert, often highly technical medical knowledge—germ theory, for instance—into forms that resonate within local cultural contexts. This process, sometimes referred to as "vulgarization," goes far beyond simple translation. Messages are reframed using local languages, and frequently draw on culturally familiar elements such as Wolof proverbs or religious metaphors, transforming abstract or foreign concepts into something tangible and relatable for the target audience (World Bank, 2020).

This adaptation is not performed in a vacuum. Guides disseminate their messages through a variety of media: SMS alerts, posters plastered on community walls, interactive workshops, or even graffiti in public spaces. This multipronged approach not only addresses issues such as widespread illiteracy and vast linguistic diversity but also compensates for infrastructural limitations, particularly acute in rural regions. The result is an effort to ensure that health communication is not just present, but accessible and culturally coherent across different segments of Senegalese society.

At its core, this strategy underscores the indispensable role of socio-communicative mediation. Health messages are effective only when they are intelligible and accepted by their intended recipients. By employing diverse, locally tailored communication channels and drawing heavily on existing cultural references, health awareness guides can more effectively bridge urban-rural divides, delivering nuanced information that accounts for the lived realities and values of different communities.

The academic literature offers robust support for this approach. A pertinent review by Mollel (2019) foregrounds the importance of community participation in designing and delivering health messages in Africa. The evidence suggests that communication strategies which actively involve communities—rather than imposing information in a top-down fashion—can foster more meaningful changes in sanitation and health behaviours. This observation directly parallels the community-centred models seen in Senegal, where local facilitators assume vital roles in mediating between biomedical expertise and everyday practices.

Additionally, Ndoye (2020) sheds light on the importance of religious leaders in Senegalese health communication. The study details how these figures command significant social influence, particularly in rural communities. They act as crucial mediators, negotiating the tensions between longstanding traditions and newer biomedical norms. This dynamic aligns with established persuasive communication models, which identify credibility of the messenger as a linchpin in effective health education.

Technological campaigns also reflect the necessity of context-sensitive communication. For example, as analysed by Sylla (2021), the Ebola SMS public health campaign had measurable success in urban centres but limited impact in rural areas, primarily due to uneven access to mobile technology and persistent literacy barriers. This highlights the importance of designing campaigns that are tailored not just to linguistic and cultural contexts, but also to the differing infrastructural circumstances and resource distribution between urban and rural localities.

A critical survey of these health and cleanliness awareness guides also reveals persistent friction between internationally driven health paradigms and entrenched local beliefs. Faye (2020) notes that while organizations such as WHO and AMREF have made notable contributions to public health in Senegal, their efforts often intersect awkwardly with strong local allegiances to traditional medicine and indigenous healing practices. These cultural attachments can sometimes blunt the efficacy of technically-oriented, scientifically grounded campaigns.

The complexities of implementing international health programs become especially apparent in initiatives like the WHO's "Marché Santé," which prioritizes standardized hygiene protocols. As both WHO (2021) and Faye (2020) acknowledge, such interventions are most effective when local authority figures—whether religious leaders, village chiefs, or respected elders—are actively involved as boundary-spanners. These individuals possess deep community trust and are uniquely positioned to foster acceptance of novel health practices. Relying on their engagement is not merely advantageous; it is often indispensable. Conversely, interventions that ignore or bypass these gatekeepers are likely to face resistance or indifference, especially outside

of major cities.

Ultimately, a comprehensive review of the Senegalese case makes clear that effective health communication must be embedded within the specific cultural, social, and infrastructural contexts it is meant to serve. Success hinges on more than the sheer frequency or visibility of health messages. It relies on the nuanced mediation of knowledge, the active involvement of trusted local actors, and an adaptive approach that respects both global best practices and local realities.

Drawing from the revised text, it's clear that recent studies, particularly from the World Bank (2020), accentuate how youth leadership plays a pivotal role in transcending persistent cultural barriers within health campaigns. The improvisational and often creative nature of youth-led communication—especially as seen during the COVID-19 pandemic—demonstrates that innovation is not just a buzzword but a practical mechanism for engaging otherwise hard-to-reach populations. Youth-driven initiatives leverage digital platforms, visual storytelling, and interactive outreach methods that tend to resonate particularly well within urban environments, where access to technology and openness to new ideas are more prevalent. Yet, this effectiveness is not uniform. In rural Senegal, where internet penetration is limited and traditional worldviews remain influential, youth initiatives often encounter significant headwinds. The uptake of campaigns in these areas can falter, not due to the inherent ineffectiveness of the message, but because the channels and formats are less accessible or relatable to rural audiences (World Bank, 2020).

This divide underscores the critical importance of source credibility in health communication, as described in Hovland et al.'s seminal 1953 study. Their framework on persuasive communication explicates that people are significantly more likely to internalize health advice when it comes from trusted figures embedded in their communities—whether that's religious leaders, village elders, or respected teachers. Senegalese campaigns, therefore, face the dual hurdle of not only disseminating accurate information but also fostering trust in its source. When health messages are relayed or reinforced by familiar, authoritative local actors, behavioural change is palpably more likely. This observation aligns with findings from AMREF, whose education campaigns are deliberate about integrating local voices and cultural knowledge into every stage of the communication process.

Furthermore, Bardin's (2013) methodological contributions regarding content analysis offer an essential lens through which the nuances of health communication in Senegal can be dissected. Bardin highlights that the choice of communication medium—whether visually impactful posters, SMS reminders, or in-person outreach—must be acutely tailored to the sociolinguistic and cultural context of the target audience. Effective messaging is rarely generic; it is carefully localized. "Marché Santé," for example, exemplifies best practice by leveraging simple, context-sensitive visual materials that anchor public health advice in familiar imagery and everyday life. Such adaptation is crucial not only for comprehension but also for building affinity between public health experts and the communities they serve (WHO, 2021).

Faye and Sow (2025) go into the complex world of social and behaviour change communication (SBCC) in nutrition, with a focus on adapting interventions to local realities in Senegal. Their analysis is rooted in decolonial and knowledge-ecological perspectives, challenging the prevailing approach where external actors dominate the narrative and strategies. The authors highlight the importance of empowering local communities, ensuring that interventions genuinely reflect local knowledge, practices, and power structures, rather than simply importing "global" best practices. This work contributes to the broader movement of decolonizing global health, urging professionals to critically examine how language and structural power imbalances affect outcomes. By prioritizing local agency and contextual understanding, Faye and Sow set the stage for nutrition interventions that are both equitable and sustainable.

The article investigates the strengths and weaknesses of Senegal's nutrition sector by dissecting the World Bank's assessment of the country's public health infrastructure (Deussom et al., 2018). Notable findings include persistent gaps in resources and a recurring lack of strategic planning,

particularly in how governmental and international organizations coordinate efforts. While the technical focus is valuable, the analysis would benefit from a closer look at the socio-political drivers behind these gaps. Understanding political will and on-the-ground realities could offer a nuanced explanation of why resource allocation and coordination issues persist.

Ridde and colleagues (2022) explore how two departmental health insurance units in Senegal coped during the COVID-19 pandemic. Their research offers deep insights into the adaptability and limitations of local health insurance systems under crisis. Despite the strengths of a focused case study, a more expansive approach—including additional insurance units or contextual analysis—would help clarify whether the resilience observed is representative of Senegal's health system more broadly. This would be particularly relevant for long-term strategies aiming to bolster health system resilience nationwide. The authors employ the Integrated Behavioural Model to analyse why routine health information system (RHIS) data is—or isn't—used effectively in Senegal (Muhoza et al., (2022). They highlight the multi-layered barriers, from individual attitudes to organizational norms and logistical constraints. Though robust in design, the research could dive deeper into rural and grassroots-level challenges, as these areas often grapple with the most acute data system deficiencies. A sharper focus on low-resource contexts might reveal practical interventions to increase meaningful data use.

This study underscores the serious threat climate change, specifically flooding in Keur Massar, poses to Senegal's health system (Diallo & Ridde, 2024). The authors illustrate how environmental pressures aggravate existing health vulnerabilities, especially where resources are already limited. Future research should investigate practical climate adaptation strategies within Senegalese health policy. Exploring lessons from other African regions could offer valuable frameworks for anticipating and mitigating climate-related health crises. Azevedo's (2017) volume provides an overarching historical context for health systems across Africa, tracing both achievements and persistent obstacles. The discussion brings critical background for understanding why African health systems frequently face unique challenges. Despite its value as a historical resource, the book could be improved with a discussion of post-2010 innovations and adaptive strategies, especially as African countries respond to newer global health challenges. This would enhance the relevance for current policymakers and scholars.

The evaluation of the TOSTAN Program showcases the significant, positive influence community-based education can have on both social norms and health outcomes in Senegal (Diop et al., 2003). The program's participatory approach is highlighted as central to its success. The study would be strengthened by detailing how outcomes are measured and by offering in-depth analysis of the long-term sustainability of these community-driven changes. Kruk and co-authors (2018) strongly advocate for transformational change in global health systems to achieve Sustainable Development Goals (SDGs). Central to their argument is the idea that only high-quality, systems-based approaches will enable universal health coverage and better outcomes. The article's ambitious vision would be better grounded by concrete case studies, particularly from settings with limited resources, to illustrate what high-quality reform looks like in practice.

The study Faye et al. (2025) explores the intersecting challenges faced by women who use drugs in Senegal, revealing how entrenched gender inequality complicates access to care and tailored health services. Their findings begin to fill a notable gap in the literature on gender, health, and marginalized communities in West Africa. Further research could delve into the sociocultural barriers and system-level responses needed to enhance support for women's health more effectively in Senegal and comparable contexts. Kickbusch (2021) and colleagues provide a global perspective on health diplomacy, emphasizing the interplay of equity, solidarity, and politics in shaping health systems. Their conceptual approach frames global health as an enterprise requiring collaboration across borders and sectors. While notably comprehensive at the conceptual level, the work would be enriched with more concrete, context-specific examples of how global health diplomacy operates in practice, particularly in resource-limited countries.

These articles collectively offer a multifaceted, critical understanding of health systems in Senegal and Africa. From decolonial perspectives and capacity analyses to resilience in crises and the impact of gender and climate, the literature demonstrates both the diversity and interrelatedness of challenges facing the continent's health systems. However, there remains a visible need for more case-

driven, context-responsive insights, especially regarding grassroots implementation, power dynamics, and adaptation to evolving global threats. Further research and practice should bridge these gaps, prioritizing local knowledge and sustainability to ensure resilient, equitable health systems in Africa and beyond.

Synthesizing these insights, the literature places significant emphasis on the potential—and in many cases, the necessity—of community-driven approaches in overcoming the challenges of health promotion in Senegal. While international organizations provide robust frameworks and resources, the ultimate success of their initiatives relies on attentive integration with entrenched local practices and belief structures. The research community continues to identify gaps, particularly concerning rural adaptation: how can interventions be recalibrated for communities that are linguistically, geographically, and culturally distinct from urban centres (Faye, 2020; WHO, 2021)?

The evidence converges on the point that health and cleanliness awareness in Senegal is most effective when it is rooted in contextual sensitivity. Educational guides and campaigns need more than technical accuracy—they must be crafted with both a theoretical grounding (such as social representation theory and persuasive communication principles) and a practical orientation toward local realities. The dual focus enables a more sophisticated understanding of how health messages are received, reinterpreted, and either accepted or dismissed in Senegal's complex social environment. Practically speaking, while urban populations might benefit from technologically innovative and youth-targeted initiatives, rural communities require a strategy that privileges communal involvement and the mediation of trusted local figures. Future research and program design should prioritize these nuances, advocating for participatory message design and ongoing adaptation to the diverse realities across Senegal. Ultimately, only by merging evidence-based practices with local wisdom and traditions can health communication efforts foster the sustainable changes required for long-term public health improvement.

2. Method

This study implements a mixed-methods research design to examine the health and cleanliness awareness guides utilized in Senegal, drawing from both quantitative and qualitative paradigms to yield a thorough, nuanced understanding of health communication in this particular context. By employing multiple methodological approaches—including detailed content analysis, semi-structured qualitative interviews, and participant observation—the research captures not only the surface structure of these public health communications, but also their deeper cultural resonance and practical impact throughout different communities in Senegal.

2.1 Content Analysis

Content analysis functions as the foundational method for this inquiry, enabling a systematic and comprehensive evaluation of the health and cleanliness awareness materials distributed via a range of platforms: posters, SMS campaigns, and extensive community outreach programs. The analysis targets five central initiatives—among them, the World Health Organization's "Marché Santé" project, AMREF's "Écoles Santé" program, the national Ebola SMS campaign, Senegal's National Cleanliness Promotion Campaign, and the "100 Volunteers" initiative—to determine both their commonalities and divergences in message design, substance, and delivery.

Key focal points in the content analysis include: *(a) Message Structure:* The investigation explores how information is constructed and conveyed, scrutinizing whether these materials lean towards universal standards, such as WHO's hygiene guidelines, or are more tailored to reflect local traditions, community norms, and belief systems regarding health and cleanliness. (b) Visual and Textual Elements: The study examines not only the literal language—whether in Wolof, Serer, French, or a mix—but also the use of colour schemes, imagery, and symbolic motifs. This is particularly salient in Senegal's linguistically and culturally diverse context, in which the deft use of visual and linguistic cues may determine if communication resonates or falls flat. (c) Persuasive Techniques: The content analysis pays special attention to strategies designed to change

behaviours: from appeals to authority or expert credibility, to shifts in tone (prescriptive, narrative, humorous), and even explicit emotional appeals intended to spur real action. The analysis is careful to note if and how these strategies reference or respect entrenched local practices, such as traditional medicine, alongside their advocacy for contemporary health behaviours.

By dissecting these components, the research illuminates the layers of intent and adaptation embedded in the guides—shedding light on whether they truly speak to Senegalese realities or merely echo global health discourse. The analysis helps clarify how these campaigns either harmonize with or challenge pre-existing health paradigms at the community level.

2.2 Qualitative Interviews

To move past surface-level insights, the study conducts qualitative interviews with stakeholders actively shaping or experiencing these health communication efforts. Participants constitute a spectrum: public health officials, educators, grassroots leaders, and everyday individuals drawn from both urban environments and rural peripheries. The interviews aim to capture a range of perspectives—probing the perceived effectiveness and cultural appropriateness of the messaging, as well as the on-the-ground challenges of implementation.

The interviews are semi-structured in order to balance consistency across respondents with enough flexibility to uncover unexpected insights. This approach foregrounds key topics such as health literacy, institutional trustworthiness, and the (sometimes fraught) intersection of global messaging and local sensibilities. The research remains attuned to the ways in which legitimacy is assigned: for example, whether rural communities place more faith in traditional authorities than in official ministry communications, or how urban and rural perceptions of "cleanliness" may diverge in practice.

Through a robust thematic analysis of the interview data, recurring patterns emerge. These include the pivotal importance of local language and familiar metaphors, the necessity of community trust for successful campaigns, and the impact of long-standing beliefs or taboos. Notably, the research documents obstacles such as technological barriers—where lack of access to digital platforms can sharply limit outreach—and cultural inertia, as some communities prove cautious, or even resistant, to adapting new health routines that clash with entrenched customs.

By integrating both content analysis and qualitative interviews, the research presents a multidimensional portrait of Senegal's health and cleanliness promotion efforts. The content analysis allows for an objective mapping of health messaging strategies and their theoretical potential to shape behaviour, while the interviews supply a grounded understanding of how these messages are actually received, interpreted, and responded to by real audiences. This combined methodology ensures a comprehensive and context-rich assessment of the efficacy, cultural fit, and practical barriers faced by public health communication across varied Senegalese settings. In highlighting both the structural intentions and lived realities of these initiatives, the study contributes meaningfully to the broader discourse on health education and public engagement in similar multicultural, multilingual environments.

3. Results and Discussion

3.1 Results

This section details the principal findings derived from the content analysis of five distinct health and cleanliness awareness campaigns in Senegal, integrating insights from qualitative interviews. The overarching objective of this study was to evaluate these initiatives in terms of their effectiveness, cultural congruence, and communicative approaches, with a particular emphasis on their influence upon health-related behaviours and prevailing notions of cleanliness.

The campaigns under analysis are as follows: (a) WHO's "Marché Santé," a public health campaign endeavouring to enhance hygiene practices within urban markets; (b) AMREF's "Écoles Santé," an initiative embedded in school settings and targeting children's understanding of health and hygiene; © the Ebola SMS Campaign, which leveraged mobile technology to disseminate prevention messages during the Ebola crisis; (d) the National Cleanliness Promotion

Campaign, a widespread governmental initiative intended to bolster cleanliness across Senegalese communities; and (e) the "100 Volunteers" Initiative, a COVID-19 engagement strategy mobilizing local volunteers to spread crucial health information at the grassroots level.

The content analysis uncovered several salient themes across these campaigns, particularly regarding the organization, linguistic choices, and persuasive rhetoric employed. The following subsections elaborate on key elements identified:

3.1.1. Message Framing

The manner in which health messages were framed diverged considerably across the examined campaigns. For instance, the "Marché Santé" program adopted a predominantly technical and procedural framing, emphasizing scientifically validated hygiene protocols. Notably, its educational materials included diagrams illustrating handwashing techniques, and explanatory infographics to communicate the foundational principles of germ theory. This methodology sought to foster uniform standards among urban market vendors and stressed the health risks posed by inadequate hygiene in food markets. Such an approach reflects a technocratic notion of health, privileging biomedical concepts and prescriptive practices.

Conversely, the "Écoles Santé" campaign utilized a more community-oriented and pedagogically adaptive strategy. Rather than focusing solely on procedures, this program integrated culturally sensitive pedagogies—storytelling, gamification, and interactive classroom activities—to render health concepts accessible and relevant to children. This approach endeavours not only to impart knowledge but also to foster the internalization of positive hygiene habits as integral elements of ordinary life. The underlying premise is that early engagement through culturally resonant methods has the potential to influence social norms and long-term behaviours.

The Ebola SMS campaign introduced a different modality for message framing, prioritizing brevity, linguistic accessibility, and actionable guidance. By deploying concise, directive messages in Wolof, Serer, and French, the campaign ensured widespread comprehension and immediate applicability. The strategy capitalized on the rapid proliferation of mobile phones in Senegal, allowing timely information dissemination during a critical public health emergency. The content of the messages was markedly pragmatic, urging behaviours such as frequent handwashing or minimizing contact with suspected cases, thus offering clear steps for recipients to follow.

3.1.2. Persuasive Strategies

An important dimension revealed by the analysis pertains to the credibility of the message source and its reception across different sociocultural contexts. In urban areas, particularly Dakar, campaigns affiliated with reputable institutions such as WHO and AMREF benefited from the established legitimacy of these organizations and the higher general awareness of international health authorities. The public in these regions demonstrated a greater propensity to accept messages from these formal, institutional sources, due in part to frequent exposure to professional healthcare providers and media.

Nevertheless, this institutional credibility did not translate as effectively to rural communities, where trust is often rooted in local social structures. In these contexts, traditional and religious leaders play significant roles as arbiters of credible information. Recognizing this, campaigns such as the "100 Volunteers" initiative adopted a community-based model, actively recruiting local influencers and respected figures to serve as conduits for health communication. Through this approach, messages could bridge the gap between formal health organizations and local populations, ultimately increasing the probability of acceptance and behavioural uptake.

Further, the tonal qualities and design of campaign messages appeared to exert a notable influence on audience engagement and reception. The National Cleanliness Promotion Campaign, for example, was characterized by a normative and authoritative tone, frequently employing imperative language to convey a sense of collective responsibility around cleanliness. Such an approach may foster compliance, yet risks alienating segments of the population who are less responsive to top-down directives.

In contrast, the "100 Volunteers" initiative embraced more creative and participatory methods. This included the use of public art—such as graffiti and murals—and communication through informal channels, which particularly resonated with younger audiences. The campaign's utilization of local dialects and idioms further enhanced relatability, embedding messages within familiar linguistic and cultural frameworks. This imaginative use of participatory and culturally adaptive strategies contributed to a sense of ownership among communities, enabling the health messages to become more deeply ingrained within local discourse.

The findings underscore the significance of message framing, source credibility, cultural sensitivity, and innovative communication methods in shaping the efficacy of health and cleanliness awareness campaigns. Adaptation to local contexts, mediated by trusted figures and culturally resonant mediums, emerges as a crucial determinant of successful health promotion efforts in Senegal.

3.1.3. Visual and Textual Elements

Visual representations played an essential role across all observed health campaigns. For instance, the "Marché Santé" initiative strategically employed photographic contrasts between clean and unsanitary markets in order to vividly depict the stakes of hygiene practices. This visual strategy was deliberately chosen to move hygiene from abstract advice to immediately comprehensible realities. Furthermore, the campaign embedded stepwise diagrams detailing proper handwashing techniques and food handling procedures—presented in a clear, sequential fashion—displayed prominently in frequently visited public settings, such as marketplaces and health centres. These aids were intentionally accessible, reducing cognitive or linguistic barriers for diverse audiences, and ensuring key hygiene messages would be both visible and actionable.

Conversely, the "Écoles Santé" program adopted a tailored approach for its primary school-aged audience. Employing playful cartoons and engaging illustrations, the campaign sought to demystify and normalize discussions about personal and communal hygiene. The choice of visual representation not only rendered the educational content more approachable for children but also heightened the likelihood of genuine engagement and behavioural adoption. Notably, these materials were localized by incorporating references to regional dress, foods, and familiar environments, thereby strengthening cultural resonance and fostering an intrinsic connection between the educational material and the children's lived experience.

3.1.4. Community Impact and Engagement

A nuanced analysis of campaign outcomes reveals notable discrepancies in impact across urban and rural spaces. Urban environments, such as Dakar, benefitted from existing infrastructural and educational advantages; campaign dissemination methods like the Ebola SMS alerts and the "Marché Santé" initiative proved especially effective. Residents of these areas—often possessing routine exposure to technology, higher literacy rates, and consistent access to media—responded with heightened awareness and prompt hygiene behaviour change as a result of these interventions.

In rural settings, however, receptivity to institutional health messages was markedly diminished. Health campaigns that anchored their authority in institutional prestige, including the WHO-affiliated "Marché Santé" project, confronted resistance rooted in longstanding local beliefs and customs. The persistence of scepticism towards external directives necessitated the introduction of the "100 Volunteers" initiative. This model capitalized on the influence of established community figures—religious leaders, respected elders, and women's associations—to contextualize and communicate health information. By leveraging pre-existing trust networks, campaign messages were more readily internalized and accepted by rural populations, who typically display high reliance on community cohesion and tradition-grounded health knowledge.

Qualitative data, gathered through interviews with community members, healthcare practitioners, and educators, further substantiated these observations and highlighted the complex interplay of cultural relevance and perceived effectiveness in health promotion. Urban interview subjects frequently exhibited confidence in campaigns' capacity to generate disease awareness and encourage preventive action. In contrast, rural respondents commonly signalled

a continued preference for indigenous therapeutic methods, such as the use of herbal remedies and localized sanitation techniques. Nevertheless, there was also a documented openness to integrating contemporary medical knowledge—contingent on the endorsement of trusted community mediators rather than remote institutional authorities.

One persistent challenge identified was the inconsistency of messaging across geographic regions, particularly when accounting for variations in literacy and linguistic diversity. In communities where written literacy is not widespread, or where campaign materials failed to reflect local vernaculars, communication effectiveness suffered. This underscores the critical value of non-textual and oral communication methods—illustrative, visual, and narrative—especially in reaching populations with limited access to formal education. Fundamentally, these findings advocate for a flexible, audience-centred strategy in public health outreach, attentive to the distinct sociocultural and educational contexts of its varied constituencies.

3.2 Discussion

The data gathered in this study offers multifaceted insights into the cultural appropriateness, communication mechanisms, and the ultimate efficacy of health and cleanliness awareness campaigns deployed across Senegal. While there is clear evidence of progress—increased awareness and improved hygiene practices—one must acknowledge the nuanced ways in which local cultural norms, socio-political dynamics, and accessibility shape both the reach and impact of such campaigns.

A principal finding emerging from the research concerns the indispensability of cultural sensitivity in developing and executing health campaigns. Drawing upon the theory of social representations (Moscovici, 2001), it becomes evident that health and cleanliness are not merely biomedical constructs; instead, they are experienced, interpreted, and enacted within distinctive cultural milieus. In Senegal, traditional medicine coexists with community-based health customs, providing alternative frameworks for understanding well-being and hygiene. As such, health campaigns which attempt to superimpose scientific practices without due regard for entrenched beliefs or local epistemologies often encounter resistance or apathy. A sustained impact, therefore, necessitates an integrated, dialogic approach—one that fosters respectful engagement with local practices while gradually introducing scientifically substantiated interventions. This duality supports not only the legitimacy of such campaigns but also encourages more widespread and lasting behavioural change.

These insights correspond closely with the persuasive communication model proposed by Hovland et al. (1953), specifically the vital role of source credibility and message framing. Institutional messages disseminated by established organizations—such as the WHO—tend to carry significant weight in Senegal's urban environments, where formal education, governmental infrastructure, and established trust in biomedical institutions are prevalent. Conversely, rural populations often remain more responsive to guidance from local community figures, whether they be religious authorities, traditional healers, or community elders. This underscores a persistent hierarchy of trust, wherein the legitimacy of the message is inextricably tied to the perceived authenticity and proximity of the messenger. Accordingly, initiatives like the "100 Volunteers" exemplify the effectiveness of leveraging grassroots actors in reaching and influencing marginalized rural populations.

The study's observations regarding the urban-rural divide resonate with extensive research on public health communication in low- and middle-income contexts (cf. Faye, 2020). Urban areas, benefitting from superior infrastructure and information technologies, have often shown a greater receptivity to health messaging, as illustrated by the relative success of the Ebola SMS campaign. In contrast, rural demographics frequently contend with infrastructural shortcomings—limited mobile phone penetration, reduced literacy rates, and fewer channels for formal health communication. These disparities call for differentiated communication strategies; visual and participatory methods such as murals, community plays, and oral storytelling are not merely alternatives but, in many instances, essential vehicles for meaningful transmission of health information outside urban centres.

The National Cleanliness Promotion Campaign and the Marché Santé project further underscore the effectiveness of employing interactive, contextually resonant media. Visual representations and communal performances transcend linguistic and literacy barriers, allowing for broader and more inclusive engagement with hygiene promotion efforts.

Behavioural Change and Longer-Term Impact

Though the analysed campaigns have contributed to rising awareness and, in some cases, demonstrable improvements in hygiene practices, the durability of these changes remains in question. Behavioural modification, as extensively documented in the literature (Moscovici, 2001), is rarely an immediate or easily sustained outcome. It is contingent on a complex interplay of personal beliefs, social expectations, economic limitations, and environmental factors. For example, the short-term success of campaigns such as "Écoles Santé"—which actively involve children in adopting hygiene routines—is certainly promising. Such interventions have the potential to seed new norms at a formative stage of development.

Nevertheless, sustaining these behaviours as children mature and encounter shifting social influences is an ongoing challenge. Longitudinal follow-up is necessary to discern whether initial gains translate into enduring shifts at the community level. Ultimately, future interventions would benefit from an iterative design, incorporating continuous community feedback, sustained engagement with local stakeholders, and adaptive strategies sensitive to the evolving interplay of tradition, modernization, and social change.

The trajectory of health and cleanliness promotion in Senegal exemplifies the necessity of culturally embedded, community-centred strategies that respect and align with local realities. Further, a commitment to long-term evaluation remains crucial for transforming short-term behavioural improvements into lasting public health outcomes.

4. Conclusion

In summary, the deployment of health and cleanliness awareness guides in Senegal has proven to be an influential mechanism for reinforcing public health knowledge and encouraging improved hygiene-related behaviours across different populations. The positive outcomes documented in various regions underscore not just the necessity, but also the potential of these interventions to effect actual change on the ground. Yet, it is critical to note that their sustained success hinges on a careful and nuanced integration of local cultural practices and the capacity to adapt interventions to specific local contexts. In both urban and rural communities, the effectiveness of these guides directly correlates with the extent to which communication strategies are appropriately tailored to resonate with the distinct realities of the target audiences.

This study has highlighted that while formal, institutionally-driven health messages hold persuasive sway in urban settings—where audiences may already be disposed to receive technical guidance—these must be complemented by grassroots, community-based approaches in rural environments. Rural populations often rely on established social structures and trusted figures for guidance; as such, leveraging the influence of local actors, such as respected religious authorities and community facilitators, serves as a crucial conduit for bridging the persistent divide between modern public health recommendations and deeply ingrained local beliefs or customs. This approach is vital for ensuring new practices are not only adopted but also meaningfully incorporated into daily life.

Furthermore, the findings emphasize the imperative of crafting messages that are both regionally and culturally sensitive. Customization extends beyond mere translation—it demands an understanding of linguistic nuances, varying educational attainment levels, and the technological resources or limitations present in different locales. Senegal's pronounced urban-rural divide demands that health campaigns be designed with acute awareness of these socio-cultural and infrastructural differences. Strategies that may achieve widespread uptake in metropolitan areas may have diminished impact—or even foster resistance—if transplanted without adaptation to rural settings.

The theoretical underpinnings provided by communication scholars such as Hovland et al. (1953) and Moscovici (2001) remain relevant for guiding the design of persuasive messaging within such health campaigns. However, this study reinforces the necessity of translating theory into practice by embedding interventions within local cultural frameworks and prioritizing substantive community engagement. Acceptance of health messages—and ultimately, their translation into sustained behavioural change—is significantly determined by the authenticity of their delivery and their alignment with community identity and values.

In conclusion, the enduring success of health and cleanliness initiatives in Senegal, and by extension, in other low- and middle-income countries, depends on the capacity to continuously refine and adapt communication strategies. These strategies must remain flexible, responsive to evolving community needs, accessible resources, and shifting cultural landscapes. The present research suggests that future health campaigns will achieve far greater impact by not only building upon established lessons but also prioritizing the participation and leadership of local actors. Community-based participatory approaches hold great promise in anchoring health interventions within the lived realities of their target audiences, thereby promoting changes in health and hygiene behaviour that are genuine, meaningful, and lasting.

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