

# STRATEGIC PLANNING FOR HEALTH EDUCATION USING SOCIAL MEDIA IN BOTSWANA'S PUBLIC HEALTH INSTITUTIONS

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**Abstract:** This study aimed to evaluate the contribution of social media to strategic planning in health education within Botswana's public health institutions. The objectives included assessing social media's effectiveness in achieving strategic goals, identifying gaps in the Ministry of Health (MoH) education programs, exploring how social media can improve Botswana's health through effective health education, and recommending strategies for health strategists. A positivist research methodology was employed, distributing structured questionnaires to 100 participants from the MoH and the public in Gaborone and Ramotswa village, with 93 fully completed responses analyzed using IBM SPSS Version 20.0. The findings indicated that social media is an effective tool for implementing public health education due to its broad reach. Significant gaps identified were high IT illiteracy and the Ministry's slow adoption of social media. Recommendations included using both traditional and digital media for public health education and benchmarking social media platforms from countries like Swaziland and South Africa, and the American CDC.

**Keywords:** Botswana Ministry of Health, social media, public health education.

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## 1. INTRODUCTION

Botswana, a newly classified middle-income country, faces significant health challenges common to the Sub-Saharan region, such as HIV and AIDS, heart diseases, and cancer. Despite strategic plans aimed at ensuring accessible health education for all citizens, there are deficiencies in the effectiveness of the health system in delivering these messages due to varying literacy levels, geographical disparities, and uneven technology adoption. The Health Information Management System (HIMS) implemented by the government monitors and evaluates health education but encounters obstacles in data collection, dissemination, and timely reporting. Traditional media like radio and television have proven ineffective in reaching the entire population, while digital devices and social media show potential in effectively conveying health education messages (Republic of Botswana, 2011; Harris & Snider, 2015).

### Research Questions

The researchers sought to address the following questions:

1. What strategies are used in Botswana to ensure that health education strategies are effective?
2. What gaps exist in Botswana's health education program?

3. How can the Botswana Ministry of Health and Wellness utilize social media to ensure that the health status of the country's citizens improves?
4. Are there any specific strategies that can be used by the Ministry of Health and Wellness to improve health education amongst the local population?

### **Rationale for the Study**

This research addresses gaps in health education dissemination in Botswana due to traditional media's limited reach and inefficiencies. With digital devices and social media's rise, it explores improving communication strategies within the health system to enhance public health outcomes.

### **Hypotheses**

The study hypothesized that integrating social media with health communication models could vastly improve health education dissemination in Botswana. It anticipated leveraging widespread smartphone use to enhance message reception and effectiveness compared to traditional media (Harris & Snider, 2015).

## **2. LITERATURE STUDY**

### **The Effectiveness of Social Media Engagement for Public Health**

Social media is recognized for its effectiveness in disseminating public health content, particularly when integrated with traditional channels (Park et al., 2011). Different segments of the public prefer varied channels for health education, including online platforms like social media (Toth, 2011). Waters and Jamal (2011) highlight that a significant portion of Internet users seek health education online, a trend expected to rise with social media's expansion. Cardenas (2013) underscores social media's role in creating new spaces for sharing health information, while Leichty and Springston (2014) note its accessibility to internet-savvy users. Morsing and Schultz (2015) emphasize social media's utility for real-time data collection and targeted health education efforts, enhancing public health communication strategies.

### **Effectiveness of Social Media in Health Education**

Health education plays a crucial role in disseminating information on health challenges. National health initiatives aim to promote health services, enhance public awareness, and boost citizen participation (Stoker & Tusinski, 2016). Social media has expanded opportunities for increasing public health awareness and gathering feedback on health initiatives (Mergel, 2013). Alam and Lucas (2011) report a rapid increase in social media users, with about 67% of Internet users engaging in platforms like Facebook. Despite mixed findings, research by Harris et al. (2014) and Grant et al. (2016) demonstrates social media's effectiveness in public health education, recommending further research to explore emerging technologies.

However, many public health institutions are yet to leverage social media effectively (Neiger et al., 2013). Chou et al. (2015) highlight opportunities for health practitioners to enhance intervention strategies using social media's interactive features. Social media's ability to facilitate two-way communication and real-time interaction is a significant advantage over traditional media (Chou et al., 2015). It allows 24/7 interaction from diverse locations, enhancing public engagement and real-time feedback (Mergel, 2013). While social media's advantages are clear, traditional media should not be discarded but integrated with social media strategies for effective public health education (Golbeck et al., 2016).

Global studies indicate a substantial number of Internet users seek health information online, presenting opportunities for health personnel to increase awareness using social media (Macnamara, 2014). Social media facilitates real-time data gathering on epidemics, helping public health officials track and respond to health crises (Lovejoy & Saxton, 2015). It enhances user trust through direct online interactions, making information sharing more credible than static media (Golbeck, 2016; Stoker & Tusinski, 2016).

### **Challenges of Social Media Engagement for Public Health Education**

Despite social media's advantages in interactive communication, it has several drawbacks. Golbeck et al. (2010) highlights the potential loss of message control, risking credibility through negative remarks and message reshaping. Cardenas (2013) notes the challenge of targeting diverse individual perceptions in public health education. Thackeray et

al. (2013) emphasize the need for adequate monetary and personnel resources to support social media interactions. Finally, Morsing and Schultz (2015) point out difficulties in quantifying the impact of social media on health education, necessitating specific strategies and metrics for effective evaluation (Park et al., 2011; Peters, 2012).

**Ways in which the Botswana Ministry of Health can utilise social media to improve the health status of Batswana by employing effective health education**

The exponential growth of social media tools like Facebook, Twitter, and YouTube has significantly impacted public health education. Van der Meiden (2013) attributes this popularity to social media's ability to reach distant regions, enable engagement, and disseminate credible health messages. Neumann and Harper (2013) highlight that social media connects millions, enhancing the timely dissemination of public health information and leveraging audience networks for information sharing. Personalised health messages empower individuals to make healthier decisions (Grünig, 2009).

**3. RESEARCH METHODOLOGY**

The study focused on 13,560 individuals in Ramotswa village, Botswana, including 13,500 public members and 60 health education officers from the Ministry of Health & Wellness. Using purposive and systematic sampling, 80 public members and 20 health education officers were selected. Participants completed a structured questionnaire on the effectiveness of social media in health education, returned within three days for analysis. Data gathered included quantitative demographic information and qualitative feedback on health education programs. The questionnaire, divided into five sections, covered personal data, effectiveness of social media, gaps in programs, utilization suggestions, and improvement strategies. Data analysis was conducted using IBM SPSS Version 20.0, generating frequency tables, bar charts, and pie charts, and employing descriptive statistics to summarize and ensure reliability. The analysis aimed to uncover patterns and correlations relevant to the research questions (Gorman & Clayton, 2015; Olson, 2011).

**4. RESULTS**

**Effectiveness of social media in helping to fulfill objectives of a strategic nature in health education**

**People Factors**

Table 1 shows the contribution of people factors on participants' views on the effectiveness of social media in helping to fulfil objectives of a strategic nature in health education.

**Table 1: People factors on the effective of social media**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree					
	%	%	%	%	%					
<b>Social media is a widely used communication medium because...</b>										
...it reaches the unreachable population	50	53.8	28	30.2	12	12.9	3	3.2	0	0.0
...large audience for health education content already exists from the current Internet	29	31.2	30	32.3	26	28.0	6	6.5	2	2.2
...health personnel gather data about users by opening web pages easily.	33	35.5	34	36.6	19	20.4	7	7.5	0	0.0
...real-time collaboration amongst users of health education is facilitated easily.	27	29.0	40	43.0	20	21.5	6	6.5	0	0.0
...research and information sharing on any kind of health issues becomes easy.	44	47.3	34	36.6	11	11.8	4	4.3	0	0.0
...users can be connected to health personnel and facilities in real-time.	23	24.7	39	41.9	25	26.9	4	4.3	2	2.2

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The above findings are based on participants’ responses on the contribution of people factors on the effectiveness of social media in helping to fulfil the objectives of a strategic nature in health education.

The findings from Table 1 reveal that 53.8% of participants strongly agreed that social media is a widely used communication medium because it reaches the unreachable population, 30.2% agreed, 12.9% were not sure and 3.2 disagreed. The mean and standard deviation were 1.66 and 0.827 thus supporting the view that the majority of participants agreed that social media is a widely used communication medium because it reaches the unreachable population.

About 31.2% of participants strongly agreed that social media is a widely used communication medium because a large audience for health education content already exists from the current Internet, 32.3% agreed, 28.0% were not sure, 6.5% disagreed and 2.2% strongly disagreed. The mean and standard deviation were 2.16 and 1.014 respectively, thus supporting the view that the majority of participants agreed that social media is a widely used communication medium because a large audience for health education content already exists from the current Internet.

The findings show that 35.5% of participants strongly agreed that social media is a widely used communication medium because health personnel gather data about users by opening web pages easily, 36.6% agreed, 20.4% were not sure, and 7.5% disagreed. The mean and standard deviation were 2.00 and 0.933 respectively thus supporting the view that social media is a widely used communication medium because health personnel gather data about users by opening web pages easily.

About 29.0% of participants strongly agreed that social media is a widely used communication medium because real-time collaboration amongst users of public health education is facilitated easily, 43.0% agreed, 21.5% were not sure, and 6.5% disagreed. The mean and standard deviation were 2.05 and 0.877 respectively, thus supporting the view that social media is a widely used communication medium because real-time collaboration amongst users of public health education is facilitated easily.

The findings show that 24.7% of participants strongly agreed that social media is a widely used communication medium because users can be connected to health personnel and facilitated in real-time, 41.9% agreed, 26.9% were not sure, 4.3% disagreed and 2.2% strongly disagreed. The mean and standard deviation were 2.17 and 0.928 respectively, thus supporting the view that social media is a widely used communication medium because users can be connected to health personnel and facilitated in real-time.

**Information technology factors**

Table 2 shows the contribution of information technology factors on participants’ views on the effectiveness of social media in helping to fulfil objectives of a strategic nature in health education.

**Table 2: Information technology factors on the effective of social media**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree					
	%	%	%	%	%					
Availability of information technology enables...										
...monitoring tools to tailor make health education content online.	24	25.8	49	52.7	20	21.5	0	0.0	0	0.0
...users of social media to access different formats.	28	30.1	49	52.7	14	15.1	1	1.1	1	1.1
...the usage of wide availability of cellular devices.	32	34.4	44	47.3	15	16.1	2	2.2	0	0.0
...the support of health education through social media.	32	34.4	49	52.7	11	11.2	0	0.0	1	1.1

The above findings show that 25.8% of participants strongly agreed that the availability of information technology enables monitoring tools to tailor-make education content online, 52.7% agreed, and 21.5% were not sure. The mean and

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standard deviation were 1.96 and 0.690 respectively, thus supporting the view that the majority of participants agreed that the availability of information technology enables monitoring tools to tailor-make education content online.

The findings reveal that 30.1% of participants strongly agreed that the availability of information technology enables users of social media to access different formats, 52.7% agreed, 15.1% were not sure, 1.1% disagreed and 1.1% strongly disagreed. The mean and standard deviation were 1.90 and 0.767 respectively, thus supporting the view that the majority of participants agreed that the availability of information technology enables users of social media to access different formats.

The findings reveal that 34.4% of participants strongly agreed that the availability of information technology enables the usage of wide availability of cellular devices, 47.3% agreed, 16.1% were not sure and 2.2% were not sure. The mean and standard deviation were 1.86 and 0.760 respectively, thus supporting the view that the availability of information technology enables the usage of wide availability of cellular devices.

The findings show that 34.4% of participants strongly agreed that the availability of information technology enables the support of health education through social media, 52.7% agreed, 11.2% were not sure and 1.1% strongly disagreed. The mean and standard deviation were 1.81 and 0.726 respectively, thus supporting the view that the majority of participants agreed that the availability of information technology enables the support of health education through social media.

**Marketing factors**

Table 3 shows the contribution of marketing factors on participants' views on the effectiveness of social media in helping to fulfil objectives of a strategic nature in health education.

**Table 3: Marketing factors on the effective of social media**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Collaboration of information dissemination harmonises communication through...	%	%	%	%	%
...mergers of social media and traditional media such as billboards.	31	44	14	2	2
...reduction of distance and space.	41	31	17	4	0
...enhancement of added-value of communicating health education.	23	56	10	3	1
...effectively working of social media with both print and electronic media.	24	41	24	4	0

The above findings in Table 3 show that 33.3% of participants strongly agreed that the collaboration of information dissemination harmonises communication through mergers of social media and traditional media such as billboards, 47.3% agreed, 15.1% were not sure, 2.2% disagreed and 2.2% strongly disagreed. The mean and standard deviation were 1.92 and 0.875 respectively, thus supporting the view that the collaboration of information dissemination harmonises communication through mergers of social media and traditional media such as billboards.

The findings reveal that 44.1% of participants strongly agreed that the collaboration of information dissemination harmonises communication through reduction of distance and space, 33.3% agreed, 18.3% were not sure and 4.3% disagreed. The mean and standard deviation were 1.83 and 0.880 respectively, thus supporting the view that the collaboration of information dissemination harmonises communication through reduction of distance and space.

The findings reveal that 24.7% of participants strongly agreed that the collaboration of information dissemination harmonises communication through enhancement of added value of communication health education, 60.2% agreed, 10.8% were not sure, 3.2% disagreed and 1.1% strongly agreed. The mean and standard deviation were 1.96 and 0.765,

thus supporting the view that the collaboration of information dissemination harmonises communication through enhancement of added value of communication health education.

The findings show that 25.8% of participants strongly agreed that the collaboration of information dissemination harmonises communication through effectively working of social media with both print and electronic media, 44.1% agreed, 25.8% were not sure and 4.3% disagreed. The mean and standard deviation were 2.09 and 0.830 respectively, thus supporting the view that the collaboration of information dissemination harmonises communication through effectively working of social media with both print and electronic media.

**Views on gaps which exist in Botswana government ministry of health and wellness’s education programs**

This section gathers participants’ views on the gaps which exist in the Botswana Government Ministry of Health and Wellness’s education programs. Their views are discussed in the tables that follow below.

**People factors**

Table 4 shows the contribution of people factors on participants’ views on the gaps which exist in the Botswana Government Ministry of Health and Wellness’s education programs.

**Table 4: People factors on existing gaps**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree					
Lack of skilled personnel in Information Technology results in...	%	%	%	%	%					
...significant high level of IT illiteracy in Botswana, including health education.	38	40.9	37	39.8	15	16.1	1	1.1	2	2.2
...unpopularity of social media communication as a tool within the Ministry.	14	15.1	54	58.1	22	23.7	2	2.2	1	1.1
...social media being slowly adopted by health care professionals.	28	30.1	38	40.9	18	19.4	6	6.5	3	3.2
...unavailability of clear legal guidelines on using social media for health education by the Ministry.	34	36.6	35	37.6	19	20.4	4	4.3	1	1.1
...potential breach of private personal data in Ministry website.	29	31.2	38	40.9	23	24.7	3	3.2	0	0.0

The above findings in Table 4 show that 40.9% of participants strongly agreed that lack of skilled personnel in information technology results in significant high level if IT illiteracy in Botswana, including health education, 39.8% agreed, 16.1 were not sure, 1.1 disagreed and 2.2% strongly disagreed. The mean and standard deviation were 1.84 and 0.88 respectively, thus supporting the view that the majority of participants agreed that that lack of skilled personnel in information technology results in significant high level if IT illiteracy in Botswana, including health education.

The findings reveal that 15.1% of participants strongly agreed that lack of skilled personnel in information technology results in unpopularity of social media communication as a tool within the Ministry, 58.1% agreed, 23.7% were not sure, 2.2% disagreed and 1.1% strongly disagreed. The mean and standard deviation were 2.16 and 0.741 respectively, thus supporting the view that the majority of participants agreed that lack of skilled personnel in information technology results in unpopularity of social media communication as a tool within the Ministry.

The findings show that 30.1% of participants strongly agreed that lack of skilled personnel in information technology results in social media being slowly adopted by health professionals, 40.9% agreed, 19.4% were not sure, 6.5% disagreed and 3.2% strongly disagreed. The mean and standard deviation were 2.12 and 1.020 respectively, thus supporting the view that the majority of participants agreed that lack of skilled personnel in information technology results in social media being slowly adopted by health professionals.

The findings show that 36.6% of participants strongly agreed that lack of skilled personnel in information technology results in unavailability of clear legal guidelines on using social media for health education by the Ministry, 37.6% agreed, 20.4% were not sure, 4.3% disagreed, and 1.1% strongly disagreed. The mean and standard deviation were 1.96 and 0.920 respectively, thus supporting the view that the majority of participants agreed that lack of skilled personnel in information technology results in unavailability of clear legal guidelines on using social media for health education by the Ministry.

The findings show that 31.2% of participants strongly agreed that that lack of skilled personnel in information technology results in potential breach of private personal data in the Ministry website, 40.9% agreed, 24.7% were not sure and 3.2% disagreed. The mean and standard deviation were 2.00 and 0.834 respectively, thus supporting the view that the majority of participants agreed that lack of skilled personnel in information technology results in potential breach of private personal data in the Ministry website.

**Information technology factors**

Table 5 shows the contribution of information technology factors on participants’ views on the gaps which exist in the Botswana Government Ministry of Health and Wellness’s education programs.

**Table 5: Information technology factors on existing gaps**

	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree	
	%		%		%		%		%	
Use of social media may bring disadvantages to the Ministry of Health and Wellness such as...										
...loss of message control.	23	24.7	35	37.6	14	15.1	19	20.4	2	2.2
...effect of social media on health education	21	22.6	29	31.2	19	20.4	22	23.7	2	2.2
...high cost of internet access in Botswana	27	29.0	28	30.1	20	21.5	16	17.2	2	2.2
...significant internet downtime in Botswana	24	25.8	30	32.3	32	34.4	6	6.5	1	1.1

The findings in Table 5 shows that 24.7% of participants strongly agreed that use of social media may bring disadvantages to the Ministry of Health and Wellness such as loss of message control, 37.6% agreed, 15.1% were not sure, 20.4% disagreed and 2.2% strongly disagreed. The mean and standard deviation were 2.38 and 1.132 respectively, thus supporting the view that the majority of participants agreed that use of social media may bring disadvantages to the Ministry of Health and Wellness such as loss of message control.

The findings reveal that 22.6% of participants strongly agreed that use of social media may bring disadvantages to the Ministry of Health and Wellness such as negative effect of social media on health education, 31.2% agreed, 20.4% were not sure, 23.7% disagreed and 2.2% strongly disagreed. The mean and standard deviation were 2.52 and 1.148 respectively, thus supporting the view that the majority of participants agreed that use of social media may bring disadvantages to the Ministry of Health and Wellness such as negative effect of social media on health education.

The findings show that 29.0% of participants strongly agreed that that use of social media may bring disadvantages to the Ministry of Health and Wellness such as high cost of Internet access in Botswana, 30.1% agreed, 21.5% were not sure, 17.2% disagreed and 2.2% strongly disagreed, the mean and standard deviation were 2.33 and 1.136 respectively, thus supporting the view that the majority of participants agreed that use of social media may bring disadvantages to the Ministry of Health and Wellness such as high cost of Internet access in Botswana.

The findings reveal that 25.8% of participants strongly agreed that use of social media may bring disadvantages to the Ministry of Health and Wellness such as significant Internet downtime in Botswana, 32.3% agreed, 34.4% were not sure, 6.5% disagreed and 1.1% strongly disagreed. The mean and standard deviation were 2.25 and 0.952 respectively, thus

supporting the view that the majority of participants agreed that use of social media may bring disadvantages to the Ministry of Health and Wellness such as significant Internet downtime in Botswana.

**Views on the ways in which the Botswana ministry of health and wellness can utilise social media to improve the health status of Botswana by employing effective health education**

**Strategic factors on employing effective health education**

Table 6 shows the contribution of strategic factors on participants’ views on employing effective health education in the Botswana Government Ministry of Health and Wellness’s education programs.

**Table 6: Strategic factors on employing effective health education**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree					
	%	%	%	%	%					
When given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include...										
...benchmarking with world-renown health institutions	40	43.0	50	53.8	2	2.2	1	1.1	0	0.0
...seeking local expertise on health education with social media experience	38	40.9	46	49.5	9	9.7	0	0.0	0	0.0
...having clear strategies for dealing with barriers such as cost of IT connectivity	44	47.3	33	35.5	13	14.0	3	3.2	0	0.0
...incorporating social media monitoring tools to cover the entire population	35	37.6	47	50.5	9	9.7	1	1.1	1	1.1
...having clear social media health education policies within the Ministry	45	48.4	41	44.1	6	6.5	1	1.1	0	0.0

The findings in Table 6 show that 43.0% of participants strongly agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include benchmarking with world-renown health institutions, 53.8% agreed, 2.2% were not sure and 1.1% disagreed. The mean and standard deviation were 1.61 and 0.590 respectively, thus supporting the view that the majority of participants agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include benchmarking with world-renown health institutions.

The findings reveal that 40.9% of participants strongly agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include seeking local expertise on health education with social media experience, 49.5% agreed, and 9.7% were not sure. The mean and standard deviation were 1.69 and 0.642 respectively, thus supporting the view that the majority of participants agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include seeking local expertise on health education with social media experience.

The findings reveal that 47.3% of participants strongly agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include having clear strategies for dealing with barriers such as cost of IT connectivity, 35.5% agreed, 14.0% were not sure and 3.2% disagreed. The mean and standard deviation were 1.73 and 0.823 respectively, thus supporting the view that the majority of participants agreed that that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include having clear strategies for dealing with barriers such as cost of IT connectivity.

The findings show that 37.6% of participants strongly agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include incorporating social media monitoring tools to cover the entire population, 50.5% agreed, 9.7% were not sure, 1.1% disagreed and 1.1% strongly disagreed. The mean and standard deviation were 1.77 and 0.754 respectively, thus supporting the view that the



majority of participants agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include incorporating social media monitoring tools to cover the entire population.

The findings show that 48.4% strongly agreed that, 44.1% agreed, 6.5% were not sure and 1.1% disagreed. The mean and standard deviation were 1.60 and 0.662 respectively, thus supporting the view that the majority of participants agreed that when given a chance to suggest to the Ministry of Health and Wellness in advancing its IT services in regard to social media usage, it will include having clear social media health education policies within the Ministry.

**Marketing factors on employing effective health education**

Table 7 shows the contribution of marketing factors on participants’ views on employing effective health education in the Botswana Government Ministry of Health and Wellness’s education programs.

**Table 7: Marketing factors on employing effective health education**

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
When asked to contribute to Ministry of Health and Wellness’s marketing strategies in the introduction of social media, I would suggest...	%	%	%	%	%
...increasing awareness of social media platforms on health education	56 60.0	35 37.6	2 2.2	0 0.0	0 0.0
...conducting market research before launching social media platforms on health education	44 47.3	43 46.2	5 5.4	1 1.1	0 0.0
...blending social and traditional media in distributing health education content	37 39.8	45 48.4	9 9.7	2 2.2	0 0.0
...segmenting platforms and tools for the benefit of different audiences	40 43.0	41 44.1	11 11.8	1 1.1	0 0.0

The above findings show that 60.0% of participants strongly agreed that when asked to contribute to Ministry of Health and Wellness’s marketing strategies in the introduction of social media, they would suggest increasing awareness of social media platforms on health education, 37.6% agreed, and 2.2% were not sure. The mean and standard deviation were 1.42 and 0.538 respectively, thus supporting the view that the majority of participants agreed that when asked to contribute to Ministry of Health and Wellness’s marketing strategies in the introduction of social media, they would suggest increasing awareness of social media platforms on health education.

The findings reveal that 47.3% of participants strongly agreed that when asked to contribute to Ministry of Health and Wellness’s marketing strategies in the introduction of social media, they would suggest conducting market research before launching social media platforms on health education, 46.2% agreed, 5.4% were not sure and 1.1% disagreed. The mean and standard deviation were 1.60 and 0.645 respectively, thus supporting the view that the majority of participants agreed that when asked to contribute to Ministry of Health and Wellness’s marketing strategies in the introduction of social media, they would suggest conducting market research before launching social media platforms on health education.

The findings show that 39.8% of participants strongly agreed that when asked to contribute to Ministry of Health and Wellness’s marketing strategies in the introduction of social media, they would suggest blending social and traditional media in distributing health education content, 48.4% agreed, 9.7% were not sure and 2.2% disagreed. The mean and standard deviation were 1.74 and 0.721 respectively, thus confirming the view that the majority of participants agreed that

when asked to contribute to Ministry of Health and Wellness's marketing strategies in the introduction of social media, they would suggest blending social and traditional media in distributing health education content.

The findings reveal that 43.0% of participants strongly agreed that when asked to contribute to Ministry of Health and Wellness's marketing strategies in the introduction of social media, they would suggest segmenting platforms and tools for the benefit of the different audiences, 44.1% agreed, 11.8% were not sure and 1.1% disagreed. The mean and standard deviation were 1.71 and 0.716 respectively, thus supporting the view that the majority of participants agreed that when asked to contribute to Ministry of Health and Wellness's marketing strategies in the introduction of social media, they would suggest segmenting platforms and tools for the benefit of the different audiences.

## 5. DISCUSSION

### Research question 1 - What strategies are used to ensure that health education strategies are effective?

The literature underscores the effectiveness of integrating traditional and digital media in health education strategies. Traditional media lacks interactivity, whereas social media facilitates real-time global information sharing (Peters, 2012; Mergel & Bretschneider, 2013). Social media transforms communication into interactive exchanges, enhancing engagement and dissemination of health information (Golbeck et al., 2010). Strategies include clinical trials, training, coordination among health personnel, and tailored content development (Golbeck et al., 2010).

### Research Question 2 - Gaps in Public Health Education Programs

Despite its benefits, social media presents challenges such as loss of message control, varying audience perceptions, and resource allocation issues (Golbeck et al., 2010; Cardenas, 2013; Thackeray et al., 2013; Morsing & Schultz, 2015). Quantifying social media's impact on health education remains inconclusive, necessitating robust evaluation metrics (Morsing & Schultz, 2015).

### Research Question 3 - Utilizing Social Media for Health Improvement

Social media's popularity and reach enable timely dissemination of credible health information, personalized messaging, and community engagement (Van der Meiden, 2013; Neumann & Harper, 2013; Grunig, 2009). Integration into public health campaigns enhances message spread and user satisfaction, promoting healthier decisions (Golbeck et al., 2010; Jensen, 2012).

### Research Question 4 - Strategies for Improving Health Education

Social media tools like Facebook and Twitter enhance connectivity and information sharing, empowering users with diverse health education resources (Park et al., 2011; Toth, 2009). From dissemination to engagement, these tools require strategic implementation and skills development among health educators (Morsing & Schultz, 2015).

### Strengths and Weaknesses of the Study

The study's mixed-methods approach, combining literature review and primary research, ensures comprehensive insights into social media's potential in Botswana's public health education. Focused on Botswana, it addresses local challenges and offers diverse participant perspectives (Golbeck et al., 2010; Mergel & Bretschneider, 2013). This approach enhances validity and relevance of findings, crucial for policy formulation.

Limitations include the reliance on perceived rather than documented outcomes of social media strategies in Botswana's public health sector. Potential response bias and insufficient exploration of technological barriers are noted, impacting practical application (Morsing & Schultz, 2015). The study calls for empirical evidence and deeper infrastructure analysis to enhance implementation feasibility.

## 6. CONCLUSION

Based on findings, leveraging existing IT infrastructure for social media health initiatives is recommended. Integrating traditional and digital media can enhance reach and engagement, directing audiences to online health resources (Van der Meiden, 2013; Neumann & Harper, 2013). Training health personnel in IT skills is crucial for effective information management and dissemination, fostering better health outcomes in Botswana (Golbeck et al., 2010; Mergel, 2013).

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### Recommendations for Policy and Practice

Policy changes should prioritize social media integration in Botswana's health education strategies, with clear guidelines on data security and accessibility (Golbeck et al., 2010). Initiatives to reduce Internet costs and benchmarking against successful models from neighboring countries are crucial for effective implementation (Morsing & Schultz, 2015). Strengthening partnerships with ICT stakeholders can expedite these efforts, aligning strategies with local health priorities.

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