

**THE ROLE OF CORPORATE COMMUNICATION IN CREATING PUBLIC
AWARENESS ON CARDIOVASCULAR DISEASES IN TANZANIA
A CASE STUDY OF JAKAYA KIKWETE CARDIAC INSTITUTE (JKCI)**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for the acceptance by The Open University of Tanzania a dissertation entitled, *“The Role of Corporate Communication in Creating Public Awareness on Cardiovascular Diseases in Tanzania: A Case Study of Jakaya Kikwete Cardiac Institute (JKCI)”*. In partial fulfillment of the requirement for the award of Degree of Master of Arts in Mass Communication of The Open University of Tanzania.



.....
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.....
Date

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DECLARATION

I, Nkinda Anna Emmanuel declare that, the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Master of Arts in Mass Communication of The Open University of Tanzania.

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Signature

.....

Date

DEDICATION

This research paper is dedicated to my beloved father the late Mr. Emmanuel Lutengano Nkinda and my mother Grace Nkinda, and all my family members Janipher, Erick, Meruth, Mecktridis Sara, Emmanuel Junior, Liku, Glorious, Moreen and Melvin for their formation. Also to my Husband Julius Nongwe and my best friend, Jerry Mlembwa.

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ABSTRACT

This research examined corporate communication strategy of Jakaya Kikwete Cardiac Institute (JKCI) about Cardiovascular Diseases (CVD). The aim of the research was to improve corporate strategic communication about CVD to the public in order to contribute to public health in Tanzania. The methods used to collect data were extensive literature reviews, archives and interviews among stakeholders such as medical doctors and nurses, patients and other health professionals from government and other institutions. The results reveal that JKCI uses different approaches in creating awareness to the public such as use of media, forums and hospital sessions. It was revealed that large population acknowledge and is aware of the efforts made by the institute in doing the same. Acute rheumatic fever and rheumatic heart disease are diseases of poverty, low socioeconomic status, and inadequate access to health care. These preventable diseases remain largely ignored in Tanzania while they continue to cause significant mortality and morbidity in the country. In the face of no existing cure, we need to focus on prevention and control methods. To this end, creating awareness of the disease and its effects on thousands of people in our communities is critically important. In this study, we outlined the importance of these efforts, their effectiveness, discuss the barriers to awareness and education, but without highlighting some important models in this arena. We strongly support awareness-raising and health promotion strategies as an integral part of Cardiovascular disease prevention and control program. Lastly, there is a need to conduct research which uses holistic approaches by applying different methods and different cases studies for comparative analysis.

Keywords: *Cardiovascular Diseases, corporate strategic communication, CVD to the public, public health in Tanzania*

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LIST OF ABBREVIATIONS

CVDs	Cardiovascular Diseases
DFID	The United Kingdom's Department for International Development
DOI	Diffusion of Innovation
JKCI	Jakaya Kikwete Cardiac Institute
KCS	Kenya Cardiac Society
KHNF	Kenyan-Heart National Foundation
MAT	Medical Doctors of Tanzania
NCDs	Non-Communicable Diseases
PST	Pharmaceutical Society of Tanzania
SIDA	Swedish International Development Cooperation Agency
SSA	Sub-Saharan African
TANA	Tanzania Nurses Association
THF	Tanzania Heart Foundation
USAID	The United States Agency for International Development
WHF	World Heart Federation
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter describes the rationale for this study that provides and explains an overview of the thesis. The chapter starts by presenting the context within which this study will be conducted as well as the research background. This is followed by statement of the problem of this study. It then proceeds to the objectives of the study; research questions and explain the rationale as well as the limitation of the study.

1.2 Background to the Problem

In his study, corporate communication is considered as a vital tool for hospital to deliver service and create good customer relations to the patients, visitors and other stakeholders including media practitioners. Kończak (2017) defines corporate communication as a tool for building relationships with the market environment that increase the value of the company. Its aim is to build the image of the company's brand, which is the basis for communication of the company with the external and internal environment. Corporate communication is a management function designed for overseeing as well as coordinating the work done through communication practitioners including public affairs, media relations, and internal communication. Van Riel et al (2004) describes corporate communication is a management tool which deliberately used forms of internal as well as external communication are harmonized as effectively along with proficiently as possible.

1.2.1 Prevalence of Cardiovascular Diseases

Cardiovascular Diseases (CVDs) are the number one cause of death worldwide often called “silent killers” because heart attacks and strokes are a common first warning sign of an underlying disease. More people die annually from these diseases than from any other cause. High blood pressure is the most frequent and most important risk factor for cardiovascular diseases. Reports show that many people around the globe face the heart disease. It is considered as among the world’s leading causes of death, estimated 17.7 million people died from cardiovascular diseases in 2016, representing 31% of all global deaths. Of these deaths, an estimated 7.4 million were due to coronary heart disease and 6.7 million were due to stroke (WHO, 2016).

1.2.2 The World Heart Day

The World Heart Day was set and is celebrated annually on September 29. Its purpose is to increase public awareness of cardiovascular diseases, including their prevention and their global impact. In 1999 the World Heart Federation (WHF), in collaboration with the World Health Organization (WHO), announced the establishment of World Heart Day. The idea for this annual event was conceived by Antoni Bayés de Luna, president of WHF from 1997–1999. The World Heart Day was first celebrated on 24th September, 2000 (Rogers, 2017).

World Heart Foudatio (WHF) a non-governmental organization since then has been the champion of creating public awareness by using the World Heart Day as the forum of distributing information and declaring a theme for the day. However, educational programs designed to engage the public about cardiovascular diseases

and ways to prevent them is communicated through public talks, podcasts, posters, and leaflets. Other programmes that are crucial for improving heart healthy are runs, walks, concerts, fund-raising and sporting events, free health checks, and other activities that have a positive impact on public health and overall health awareness.

In Tanzania, there are no exact figures of people who are suffering from cardiovascular diseases. The Jakaya Kikwete Cardiac Institute (JKCI) is the only government hospital which deals with cardiovascular issues in Tanzania. The establishment of the institute was to enhance the heart health care for Tanzanians and foreigners through the delivery of personalized and exceptional care. The evidence shows that for four years from September 2015 up to June 2020 the institute attended 354,774 patients who were referred from regional referral and designated district hospitals for tertiary level cardiovascular medical care among of them death are 6% (Jakaya Kikwete Cardiac Institute, (2020). On this context, Jakaya Kikwete Cardiac Institute has the role to play on creating public awareness on Cardiovascular Diseases. Based on this reality more people will be rescued by getting education on how to do away with unhealthy behavior ((Jakaya Kikwete Cardiac Institute, 2019).

1.3 Statement of the Research Problem

Cardiovascular Diseases (CVDs) are heart diseases. These are non-communicable diseases comprising of hypertension, heart attack, angina, stroke and atherosclerosis. The major causes of cardiovascular diseases are the use of tobacco, physical inactivity, an unhealthy diet and harmful use of alcohol. Moreover, raised blood pressure, raised cholesterol, overweight and obesity are often outcomes of inadequate

lifestyles in the country. WHO identified some of the measures to rescue life of people including reduction of salt in the diet, consuming fruits and vegetables, and managing stress (WHO, 2016). Apart from WHO's measures, public awareness is another significant measure to take in controlling CVDs worldwide.

Currently, cardiovascular diseases have turned out to become a threatening non communicable disease worldwide including Tanzania. In 2016, WHO revealed that the proportional mortality of cardiovascular diseases in Tanzania was 13% second from communicable, maternal, prenatal and nutritional conditions which were 56% in total. The government of Tanzania came up with the Instrument Government Notice No. 454 of 2015 that established Jakaya Kikwete Cardiac Institute (JKCI) hospital to attend to over 1500 outpatients and 150 in-patients weekly from across all regions of United Republic of Tanzania who are referred from regional referral and designated hospitals for cardiovascular medical intervention. Moreover, the institute also receives patients from nearby countries, especially those sharing borders with Tanzania. JKCI by itself cannot manage to create public awareness on cardiovascular diseases to the Tanzanians who are currently estimated to be 55 million. It is expected awareness is the cornerstone to rescue at least 80% of premature deaths from heart disease and stroke. The intervention and improvement of corporate communication adds value for creating public awareness on the Cardiovascular Diseases (CVDs).

Corporate communication is among the efforts deployed by JKCI's in tackling cardiovascular diseases, though little is known on how it helps (effectiveness).

Therefore, this study intends to assess the role of corporate communication in JKCI in creating public awareness on cardiovascular diseases which affects people regardless of their age.

1.4 Research Objectives

1.4.1 General Objective

The main objective of this study was to evaluate the role of Corporate Communication in creating public awareness on CVDs in Tanzania.

1.4.2 Specific Objectives

The specific objectives of this study are:

- i) To analyse JKCI corporate communication strategies in raising public awareness towards CVDs in Tanzania.
- ii) To examine the implementation of the corporate communication planning put in place to guide JKCI towards raising public awareness on CVD in Tanzania.
- iii) To examine the effectiveness of corporate communication activities carried out by JKCI in raising awareness towards Cardiovascular Diseases (CVDs) in Tanzania.

1.4.3 Research questions

The main research questions addressed in this study are:

- i) How did JKCI strategize to raise public awareness towards CVD in Tanzania?

- ii) What communication activities did JKCI carried out to raise public awareness on CVDs in Tanzania between September 2015 up to June 2020?
- iii) What was the impact of the communication activities implemented by JKCI towards raising awareness on CVDs in Tanzania?

1.5 Significance of the Study

The aim of this study is to assess the role of corporate communication in creating public awareness on cardiovascular diseases in Tanzania. The findings of this study will help the Institution to decide the proper way of creating public awareness on cardiovascular diseases. Also, this will contribute the government to have a cardiovascular diseases and diet policies in place to help people to follow health diets and doing exercise. Moreover, this study will be beneficial to non-governmental organizations which are dealing with health matters to formulate policies, setting new strategies, approach and different methods to eradicate the cardiac diseases in Tanzania. Also, the study is expected to keep the community informed on the efforts taken by the government to maintain the access to information pertaining to health matters relevant to them on time to help them to get solution on health problems including cardiovascular diseases.

1.6 Limitation of the Study

The importance of providing data and information in Tanzania seem to be very low where some respondents turned to be reluctant in providing data. This will be solved by spending time to educate them on the importance of conducting this study to their life. Funds in conducting research are crucial for facilitating smooth collection of

data. Lack of it will impair smooth collection of data according to the setting of this study. Moreover, language is an ingredient of effective communication when collecting data. In this study language barrier might also be amongst the limitations of the study because most of the respondents are not conversant with health terminology and English language rather Swahili language will be used.

1.7 The Scope of the Study

1.7.1 Definition of Terms

Communication: Communication is simply the act of transferring information from one place; person or group to another comprises at least one sender, a message and a recipient. This is fundamental to the existence and survival of humans as well as to an organization. It is a process of creating and sharing ideas, information, views, facts, feelings, etc. among the people to reach a common understanding.

Cardiovascular Diseases: Cardiovascular disease (CVD) is the name for the group of disorders of heart and blood vessels, and includes: hypertension (high blood pressure), coronary heart disease (heart attack), cerebrovascular disease (stroke), peripheral vascular disease, rheumatic heart disease, congenital heart disease, cardiomyopathies.

Corporate Communication: Corporate communication is the way in which a business strives to create value, develop a unique selling advantage and capture maximum market share. Without specific business activities and market effort, a business might merely be churning its activities in hopes of generating more

revenues. When examining successful corporate strategy examples, small business owners can identify methods to target within their own organizations (Cornelissen, 2008). This is a specific strategy developed in the organization and aimed at implementing core company goals; mission; vision and achieves long lasting success.

Health Communication: Health communication is the study and practice of communicating promotional health information like public health campaigns, health education, and between doctor and patient. This is the use of communication strategies to inform and influence individual and community decisions that enhance health. Moreover, The U.S. Department of Health and Human Services (2005) defines Health communication as the art and technique of informing, influencing and motivating individual, institutional and public audiences about important health issues.

Schiavo (2007) recommends health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve health outcomes. Health communication is characterized improving health outcomes through encouraging behavior modification and social change. It is a comprehensive approach that relies on the full understanding and involvement of its target audiences.

1.7.2 Cost-effectiveness

This is a concept that health communication borrows from commercial and social marketing. It is particularly important in the competitive working environment of non-profit organizations, where the lack of sufficient funds or adequate economic planning can often undermine important initiatives. It implies the need to seek solutions that allow communicators to advance their goals with minimal use of human and economic resources.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter comprises of theoretical background that include information of the appropriate theory which provides the framework for this study. The literature review includes seminal and relevant past research on the theory; focusing on what the researchers found to nourish this study. It incorporates findings from previous research to support the arguments and help direct the creation of directional research questions. Finally, the chapter identifies the research gap and intends to fill it by investigating on whether the public have awareness on that disease.

2.2 Theoretical Framework

Health communication is influenced by different disciplines and theoretical approaches such as behavioral and social science theories, mass communications theories, marketing and social marketing, and other theoretical influences including medical models, sociology, and anthropology. Because of the complexity of attaining behavior and social change, it uses a multifaceted approach that is grounded in the application of several theoretical frameworks and disciplines.

The theoretical framework of this study intends to influence life of the majority of people to in Tanzania and the world at large to change their behavior on handling the on cardiovascular diseases. Behavioral and social sciences theories seek to analyze and explain how change occurs at the individual, community, or social levels. Mass

communication theories focus on explaining the impact of the mass media on target populations, the assumption being that, if adequately used and selected in response to audience's needs and preferences, radio, television, printed media, and the Internet are powerful connectors between communicators and their audiences. So, two theories inspired this study: Diffusion of Innovation Theory and Cultivation Theory of Mass Media are vital for behavioral and social change for better quality life with minimal or no cardiovascular diseases.

2.2.1 Diffusion of Innovation Theory

The theory initially developed by Everett M. Rogers in 1962 addresses how new ideas, concepts, or practices can spread within a community or “society or from one society to another” (National Cancer Institute and National Institutes of Health, 2002). Diffusion of Innovation (DOI) Theory is one of the oldest social science theories. The theory identifies and defines five subgroups on the basis of the audience's characteristics and propensity to accept and adopt innovation as identified by the founder as innovators; early adopters; early majority; late majority and laggards (Rogers, 2003).

The overall premise of this theory is that change occurs over time and is dependent on the following stages (Rogers, 2003; Waisbord, 2001; Health Communication Partnership, 2005b): awareness; knowledge and interest; decision; trial or implementation; and confirmation or rejection of the behavior.

It also observes that innovators usually decide much faster than any other subgroup on whether to adopt new ideas, concepts, or practices (Beal and Rogers in

Özçatalbaş, 2014). Therefore, innovators can act as role models and persuade other subgroups to accept and adopt new behaviors and social practices.

Like many other theories in any field, diffusion of innovation has been misused and misinterpreted at times (Health Communication Partnership, 2005b). Some critics have observed that the trickle-down approach, from the innovators to the laggards, may not work in all situations (Waisbord, 2001). Rogers himself modified the theory to change the focus from “a persuasion approach (transmission of information between individuals and groups)” to “a process by which participants create and share information with one another in order to reach a mutual understanding” (Waisbord, 2001; Rogers, 2003).

Nevertheless, diffusion of innovation still plays a role in health communication. It emphasizes the importance of local community members and opinion leaders as nodes of influence in communication networks and is widely used by a variety of communication practitioners and organizations for program research and planning. The major contribution of the theory is its early audience segmentation model, which supports the importance of looking at intended audiences as a complex puzzle of different subgroups, stages, and needs that should be considered in developing communication messages and activities. Diffusion of innovations theory also describes a number of characteristics of an innovation that campaigns may emphasize to maximize an innovation’s likelihood of being adopted. These include relative advantage, compatibility, complexity, trial ability, and observability. The primary purpose of diffusion of innovations theory is to describe how an innovation

diffuses throughout target populations (Rogers, 2003). Hence, the four main elements of the diffusion process that are vital in communication include the innovation itself, the channels the innovation is communicated through, the time period when the process takes place, and the social system the innovation is diffused through. Rogers (2003) defined innovation as “an idea, practice, or project that is perceived as new by an individual or other unit of adoption” (p. 12). The term innovation often carries connotations of newness, uniqueness, value, benefits, and change (Smudde & Courtright, 2015). An innovation’s likelihood to be adopted is determined by five core characteristics of innovations: relative advantage, compatibility, complexity, trialability and observability (Rogers, 2003).

The Diffusion of Innovations theory is regarded as an intervention to make an impact on entire communities. Diffusion of Innovations approaches work best when applied to issues that can be influenced by institutions including Jakaya Kikwete Cardiac Institute. The implementation of corporate communication towards raising public awareness on CVDs in Tanzania undertaking medical care of out-patients and in-patients in accordance with medical ethics. The characteristics of an innovation or health behavior will influence how rapidly it can be adopted. Some innovations quickly become popular while others require more explanation and practice before they are popularized. The main characteristic of an innovation is people to become more familiar with that innovation and they are more likely to adopt it.

2.2.2 Cultivation Theory of Mass Media

Cultivation Theory is traced back as conceptualized and developed by George

Gerbner and Larry Gross in the 1960s and 1970s (Gerbner, 2002). The cultivation theory “specifies that repeated intense exposure to deviant definitions of reality in the mass media leads to perceptions of the ‘reality’ as normal” (Communication Initiative, 2003a; Gerbner, 2002; Gerbner, Gross, Morgan, and Signorielle, in Gerbner, 2002). “The result is a social legitimization of the reality depicted in the mass media, which can influence behavior” (Communication Initiative, 2003a; Gerbner, Gross, Morgan, and Signorielle, in Gerbner, 2002). In this context, the media have the power to portray a behavior and make it socially acceptable by shaping public perceptions and feelings toward that behavior. Cultivation refers to the ability of the mass media to produce long-term effects on target audiences by nurturing their feelings through continuous message exposure. This process also relies on the ability of the mass media to “transcend traditional barriers of time, space and social grouping” (Communication Initiative, 2003a; Gerbner, 2002).

Cultivation is a concept that transcends the mass media and applies to the overall field of health communication particularly in creating public awareness on cardiovascular diseases in Tanzania which is now critical to the majority of people regardless of their ages from children to elderly people. In fact, nurturing the feelings of key stakeholders and interested audiences through continuous message exposure, using all kinds of communication channels including the mass media, is a practice that frequently helps secure their involvement in the Cardiovascular Diseases in curing people as solution to the crisis pertaining peoples’ life and its solutions. The theory looks at television as the nation’s storyteller, telling most of the stories to most of the people most of the time. These stories present wide, fundamental,

universal suppositions about the facts of life rather than specific attitudes and opinions.

Cultivation Theory holds that the television has the power to influence human being's view of the world and it is primarily responsible for perceptions of day-to-day norms and reality. Television in particular is the major source of information today and has turned out to be a part of everyday life.

In this study, both Cultivation theory and Diffusion of Innovation Theory are part and parcel of useful gears of JKCI corporate communication for creating public awareness on CVDs. Cultivation applies to JKCI in creating public awareness on CVDs in Tanzania particularly by nurturing the feelings of key stakeholders and interested audiences through continuous message exposure, using all kinds of communication channels including the mass media, and hence helps secure their involvement in the CVDs. Meanwhile, Diffusion of Innovations approaches work best for JKCI when applied to issues that can be influenced towards raising public awareness on CVDs in Tanzania such as undertaking medical care of out-patients and in-patients in accordance with medical ethics. JKCI is mandated to stimulate and promote programs for the improvement or advancement of cardiovascular health and general welfare of the people in and out of Tanzania.

2.3 Literature Review

2.3.1 Non-Communicable Diseases

Non-Communicable Diseases (NCDs) are silent killer to many people worldwide. Cardiovascular disease is among of the silent killer disease worldwide including

Tanzania. The term heart disease is often used interchangeably with the term cardiovascular disease. Cardiovascular disease refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease. It is evidenced that the rise of NCD globally is rampant in the low- and middle-income countries where initially it was assumed the burden of these diseases was uncommon (WHO, 2006). Among the most common types of NCD are the diabetes and hypertension. In a number of African countries these chronic diseases contribute to a larger number of adult medical admissions and deaths compared to infectious diseases like HIV/AIDS or tuberculosis (Aikins *et al.*, 2010). Though communicable diseases remain the major cause of morbidity and mortality in Tanzania, the contribution of NCD on burden of diseases is considerably high.

Cardiovascular diseases are the number one cause of death globally often called “silent killers” because heart attacks and strokes are a common first warning sign of an underlying disease. More people die annually from these diseases than from any other cause. High blood pressure is the most frequent and most dangerous risk factor for cardiovascular diseases. Reports show that many people around the globe face the heart disease. It is considered as among the world’s leading causes of death, estimated 17.7 million people died from cardiovascular disease in 2016, representing 31% of all global deaths. Of these deaths, an estimated 7.4 million were due to coronary heart disease and 6.7 million were due to stroke (WHO, 2016).

Cardiovascular diseases are the most common cause of death globally. Although cardiovascular diseases are often considered afflictions of people living in developed countries, where sedentary lifestyle is common, more than 80 percent of deaths from these diseases occur in low- and middle-income developing countries. The primary causes of cardiovascular diseases are poor diet, lack of exercise, and smoking are considered modifiable factors. Thus, even in developing countries, which often lack efficient health care programs, the majority of these diseases can be prevented. Cardiovascular diseases also have a major impact on economic systems within countries, because of the high health care costs associated with treatment and lost productivity associated with disability and absenteeism from work (Rogers, 2017).

Cardiovascular Diseases is heart disease. Cardiovascular diseases (CVDs) are the most common cause of non-communicable disease mortality in sub-Saharan African (SSA) countries including Tanzania faces the heart disease. Gaps in knowledge of CVDs conditions and their risk factors are important barriers in effective prevention and treatment. Yet, evidence on the awareness and knowledge level of CVDs and associated risk factors among populations of SSA is scarce. This review aimed to synthesize available evidence of the level of knowledge of and perceptions towards CVDs and risk factors in the SSA region.

Over three quarters of CVDs, deaths take place in low- and middle-income countries. Out of the 17 million premature deaths (under the age of 70) due to non-communicable diseases in 2016, 82% were in low and middle-income countries, and 37% were caused by CVDs. Most cardiovascular diseases can be prevented by

addressing behavioral risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity and harmful use of alcohol using population-wide strategies. People with cardiovascular disease or who are at high cardiovascular risk (due to the presence of one or more risk factors such as hypertension, diabetes, hyperlipidemia or already established disease) need early detection and management using counseling and medicines, as appropriate (WHO, 2016).

Between 18 and 24 % of deaths in Tanzania are reported to be due to NCD and injuries (Mbuya, Francis and Kundi, 2014). In Tanzania, the major non-communicable diseases contributing most to overall mortality and morbidity include cardiovascular diseases, cancer, central nervous system diseases, diabetes and chronic respiratory disease (Mayige *et al.*, 2012; Mfinanga *et al.*, 2012; WHO, 2012). Risk factors that may lead to heart disease and stroke include: Raised blood pressure, cholesterol and glucose levels, smoking, inadequate intake of fruit and vegetables, overweight, obesity, physical inactivity. Probably as gradually people become aware of this problem their awareness on how media report the causes of this disease the aim is to reach a good number of people in a short time and consequently reduce the problem (Heart Foundation Tanzania, 2017).

In Europe, Cardiovascular disease statistics shows the situation on the disease are improving towards the vision of the world which is embracing on healthy life of people to live and not to die prematurely or suffer from Cardiovascular Diseases (CVDs). NICE (2018) reports that around 7 million people in the UK were affected by cardiovascular disease where 26% of all deaths are caused by CVD. British Heart

Foundation, (2014), annual statistics show that CVDs kills over 160,000 individuals every year in the UK and is still the greatest cause of mortality in women. Furthermore, over 40,000 premature deaths, those in individuals under 75 years of age, are caused by CVDs, with more than two thirds of these occurring in men. However, in Australia the magnitude of the current cardiovascular disease burden, deaths from both coronary heart disease and stroke have declined substantially over the past 50 years (Australian Institute of Health and Welfare, 2017). Levels peaked in the late 1960s and early 1970s, with cardiovascular disease responsible for 55% of all deaths each year (about 60,000 deaths). In 2015, cardiovascular disease was responsible for 29% of all death (ibid).

The burden of cardiovascular disease is increasing rapidly in Africa, and it is now a public health problem throughout the African Region. 1. Most important are hypertension, stroke, cardiomyopathies and coronary heart disease. Rheumatic heart disease is still a major concern. 2. One of the reasons for increased cardiovascular diseases (CVDs) worldwide is the increase in aged populations. Another reason is exposure to various modifiable risk factors that are responsible for at least 75% of all the CVDs. 3. As with other non-communicable diseases, CVDs are not often given the attention they deserve. As a result, most countries do not have national programmers or strategies to address CVDs. Likewise, surveillance systems for risk factors are almost non-existent in the Region. 4. Priority interventions aimed at reducing the burden of CVDs in the African Region include setting up national non communicable diseases programmes which include CVDs; setting up surveillance systems based on risk factors; capacity building of health personnel; ensuring

availability of cost-effective medications; implementing the Framework Convention for Tobacco Control and the Global Strategy on Diet, Physical Activity and Health; and incorporating both primary and secondary prevention of rheumatic heart disease (WHORA, 2015).

Recently in Tanzania there are no national representative data on the pattern of dietary intake. However, studies institute at various dietary factors and the risk of cardiovascular diseases. The Jakaya Kikwete Cardiac Institute is the only government Hospital dealing with cardiovascular issues in Tanzania. Its goal is to enhance the heart health care of Tanzanians and foreigners through the delivery of personalized and exceptional care. For four years from September 2015 up to June 2020 JKCI served 354,796 patients who were referred from regional referral and designated district hospitals for tertiary level cardiovascular medical care. Based on this context, the role of corporate communication in creating public awareness on Cardiovascular Diseases is of great importance for the purpose of educating more people and rescue them to do away with unhealthy behavior.

To ensure the health of Tanzanians is secured, the Tanzania Vision 2025 is geared at achieving a high-quality livelihood for its people through access to quality primary health care for all. To attain this vision, the Ministry of Health and Social Welfare on 6th October 2008 by then issued National Non communicable Disease (NCD) Strategy that was required to be implemented from July 2008-June 2018. This strategy establishes a healthy environment in Tanzania to enable sustainable economic and social development, whilst minimizing the exposure to the NCD risk

factors and enabling those needing to access care. Therefore, to the Ministry of Health, Community Development, Gender, Elderly and Children corporate communication is crucial for health provisions to the public including cardiovascular disease patients. For this reason, access to quality primary health care for all is mandatory to people as it helps them to get education on how to get ride off to the NCD at their locality to ensure a high-quality livelihood for all Tanzanians.

Moreover, during the cerebration of World Heart Day on 29 September scientific meetings and gatherings of international cardiovascular research organizations and medical societies are held on or in the days leading up to World Heart Day. More than 90 countries participate in the celebration each year, and as a result of these international efforts, World Heart Day has proved an effective method for spreading information about cardiovascular health. This level of involvement enables information to reach the developing countries that are the most heavily affected by these diseases. The theme of the day changes every year considering the context and the situation on improving heart healthy where in 2019 the theme set is “My Heart, Your Heart”. (World Heart Foundation, 2019).

Go Red for Women is an international awareness campaign dedicated to the prevention, diagnosis and control of cardiovascular disease (CVD) in women. The American Heart Association created the Go Red for Women campaign in 2004 to empower women with the knowledge and tools to take charge of their heart health. The World Heart Federation, together with its members and media has taken the

campaign global to raise awareness of the fact that heart disease and stroke is their number one killer (AHA, 2014).

The campaign aims to encourage women to take care of their hearts, increase attention of medical professionals on CVD in women and prompt governments and policy-makers to bring this topic high on their health agenda. More than 50 countries including Tanzania are now running a Go Red for Women national campaign, raising awareness and funds to fight heart disease and stroke through the organization of fashion shows, heart health checks, sports events, or by running information campaigns and lobbying their governments.

The Kenyan-Heart National Foundation (KHNF) has shown marked effects on health outcomes. During 2013 and 2014 the Kenya Cardiac Society (KCS) developed a national media campaign to promote the Kenyan to test their level of risk and find detailed information on healthy food, physical activity or fitness within the exhibition that was set up for the occasion bran cereal consumption and Cardiac Information Service toll-free number. The campaign consisted of seven 30-second television commercials, public relations materials, and cereal box packaging. The CVD's recommendation to consume a high-fiber/low-fat diet was prominently featured. Each element of the campaign achieved tremendous exposure, commensurate with KCS multi- million-dollar advertising budget (KCS, 2014).

During these two years, the number of people claiming to eat a high fiber diet to reduce their risk more than doubled (from 2 to 5%), while the awareness of fiber as a

preventative for cardiac diseases more than tripled (from 9 to 32%). Bran cereal sales also soared, and over 50,000 people contacted the KHNF for further information. These examples indicate that the media can effectively alter antecedents to health behavior as well as certain behaviors.

In Tanzania media are working 24/7 hours creating public awareness on cardiac diseases, inspire, motivate people to keep their heart healthy and encourage them to share, hear, be informed and motivated for change. If people changed their life style, it would reduce the heart diseases burden because at least 20 percent of disease occurs during birth, while remaining 80 percent is caused by people's life style.

In some instances, Jakaya Kikwete Cardiac Institute provides free screening on cardiovascular disease every year during the World Women Day (8th March), Dar es Salaam International trade Fair, World Heart day (29th September) the Hypertension day (17th May). The public campaign on cardiovascular diseases is essential to raise awareness among the people on the danger posed by cardio vascular diseases in the country. If people will get education at least 80 percent of premature deaths from heart disease and stroke could be avoided if the main risk factors will get known to general population.

During the world Heart day of 29th September 2018 Jakaya Kikwete Cardiac Institute Cardiovascular diseases specialists conducted free screening at Kigamboni District in Dar es Salaam attended by 358 people, out of them, 20 got referral to Jakaya Kikwete Cardiac for tertiary level cardiovascular medical care. Also, during the

hypertension day on 17th May 2019, they conducted free screening to the outpatient's relatives (their number are 50) out of them 39 percent they had hypertension and they didn't know if they have that problem started medication on that day. During the Dar es Salaam International Trade Fair from 28th June up to 13th July 2019 also they did free screening for 2005 people, 60 percent have over weight/obesity, 40 percent have hypertension and 8 percent have hyperglycemia/diabetes and 74 got referral to Jakaya Kikwete Cardiac for tertiary level cardiovascular medical care (JKCI, 2019). Also, during the World Heart day on 29th September, 2019, they conduct free screening to the outpatient's relatives (their number are 251) out of them 51 percent we found they have hypertension and they didn't know if they have that problem started medication on that day.

Since, corporate communication and media are the backbone of every nation and there is a huge demand for it. This demand if is properly used can cause great changes to a society or a nation. This demand of media in health sector is inevitable. Health professionals view media as their instrument to help them and their customers to know where one can get health service in affordable manner to serve up their life. Global health care outlook (2018) reveals that media improves patient experience; it offers health care organizations a potentially rich source of data to efficiently track consumer experiences and population health trends in real time, much more efficiently than current approaches. Moreover, digital technologies are currently considered to enable on-demand interaction and seamless processes to improve patient experience.

In this modern world including Tanzania, almost everyone is attracted to media services. Media can be facilitated by internet, by newspaper, by television, by radio to mention a few. The citizens of a country, relies on its media counter-parts, for all most all kinds of information, to survive day to day activities of its citizens.

Media are the communication outlets or tools used to store and deliver information or data. The term refers to components of the mass media communications industry, such as print media, publishing, the news media, photography, cinema, broadcasting (radio and television), and advertising. Rimskii (2011) revealed that communication can be done through different channels to disseminate news, music, movies, education, promotional messages and other data. It includes physical and online newspapers and magazines, television, radio, billboards, telephone, the Internet, fax and billboards. It describes the various ways through which we communicate in society. Because it refers to all means of communication, everything ranging from a telephone call to the evening news on television can be called media.

Print Media includes all types of publications, including newspapers, journals, magazines, books and reports. It is the oldest type, and despite suffering since the emergence of the Internet, is still used by a major proportion of the population. Broadcast Media refers to radio and TV, which came onto the scene at the beginning and middle of the 20th century respectively. Most people still get their news from TV and radio broadcasts—however, experts predict that it will not be long before online sources take over. Over the past twenty years, cable news has grown in importance. The Internet specifically websites and blogs – are rapidly emerging as viable and

major channels of communication as more and more people seek news, entertainment and educational material online.

2.3.2 The Role of the Media

The role of the media in the society is to inform the public about what's happening around the world, set agenda to shaping our opinion, educate these channels of communication brings to us new technologies and more efficient ways of doing this, persuade to vote for a candidate or buy a product and entertainment. It can aid in promoting the right things at a right point of time, or can make use of any situation to create disturbance around the people or in the society. Media helps to provide a strong message to the world about what is right or wrong. Media is present all around us. For example, when we watch the Television; listen to the radio; read books, newspapers, magazines, journals.

The mass media helps people to remain informed and updated about the various news, events, social activities, lifestyle, entertainment, and advertisements irrespective of the geographical barriers. Mass media have made profound impact on societies and their culture. It ceases the boundaries of different societies among the individuals and creates 'Globalization.' The globalization is a decent case to delineate the friendship of media, since people can witness what is happening in different nations or how they dress up and what their way of life is. Subsequently, they typically mirror what others do.

Furthermore, media are a storehouse of information. It educates individuals about day-to-day occasions or new revelations. This data some of the time is utilized to

change individuals' sentiment. Thus, it can be concluded mass media have a powerful influence in shaping a persons' lives.

However, mass media can have both positive and negative impact on the lives and on the minds of the people. It depends on the mindset of the people, as to which side they look for.

Non-communicable diseases (NCDs) are chronic diseases, that are not passed from person to person and a disease of long duration and generally slow progression. There are four main types of non-communicable diseases. These are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets are the main causes of NCDs that increases the risk of dying prematurely. Most of the NCDs are preventable by modifying the risk factors addressing harmful use of alcohol, tobacco use, unhealthy diet, physical inactivity, and indoor air pollution (WHO, 2015).

2.3.3 Corporate Communication

Corporate communication covers organizational communications as well as management communications. This is a commonsensical move toward to the development of communications in organizations where communication specialists can adopt to streamline their own communications activities by working from a centrally coordinated strategic framework. It is derived from the Latin word "corpus meaning means "body" or "the whole" (Bohen, 2016). Since the 1980s, the

perspective of “corporate communication” has found receptive ear at senior levels and among communication specialists. It invites communication specialists to focus, first and foremost, on the problems of the organization as a whole. Corporate communication therefore addresses the fulfillment of organizational objectives.

Cornelissen (2008) argues that corporate communications is the management function for the successful coordination of all means of communication. The overall intention is to establish and uphold a favorable reputation with stakeholders upon which the organization is dependent. Van Riel and Fombrun (2007) acknowledges that management task offers a structure for the effective synchronization of all internal and external communication with the general reason of establishing and maintaining positive reputations with stakeholder assemblage upon which the organization is dependent.

As a framework for managing communication, corporate communication is understood as centralized management of overall company communication dealing with numerous stakeholders, and aiming at achieving the highest reputation possible (Schmid and Lyczek, 2006). Van Riel allocates to corporate communication the role of a management instrument with the task to “harmonize all consciously used forms of internal and external communication with its stakeholders (van Riel, 1995). Although the corporate communication is very often identified with the public relations, corporate communication definitions describe the its role in the company much more widely. According to the theory of integrated corporate communication, the corporate communication connects management, communication and social

integration and it comprises organizational internal communication, public relation and market communication (Zerfaß, 2004).

The theory also says that the organizational communication takes over the communication relationship with internal publics of the company, especially in the segments of employee communication and investor relations, where it addresses the stakeholders as the capital providers in joint stock companies. Argenti (2009) defines external communication depending on the principle of relationship with market and non-market publics. Therefore, public relations cultivate communication with media and opinion makers, socio-cultural publics (communities) and public affairs. Market communication deals with customers, suppliers and competition. In the process of carrying out its task, the corporate communication establishes and maintains reputation and it is responsible for shaping of the external presentation of a company; as such, it is an important function of corporate governance, in terms of reputation management (Nobel, 2006).

Strategic cultivation, maintenance and strengthening of reputation are the key tasks of corporate communication. Reputation is essential for a long-term survival of the company; in the end, reputation is the factor of creating values and it also has a money-making character. Reputation management precedes guiding values of forming of the corporate identity, corporate communication and of creation of the positive corporate image in the eyes of individual stakeholders (Pirić, 2006; Mast, 2008; Milas, 2011).

2.3.4 Audience Centered

Health communication is a long-term process that begins and ends with the audience's desires and needs. In health communication, the audience is not merely a target, but an active participant in the process of analyzing the health issue and finding culturally appropriate and cost-effective solutions. It is a common practice in health communication not only to research intended audiences and other key constituencies but also to strive to engage them in defining and implementing key strategies and activities. This is often accomplished by working together with organizations and leaders who represent them. For example, if a health communication program aims to reach breast cancer survivors, all strategies and key program elements should be designed, discussed, tested, and implemented together with membership organizations, patient groups, leaders, and audience samples representing this target audience. Most important, these audiences need to feel invested and well represented. They should be the key protagonists of the action-oriented process that will lead to behavioral or social change (Schiavo, 2007).

2.3.5 Multidisciplinary

Health communication is "trans disciplinary in nature" (Bernhardt, 2004; Institute of Medicine, 2003) and draws on multiple disciplines (Bernhardt, 2004; World Health Organization, 2003). Health communication recognizes the complexity of attaining behavioral and social change and uses a multifaceted approach that is grounded in the application of several theoretical frameworks and disciplines, including health education, social marketing, and behavioral and social change theories. It draws on principles successfully used in the private and commercial sectors and also on the

audience-centered approach of other disciplines, such as psychology, sociology, and anthropology (World Health Organization, 2003). It is not anchored to a single specific theory. With the audience always at the core of each intervention, it uses a case-by-case approach in selecting those models, theories, and strategies that are best suited to reach people's hearts; secure their involvement in the health issue, and, most important, its solutions; and support and facilitate their journey on a path to better health (Schiavo, 2007).

Health communication programs need to display a sound strategy and plan of action. All activities need to be well planned and respond to a specific audience-related need. Consider again the example of Bonnie, the twenty-five-year-old mother who is not sure about whether to immunize her newborn child. Activities in support of a strategy that focuses on facilitating communication between Bonnie and her health care provider make sense only if research shows all or any of the following points: (1) Bonnie is likely to be influenced primarily, or at least significantly, by her health care provider and not by family or other new mothers; (2) there are several gaps in the understanding of patients' needs that prevent health care providers from communicating effectively; and (3) providers lack adequate tools to talk about this topic with patients in a time-effective and efficient manner. Communication strategies (the overall approach that is used to accomplish the communication objectives) need to be research based, and all activities should serve such strategies. Therefore, program planners should not rely on any workshop, press release, brochure, video, or anything else to provide effective communication without making sure that their content and format reflect the selected approach (the strategy)

and is a priority in reaching the audience's heart. For this purpose, health communication strategies need to respond to an actual need that has been identified by preliminary research and confirmed by the intended audience (Schiavo, 2007).

2.3.6 Process Oriented

Communication is a long-term process. Influencing people and their behaviors require an ongoing commitment to the health issue and its solutions. This is rooted in a deep understanding of target audiences and their environments and aims at building consensus among audience members about the potential plan of action. Most, if not all, health communication programs change or evolve from what communication experts had originally devised due to the input and participation of key opinion leaders, patient groups, professional associations, policymakers, audience members, and other key stakeholders. In health communication, educating target audiences about health issues and ways to address them is only the first step of a long-term, audience-centered process. This process often requires theoretical flexibility to accommodate the needs of interested groups and audiences (Schiavo, 2007).

Health communication is grounded in research. Successful health communication programs are based on a true understanding not only of the intended audience but also of the situational environment. This includes existing programs and lessons learned policies, social norms, key issues, and obstacles in addressing the specific health problem. The overall premise of health communication is that behavioral change is conditioned by the environment in which people live, as well as by those who influence them. Creating a receptive environment in which the target audience

can discuss a health issue and be supported in its intention to change by key influential is often one of the aims of health communication programs. This requires a comprehensive research approach that relies primarily on traditional research techniques for the formal development of a situation analysis that focuses on a planning term that describes the analysis of individual, social, political, and behavior-related factors that can affect attitudes, behaviors, social norms, and policies about a health issue and audience profile that constitutes strategic description of all key audiences' characteristics, demographics, needs, values, attitudes, and behavior (Schiavo,2007).

2.3.7 The Need for Media to Specific Audience

Messages need to be audience specific and tailored to channels allowing the most effective reach to target audiences. Since it is very likely that communication efforts always aim at producing multiple audience-appropriate behaviors, the one message—one behavior approach should be avoided (UCLA, 2002) even when time and resources are lacking. As highlighted by the anthrax case study, in developing audience-specific messages and activities, the contribution of local advocates and community representatives is fundamental to increase the likelihood that messages will be heard, understood, and trusted by target audiences for the purpose of health improvement.

2.3.8 Communication for Behavioral and Social Change

The world currently is in the era of strategic behavior communications (Piotrow et al, 2003). Although the ultimate goal of health communication has always been

including behaviors and social norms, there is a renewed emphasis on the importance of establishing behavioral and social objectives early in the design of health communication interventions. Schiavo (2007) declare that although different theories support the importance of behavioral or social change as key indicators for success, these two parameters are actually interconnected. Social change typically takes place as the result of a series of behavioral changes at the individual, group, or community level.

In this context, successful health communication programs are based on a true understanding not only of the intended audience but also of the situational environment. This includes existing programs and lessons learned policies, social norms, key issues, and obstacles in addressing the specific health problem. The overall premise of health communication is that behavioral change is conditioned by the environment in which people live, as well as by those who influence them. Creating a receptive environment in which the target audience can discuss a health issue and be supported in its intention to change by key influential is often one of the aims of health communication programs. This requires a comprehensive research approach that relies primarily on traditional research techniques for the formal development of a situation analysis that focuses on a planning term that describes the analysis of individual, social, political, and behavior-related factors that can affect attitudes, behaviors, social norms, and policies about a health issue and audience profile that constitutes strategic description of all key audiences' characteristics, demographics, needs, values, attitudes, and behavior (Schiavo,2007).

Interpersonal communications use interpersonal channels like one-on-one or group meetings and is based on active listening, social and behavioral theories, and the ability to relate to and identify with the audience's needs and cultural preferences and efficiently addressing them. This includes "personal selling and counseling" (World Health Organization, 2003) which takes place during one-on-one encounters with members of interested audiences and other key stakeholders, as well as during group events and in locations where materials and services are available. It also includes provider-patient communications, which has been identified as one of the most important areas of health communication (U.S. Department of Health and Human Services, 2005) and should aim at improving health outcomes by optimizing the relationships between providers and their patients.

2.3.9 Professional Medical Communications And Community Mobilization

Professional medical communications, a peer-to-peer approach targeting health care professionals that, among others, aims to promote the adoption of best medical and health practices; establish new concepts and standards of care; publicize recent medical discoveries, beliefs, parameters, and policies; change or establish new medical priorities; and advance health policy changes. It is essential to engage community mobilization, a bottom-up and participatory process need the use of multiple communication channels, community mobilization seeks to involve community leaders and the community at large. Addressing a health issue is vital part of the key steps to achieve the behavioral or social change, or practicing a desired behavior particularly on the cardiovascular heart disease.

2.4 Knowledge Gap

The heart diseases and echocardiography in the world is an inevitable disease including Tanzania. The cardiac pathologies conducted in December 26, 2018 explain show that heart diseases and their treatment in rural sub-Saharan Africa is crucial. This describes that the occurrence, characteristics, etiologies of heart diseases and the medication taken before and prescribed echocardiography in a rural referral Hospital in Tanzania. This reveals that there are heart diseases that are not known to the majority of people.

Scholars and institutions who studied this area including Global Health Action in June, 2017 discovered the prevalence, awareness and factors associated with hypertension in North West Tanzania is a point to work on to rescue life of the majority who are living in outskirts of towns. This study shows that after health checkup they found a total of 9,678 out of 9,742 individuals were suffering with hypertension is the leading etiology of heart diseases in rural Tanzania. Most patients present with advanced stages of heart disease, and the majority are not treated before echocardiography.

The scholars explained about the awareness and treatment rates are very low indicating the need for program to improve awareness and treatment for cardiovascular disease. Therefore, an urgent need for increased awareness, expertise and infrastructure to detect and treat hypertension and heart failure in rural Africa. They have fallen short on showing the role of Corporate Communication in creation of public awareness on cardiovascular diseases.

Therefore, this study intended to assess the role of corporate communication in creating public awareness on cardiovascular diseases in Tanzania to fill the literature gap by investigating if the public was awareness about heart diseases.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research strategy, the research method, the research approach, the methods of data collection, the selection of the sample, the research process, the type of data analysis, and the ethical considerations the research.

3.2 Area of the Study

This study was at Jakaya Kikwete Cardiac Institute in Dar es Salaam. This is the only Hospital dealing with cardiovascular issues in the country. The unit of analysis of this study were the medical professionals working at Jakaya Kikwete Cardiac Institute (JKCI). Other stakeholders include the Ministry of Health, Community, Development, Gender, Elderly and Children, services providers like Pharmaceuticals Drugs Companies, Public from Coast regions these include Dar es Salaam, Pwani and Morogoro as well as professional Association including Medical Doctors of Tanzania (MAT), Tanzania Nurses Association (TANA), Pharmaceutical Society of Tanzania (PST) and Tanzania Heart Foundation (THF). Among others, Jakaya Kikwete Cardiac Institute is geared to provide high quality affordable cardiovascular care to patients, facilitate sustainable delivery of tertiary cardiovascular care services, providing specialized and super specialized postgraduate courses in the fields of cardiovascular medicine and offering favorable environment for internationally acclaimed cardiovascular research. The core values of JKCI are integrity; creativity; team spirit; professionalism; diligence; corruption free zone; excellence and

3.3 Research Design

Research design is a logical and systematic plan prepared for directing a research study, specifies the objectives of the study, the methodology and techniques to be adopted for achieving the objectives. It constitutes the blueprint for the collection, measurement and analysis of data. It is the plan structure and strategy of investigation conceived so as to obtain answers to research questions Its provides a systematic plan of procedure for the researcher to follow (Creswell 2013).

A good research design must be a plan that specifies that objectives of study and hypothesis to be tested, it is an outline that specifies the sources and types of information relevant to the research questions, it is a blue print specifying the methods to be adopted fo gathering and analyzing the data and it is a scheme defining the domain of generalizability (Uyo 2010).

The research desig of this study is a qualitative study employing a case study approach. A case study is an in – depth comprehensive study of a person, a social group, an episode, a process, a situation, a programme, a community, an institution or any other social unit. This is considered as an empirical inquiry that investigates a present phenomenon. The corporate communication is a tool of creating public awareness in health sector. JKCI as an institution working on cardiovascular diseases is essential as it presents real life of respondents that uses triangulating method to capture information from the participants in their real life (Krishnaswami et al, 2016). The purpose was to evaluate the role of JKCI’s communication towards raising public awareness on CVDs in Tanzania.

This is a strategy entailing an empirical investigation of a contemporary phenomenon within its real-life context using multiple sources of evidence, and is especially valuable when the boundaries between the phenomenon and context are blurred (Yin 2009; Yin 2014).

3.4 Study Population

The general population in this study included medical professionals at JKCI, cardiovascular patients and other stakeholders including Ministry of Health, Community, Development, Gender, Elderly and Children, service providers such as Pharmaceuticals Drugs Companies. Also, members of Association of Medical Doctors of Tanzania (MAT), Tanzania Nurses Association (TANA), Pharmaceutical Society of Tanzania (PST) and Tanzania Heart Foundation (THF). This is the largest group of potential participants of a qualitative study which Banerjee and Haudhury (2010) defined as "... an entire group about which some information is required to be ascertained". Participants in the general population must share at least a single attribute of interest (Bartlett et al., 2001; Creswell, 2003). This attribute makes participants eligible as population members.

3.5 Sampling Techniques

This study used purposive sampling techniques. This is a non-probability sampling technique involving selecting certain units or cases 'based on a specific purpose rather than randomly' (Tashakkori & Teddlie, 2003a). Researchers rely on their own judgment when choosing members of the population to participate in their study it is also known as judgmental, selective, or subjective sampling.

Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest (Plano & Badiie, 2010). This sampling method requires researchers to have prior knowledge about the purpose of their studies so that they can properly choose and approach eligible participants.

The researchers used this sampling to access a subset of people as all participants were selected because they fit in this study. This technique was used to achieve representativeness as the researcher wants to select a sample that represents a broader group of cases as closely as possible among different types of cases. In this study, purposive sampling was used where the selection of respondents considered them as the key informants by expertise and experience of the position, they have at JKCI and Non-Governmental Organizations.

3.6 Sample Size

The sample size of this study was 33 respondents in total. This size qualifies the qualitative components to produce a whole that is superior to the parts. This study used five (5) patients that allowed the researcher to get required data on the heart diseases; five (5) medical professionals of JKCI who provided data on the impact of corporate communication channel on giving creating public awareness on Cardiovascular Diseases at Jakaya Kikwete Cardiac Institute. It is either true that JKCI, as an institution cannot build a coherent culture without people who share its core values or possess the willingness and ability to embrace those values. Coleman (2013) suggests for recruiting new employees who are not just the most talented but

also best suited to a particular corporate culture. Research participants included two (2) respondents from the Ministry of Health, Community, Development, Gender, Elderly and Children; four (4) respondents from services providers such as Pharmaceuticals Drugs Companies; eight (9) respondents from Coastal regions which are Dar es Salaam, Pwani and Morogoro (i.e., three (3) respondents from each region); and eight (8) respondents from professional associations such as Medical Doctors of Tanzania (MAT); Tanzania Nurses Association (TANA); Pharmaceutical Society of Tanzania (PST); and Tanzania Heart Foundation (THF) (i.e., 2 respondents from each association). All these provided relevant information until saturation point (i.e., until new themes emerge that satisfy the need of this study). The demographic structure of the respondents is indicated in the table 3.1 below.

Table 3.1: Demographic structure of the respondents

S/N	TYPE	QUANTITY
1.	Patients	5
2.	Medical Professionals	5
3.	Workers from the Ministry	2
4.	Service Providers	4
5.	Members of medical professional Associations	8
6.	Individuals from regions	9
7.	Total	33

3.7 Data Collection

This study used a qualitative method because it gives a unique depth of understanding in the current study which is difficult to gain from a closed question survey. Respondents are able to freely disclose their experiences, thoughts and feelings without constraint. This technique offers a dynamic approach to research, where the researcher has an opportunity to follow up on answers given by

respondents in real time, generating valuable conversation. Qualitative research on the other hand is concerned with qualitative phenomenon that means phenomena relating to or involving quality or kind (Creswell, 2013).

Khalaf and LaRocco (2009) acknowledged that qualitative research is dealing with care for and promoting and changing people's behavior, understand in-depth concepts such as experience, believes, motivations and intentions. So, qualitative methods give more information than sending questions or using other quantitative means. There was limitation in using qualitative methods of research as the data alone do not speak and may make a researcher fail to grasp the real meaning of the numbers without using qualitative.

This study used the interview and documentation as the methods of data collection that are relevant to the study as are critical to conduct this scientific research. Data collection methods allows researcher to collect information that she want to collect about the study objectives (Abawi, 2013). In this study data collection was considered as the systematic approach to gathering and measuring information from a variety of sources to get a complete and accurate picture of an area of interest. Data collection enables a person to answer relevant questions, evaluate outcomes and make predictions about future probabilities and trends.

Data gathering is crucial in research as is meant to contribute to a better understanding of a theoretical framework (Bernard 2002). It then becomes imperative that selecting the manner of obtaining data and from whom the data will

be acquired be done with sound judgment, especially since no amount of analysis can make up for improperly collected data (Bernard et al. in Tongco, 2007).

3.7.1 Interview

In this study interview was used as a data collection technique that involved oral questioning of respondent individually. This was a discussion between the interviewer and interviewee that involves face to face interview. Moreover, due to time constraints, the researcher used phone interviews to collect the needed information according to objectives of the study (Olive and Abel Mugenda, 2004). The data was collected using interview guide and the discussions were recorded using tape recorder. Moreover, the open-ended questions were asked to allow free responses to be recorded for the purpose of maintaining the respondent's own words and meaning.

In this study, the researcher in person met the respondents and asked them the scheduled questions regarding the subject of enquiry. The researcher interviewer efficiently collected the data from the informants by cross examining them. She was very efficient and tactful to get the accurate and relevant data from the informants. Interviews like personal interview/depth interview or telephone interview can be conducted as per the need of the study (Olive and Abel Mugenda, 2004).

The interview guide in this study functions as a checklist to make sure respondents give information on the same topics. The respondents of this study constituted 5

patients; 5 Medical professional of JKCI; 14 stake holders and 9 public from Coastal regions.

3.7.2 Document Analysis

In this study, documentation was used as the evidence for providing information. Ideas borrowed from others scholars constitutes both primary and secondary sources. This is a large body of data which is related to the current study as second-hand information collected by others. This is all about locating sources and retrieving the relevant information needed to answer the research question (Creswell 2013). Jakaya Kikwete Cardiac Establishment Instrument, 2015 with Government Notice No. 454 of 2015 is among of the document used as the source of information to this study. This also included the corporate communication strategy of JKCI.

The use of secondary data enabled the researcher to verify the findings based on primary data. It meets the need for additional empirical support; the researcher needed not wait the time when additional primary data can be collected. The use of secondary data broadens the data base from which scientific generalizations can be made especially as of several environmental and cultural setting for the study.

This study used documentation as a method of data collection. The researcher needed specific information from secondary sources to be used for reference purpose. The general statistical information was obtained from the JKCI Strategic Corporate Communication document, published reports and quoted as background information in a study. Other information was gathered from radio programs, stories on

newspapers, visual materials, including photographs, and videotapes, arts objects, computer software and film that have reported on and about JKCI activities in relation to CVDs.

3.8 Data Analysis

The data in this study was analyzed thematically. The researcher organized raw data and transformed it into useful information which was then used to explain the study problem. The process of organizing and thinking about data is a means to understand what the data does and does not contain. The data in this study was analyzed in consideration of qualitative data. Data was transcribed, translated, coded and then themes were generated. On analysis of each of the respondents' interviews, a coding framework was devised. This report is presented in terms of the main themes which emerged from the data.

The researcher coded the data by making segments or chunks of data with descriptive words into meaningful analytical units by assembling, disassembling reassembling data from the field. The coding focused on identifying what was striking on commonality of information to get codes and finally create themes from the data collected from the field (Delaney et al, 2011 & O' Leary, 2010).

3.9 Data Reliability and Validity

The Researcher visited and interviewed patients (and their relatives) to get the real situation at the ground and how people are aware of the CV diseases. Also, the Researcher interviewed Non-Governmental Organisation dealing with heart diseases,

e.g., Tanzania Heart, for the same reasons. In terms of reliability, the researcher ensured consistency across time, researchers and items, that is replicability. In terms of validity, the researcher ensured that sampling and data collection techniques helped to make judgement based on evidence.

3.10 Ethical Consideration

The current study is subject to ethical issues. As it was mentioned earlier, all participants were informed about this study by using introductory letter issued by the university before embarking on data collection. This allowed the researcher to conduct a study with confidence as she was given research clearance from the authority concerned. At the same time, participants were asked to sign a debriefing and withdrawal Letter. The aim of both letters was to reassure them that their participation in the research is voluntary and that they are free to withdraw from it at any point and for any reason.

Participants were fully informed regarding the objectives of the study, also reassured that their answers were to be treated confidentially and used only for academic purposes. The researcher identified herself fully to the respondent to make clear the subject of the research. The researcher was concerned with the welfare of the respondents in term of their mental and physical health. She avoided any attempt that would have injured or caused discomfort to the participant. The researcher allowed respondents to answer or not answer some questions on privacy. The researcher did not reveal the identity of the respondents. Data collected was only used for the purpose intended.

CHAPTER FOUR

FINDINGS

4.1 Introduction

This chapter presents the findings of the study. The data presented here were obtained from a study that was conducted at Jakaya Kikwete Cardiac Institute seeking to examine how corporate communication strategy of JKCI contributes in creating awareness about CVDs to the public.

The chapter presents findings of the study. In the presentation, the chapter will be divided into three parts which are specific objectives results. The first part will look at the results of the assessment of strategies used. The second part will present the implementation plan of the activities geared at raising public awareness; while the last part will give results and assessment of the effectiveness of the strategies used by JKCI in creating awareness to the public. The main objective of this study was to evaluate the role of Jakaya Kikwete Cardiac Institute's corporate communication towards raising public awareness on CVDs in Tanzania. The research specific objectives which guided this study were:

- i) To analyse JKCI corporate communication strategies in raising public awareness towards CVDs in Tanzania.
- ii) To examine the implementation of the corporate communication planning put in place to guide JKCI towards raising public awareness on CVD in Tanzania.

- iii) To examine the effectiveness of corporate communication activities carried out by JKCI in raising awareness towards Cardiovascular Diseases (CVDs) in Tanzania.

4.2 Data Presentation

Objective one: Analyse JKCI corporate communication strategies in raising public awareness towards CVDs in Tanzania

In this study, it was discovered that press releases were one of the ways JKCI as corporate institution used to create public awareness about CVD in Tanzania. According to data obtained from the office, a total of 79 press releases were issued from December 2016 to June 2020. The press releases reported about the visiting specialists of CVDs, nurses and technologists; new service of FetalECHO Cardiograph, Institute services; World Heart day; World hypertension day; Annual performance report day; Dar es Salaam International trade fair (Sabasaba); and NaneNane exhibition. These events are normally associated with donation from different sponsors, as well as Nutrition and Health check-up. In the occasions, the public get an opportunity to learn about the activities of the institution, particularly issues to do with CVD. JKCI staff also appears on different media and TV programs to raise public awareness on cardiovascular issues and Institute activities. So, apart from the press releases helping to create public awareness on CVDs, they also attract people to attend different events (as mentioned above), and in the process the attendees get much more information about CVDs. This is through visiting JKCI booth, listening to key speakers and even following JKCI staff h appear on different media to raise public awareness of CVDs

TV stations are also used by JKCI as strategies for the creation of public awareness. According to official data, a total of 60 TV stations were involved in creating public awareness about CVD. These include but not limited to EATV, Star TV, ITV, Voice of America, Dira, Maelezo TV, ZBC, Michuzi TV, Tabibu TV, Channel ten, China Global TV network, Tanzania News Papers online TV, ETV, Azam Two TV, Clouds TV, Global Publisher online TV, Capital TV, Azam TV, and China Broadcasting TV.

Moreover, radio stations are also part of JKCI's strategy in creating public awareness. A total of 35 radio stations participated, and the following are among the radio stations in question: Radio one, Magic FM, British Broadcasting Corporation, Radio France International, U-FM, Radio Free Africa, TBC FM, Douche Welle, Magic FM, TBC Taifa, Clouds FM and Kiss FM.

Together with press releases, Tv and radio stations, there are also hard news stories, photographs, and feature stories. According to literature review on secondary data conducted at JKCI, a total of 1051 hard news stories; photos and feature stories were published in various newspapers; blogs; website and social media. The newspapers include Habarileo; Jamvi la Habari; Daily news; Uhuru; Majira; Lajiji; Tanzanite; Nipashe; Mwananchi; Mtanzania; The Citizen; Zanzibar Leo; Tanzania Daima and The Guardian. Also, different blogs and on-line TVs published their stories and photos. Among them were Michuzi; Ayo; Kwanza; Fullshangwe; Mjengwa; Mbeya Yetu; Maelezo; Bayana; Maphoto; Kwanza; Blog ya Taifa ya CCM; Dodoma News;

The choicetz.com, Dar 24, Taasisi ya Moyo Jakaya Kikwete, and Matukio na Maisha.

In the efforts of creating awareness, JKCI prepared and aired 31 documentaries of “Afya ya Moyo” on “Taasisi ya Moyo” Online TV. In the documentaries, JKCI showed how it conducted free of charge health checkups to the members of community, during the Dar es Salaam International trade fair (Sabasaba); Nanenane exhibition; World Heart Day; World Hypertension Day; Media Health checkup; World Women Day; and on the 16th Engineers registration Board annual meeting. Other documentaries were about Tanga, Songwe, Lindi, Ruvuma, Arusha, Katavi, Dar es Salaam and Dodoma outreach programs.

In the same vein, data collected from archives reveal that JKCI arranged and coordinated 82 Press Conferences to give more information of their services to the media people. They prepared publicity materials such as 2800 Calendars; 566 diaries; 2500 Newsletters; 5 Rollup banners; 3 wall banners; 5000 corporate folders; and 6 posters for Client Charter. They also produced 6900 fliers; 6000 brochures; 150 Tshirts; and 200 tote bags. These were also accompanied by other TV programs aired on TBC, Channel 10, China Cable network, ITV, Star TV, Voice of America, and China Broadcasting Corporation.

As another strategy to raise public awareness, data collected from the office of JKCI Director, revealed that they received 274 e-mail and messages through their social media accounts from the people who needed more information about their services.

So, answering people's inquiry is also understood here as another strategy for public awareness creation.

Graphic material is also not left behind in JKCI's attempt to create public awareness on CVDs. During the data collection exercise, it was found out that 24 graphics were prepared JKCI. These showed different institute's activities which provided public awareness on cardiovascular diseases.

JKCI also coordinates different trainings to Editors and Journalists on different cardiovascular issues as well as Institute activities. These trainings go hand in hand with health checkups of the participants. The trainings are considered to also be effective in the creation of public awareness. According to one medical Doctor involved in the study, it was important to train this group of professionals as they are key in helping JKCI to publicize issues related to CVDs through different media channels they work for.

Objective two: Examine the implementation of the corporate communication planning put in place to guide JKCI towards raising public awareness on CVD in Tanzania.

In an attempt to understand whether or not JKCI's communication strategy on CVDs is implemented, the researcher conducted interviews with medical professionals at the institute. When asked if corporate communication at JKCI have an interest on reporting about cardiovascular diseases, all respondents said yes. When asked about how the information is provided, they responded that it is through a culture of reporting cases of cardiovascular challenges; on individual bases to those who attend

clinics; provision of videos where by doctors, technicians or nutritionist provide answers about CVD; printing of leaflets; educations awareness by collaborating with media house operators; and interviews with experts through TV programs.

“I attended five programs in different TV and radio stations, the topics were paediatric heart diseases. During the programs, people made calls and asked different questions and others requested my mobile number for further follow up, while others brought their children at JKCI for medical check up”

More so, official data indicates that it is an institutional condition to implement a communication strategy on CVDs issues. This is true because it is clearly stated in JKCI’s corporate strategy, which is guided by the government regulations regarding public health. For instance, the Health Sector Strategic Plan (HSSP) 2015-2020, provides an impetus to improve health sector through education, media, human resources and all supply chain of health sector. Early childhood health care and life style is emphasized in this strategy. It emphasizes on the importance of the public precautionary measures and epidemiological transition with non-communicable diseases. This is by showing upsurge and a consequent rise in health care costs, as well as on the change of health care financing. JKCI’s implementation of CVD eradication strategy is guided by HSSP.

The field results also found out that the implementation of JKCI’s communication strategy is integrated in the services offered by the staff in charge of non communicable diseases such as NCD, maternal and child health services.

Other aligned programs such as integrated management of childhood illnesses, lends itself to incorporating important CVDs messages such as respiratory stress diagnosis

and management Integrated communication messages: Heart health for kids includes not only CVDs messages, but also information about healthy eating habits, exercise, and nonsmoking. All these strategies were found in practice by JKCI for public awareness and health maintenance achievements. Also, it creates and maintains health surveillance systems to monitor and more effectively control chronic diseases. These systems report on cause-specific mortality and the primary determinants of CVD at JKCI. This information was obtained from both medical staff at the hospital, and the patients interviewed.

On the other hand, during interviews, patients were asked if they had ever received information about CVD from JKCI. Many respondents said yes. They mentioned to have received information on Coronary Artery Disease, stroke and fast heartbeats (tachycardia). Others are messages about Congenital and rheumatic heart diseases; how to use heart medication; person who undergoes heart surgery recovers; and regular cardiovascular diseases check-up. On the CVDs check-up, the messages were about blood pressure; how pediatric congenital heart diseases are treated and recover; Dilated Cardiomyopathy and doctor provided awareness on how kidneys and cardiac depend on each other.

The participants said to have received this information through cardiovascular doctors and JKCI sessions on local printed and electronic media outlets like TBC and ITV, Majira and Nipashe Newspapers. They also mentioned to have received messages from Mombo hospital in Tanga when the Minister for health

Honorable Ummu Mwalimu was presenting on professional treatments including cardiovascular treatment, and doctors at pediatric clinic.

Medical doctors also provided information about CVDs to the patients through radio One, ITV, Azam TV, Tanzania Daima and the Guardian Newspaper. The response and feedback from patients demonstrate deliberate strategies used by JKCI in creating public awareness about CVD.

“I received information about heart diseases from JKCI through ITV. Doctor was explaining about the relationship between life style and heart disease. Through that program, now I know the causes of heart diseases are smoking, much alcohol consumption, unexercised lifestyle and intake of food with too much salt and oil”.

The study also found out that clinical interventions are used by JKCI to provide treatment for CVDs as well as control of biological risk factors such as elevated blood pressure, blood lipids, and blood glucose for both individuals already diagnosed with CVDs at high risk. Ideally, such services became possible given the supportive environment created by health communication initiatives to address behavioral risk, by promoting healthy individual choices and appropriate self-care. The study also found out that implementation of these effective approaches requires an adequate system of organizations, and resources to meet health needs. JKCI lacks this health systems infrastructure. In this aspect, strategies to reduce the burden of chronic diseases can be coordinated with, rather than compete against, efforts in other areas of community health.

During interviews, respondents were asked if they are involved by JKCI in the campaign of raising awareness about CVDs. One respondent said that he once

participated during Heart Marathon. Another one said that she was never involved into any community awareness campaign but once participated in preparing a cardiovascular script. Some informed the researcher that they never had a chance, while others participated in a rally aimed at mobilizing the community to contribute in Pediatric cardiovascular treatment. Two of the participants said that they participated during the Dar es Salaam International Trade Fair of 2019 (Sabasaba exhibitions), others participated during the commemorations of World Hypertension Day of 2020, during medical check-up camp in Tanga region, World heart day of 2019, Hypertension day of 2019, and the nanenane Exhibition in Simiyu region in 2018.

“I participated to provide awareness on cardiovascular disease. We conducted free medical checkup, education on life style and cardiac diseases and have distributed free medicine to all people who were diagnosed with heart disease symptoms”,

Objective three: Examine the effectiveness of corporate communication activities carried out by JKCI in raising awareness towards Cardiovascular Diseases (CVDs) in Tanzania.

According to the data collected from the field, among medical doctors and nurses at JKCI, several programs have reshaped the landscape in terms of CVDs control and achieved remarkable successes. Different programs such as TV shows, radio, forums, clinical services and outreach activities not only have set the scene for CVDs control activities, but they also gathered important epidemiological evidence to document important trends. A comprehensive community program has been implemented that stressed the importance of community organization to combat the disease, especially in the face of the socioeconomic, psychological, and epidemiological aspects of the

disease. The importance of education in early case detection is emphasized, as well as utilizing lessons learned from other infectious diseases programs such as tuberculosis, HIV & AIDS and pandemics interventions. According to the interviewee, it was reported that although JKCI experience faces a gradual decline in the incidence of CVDs, these and other similar initiatives resulted in a precipitous fall in the incidence of CVDs.

When asked about effectiveness of means of communication mentioned in objective one and two, some respondents commented that indeed they are effective though they can be improved by including both public and private media outlets to increase coverage. Others commented that it depends on the how much people are in need of certain service based on how many times there is a discussion on cardiovascular diseases, especially in schools and other public areas. Others argued that the approaches are good because people receive information through them but other members of the community cannot access some social media outlets including YouTube, Instagram, twitter and Facebook.

These respondents added that approaches are good because they reach community members and give them an understanding of cardiovascular diseases though there is still high need for more awareness on healthier diet and cardiovascular diseases. More than 90% of the respondents were positive about the approaches, stating that the media, traditional and social, are popular and accessible to many people both in rural and urban areas, although they are more effective in urban places than rural.

According to official data, JKCI staff participated on different media and TV programs to raise public awareness on cardiovascular issues and Institute activities. From the above information, it can be said that the corporate strategy in terms of its advertisement and visibility is very effective because large number of populations in Tanzania receive information through the above-mentioned media. That has enabled the institution to cover large part of the intended public. However, small segment of population especially in rural areas may not have advantage in terms of news magazines. These are people such as elders who cannot read or write. In addition, a minority group of disabled such as dumbs, duffs might be in a disadvantage.

On another note, it was observed during the live radio and tv programs many people asked a good number of questions- an indication that they wanted to learn more about cardiovascular diseases. In similar lines, many participants also asked for the doctors and nutritionists' mobile numbers so as they could easily obtain cardiovascular information. This was the same to other people who showed up for CVDs check up. There also those who go direct to meet cardiovascular doctors while others brought cardiovascular patients at JKCI. All these scenarios indicate that respondents believed and accepted that corporate communication at JKCI had a contribution in raising public awareness on Cardiovascular Diseases.

The study also observed that when people share information about CVDS they help other community members to look for the JKCI while at the same time developing a culture of checking up their cardio vascular conditions. Victims of cardiovascular diseases and those who feel like developing symptoms of cardiovascular diseases

always visit the JKCI to undergo checkup. A health worker from the Ministry of Health, quoted in this study reported that many people always call to seek information about cardiovascular diseases.

... “Those who follow our health sessions on cardiovascular diseases have obtained sufficient information. Others notify the JKCI through email, letters and mobile sms how much the Institute has been helpful”.

Many respondents, including patients, commented that the Jakaya Kikwete Cardiac Institute has helped people to have adequate understanding of cardiovascular diseases. That was confirmed by some doctors and nurses who were interviewed, as they confirmed to have received more people who asks many questions regarding CVDs

“After we have provided people with information on cardiovascular services offered at JKCI, the number of cardiovascular patients has increased from 100 to 450 per day”.

Despite such observations, some respondents were concerned that education and awareness need to be spread in rural areas where people do not have access to media like in urban areas.

On other hand, when asked about how JKCI corporate strategy is effective in creating awareness, many people from both rural and urban areas thanked the JKCI for providing CVDs awareness to community members free of charge. The massive participation of community members into the campaign helped to raise funds which were later used to treat paediatric who were suffering from CVDs.

“I advise JKCI to prepare CVDs sessions and put them on flash disks which they will disseminate in all hospitals across the country”.

Informed one JKCI staff. They shared CVDs information on social media outlets then people became so curious to know much about CVDs. However, given that some campaigns were conducted at the JKCI premises, many people did not have access to the place hence did not have the chance to check up for CVDs. Health diet awareness was so relevant and many people had to check up for CVDs, many people participate on health screening and people sent their opinions after seeing a video clip shared by the JKCI on social media outlets.

When asked if they think corporate communication at JKCI has any contribution in raising public awareness on Cardiovascular Diseases, they responded that it has been helpful because they sometimes organize marathons where people can go and get awareness on CVDs. They also expressed their gratitude through uploaded teachings on social media outlets such as Facebook as they commented that it is easier for one to obtain information on CVD and where to go in case things get out of control. However, some respondents argued that sometimes it becomes difficult for people in very remote areas to access CVD information because much of JKCI activities take place in urban areas. One respondent, however had an opposite view arguing that JKCI has not been so helpful since they have not done so much to raise community awareness on CVDs.

When asked about their opinion on other means to be used by for the creation of awareness, about CVDs, the respondents suggested that JKCI should conduct intensive public awareness campaigns at dispensaries, district hospitals, tertiary hospitals as well as regional referral hospitals' levels. Also, they suggested an

organization of as many medical camps as possible at the district and village level; and camps outside of Dar es Salaam to enable people in very remote areas to easily access the service. Some respondents advised that sometimes using social media outlets might not be as helpful as intended. Therefore, the Government should send health experts in every village especially in rural areas, make more advertisement on radios and TVs, use health professional at community level to provide awareness on CVDs use mobile phone sms to raise community's awareness on CVDs as they did during corona virus, join the Ministry of Health's free call center service so that people can call them to receive cardiovascular diseases awareness. Some suggested a number of JKCI outreach activities to increase, involve journalists and especially those located in different regions of the country as well as develop primary and secondary schools' CVDs curriculum.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1 Introduction

This chapter discusses the findings of the study which are presented in chapter four. The discussion here focuses on the findings based on the themes developed during data analysis. From the coded data, the analysis was able to establish five themes which are used in this chapter for discussing the results of the study.

As it aimed at finding out the role of JKCI's communication strategy in creating public awareness on CVDs in Tanzania, where interviews were deployed as main data collection tools and thematic analysis as a data reassembling strategy, five themes namely, interactive meetings; print media, publications, electronic media and social media, were developed and are used below for discussion.

5.2 Interactive Meetings

An in-depth understanding of the role played by JKCI's communication strategy in creating public awareness on CVDs in Tanzania, can suitably be obtained from following what the present study considers as interactive meetings. Looking at the nature of communication done by JKCI in creating CVDs awareness, it is easily noted that more efforts are directed to the types of communications which bring people face to face. These efforts are quite indicative when one tries to establish the manner in which CVDs awareness is created in the public. In this sense, JKCI has directed so much attention in the following communication activities which bring

people together: seminars, outreach programmes, press conferences, clinical services, community health workers and advocacy and health campaigns.

Some studies elsewhere have shown that such community awareness campaigns can be cost-effective and essential in reducing incidence and mortality from heart disease and strokes (Puska *et. al.*, 1998, Rubinstein *et. al.*, 2009). Furthermore, considering the growing burden of Non-Communicable Disease (NCD) risk factors in children, early commencement of such awareness initiatives via school-based interventions such as incorporating them into curricula, educating children on heart health and risk factors, proven beneficial elsewhere (Ray *et al.*, 2016) are other agendas for consideration by the government.

5.2.1 Seminars

They coordinated seminars for Editors and Journalists on cardiovascular issue. These trainings went hand in hand with health check-up. Through these seminars, participants meet together asked questions and shared their views about cardiovascular diseases. Seminars for journalists brought together JKCI medical experts in a forum where journalists received training, asked questions and had a chance to undergo medical examination on cardiovascular diseases.

After gaining an in-depth knowledge on cardiovascular diseases through questions and answers sessions, the journalists developed news stories and articles carrying information on various aspects of cardiovascular diseases and disseminated the messages to the general public through different social and mainstream media platforms. This helped the public to access accurate information on cardiovascular

diseases and make informed decision towards control and prevention of the disease. In addition, trained journalists used their newsrooms to cascade and transfer the knowledge gained on cardiovascular diseases to their fellow journalists who in return transferred the same knowledge to their communities using various approaches.

Also, medical experts and professionals were trained through seminars and have used this knowledge to train patients and their fellow practitioners on cardiovascular diseases. This approach helped to create awareness in the communities on cardiovascular diseases.

5.2.2 Outreach Program

Jakaya Kikwete Cardiac Institute through outreach programs conducted health check-ups to provide a chance for communities to be screened free of charge on cardiovascular diseases. During these face-to-face engagements, staffs from JKCI raised awareness on cardiovascular disease and nutrition to the attendees.

During the interactive outreach programs, participants were given a chance to ask questions on various aspects of cardiovascular diseases and nutrition. Some participants exchanged their mobile numbers with Doctors, Nurses and Nutritionists for continued sharing of information on matters related to cardiovascular disease and nutrition. Through outreach programs, medical experts and professionals from JKCI raised awareness on cardiovascular disease by training community members how to avoid cardiovascular diseases. Community members were able to ask questions for more clarification and understanding of the disease.

Free medical screening on cardiovascular diseases, along with leaflets carrying information on the same were provided to community members. Those detected with the disease were immediately provided with treatment while those with critical conditions and requiring extra care were referred and transferred to Jakaya Kikwete Cardiac Institute for further treatment.

Many people who participated in the outreach program are people who came from poor families, people with no health insurance which would have helped them to meet with cardiologists when required, rather than relying on referrals from their district and regional hospitals which in practice were taking much time to be released. After these community members have received training and knowledge on cardiovascular disease and free treatment, they transferred similar knowledge to their fellow community members as a way to create awareness.

5.2.3 Press Conferences

JKCI arranged and coordinated Press Conferences to give more information of their services to the media people. Also, through these press conferences, Journalists used this occasion to have more information about cardiovascular diseases. Different questions were asked by Journalists to have a better understanding on causes, treatment and effect of cardiovascular diseases and how to avoid it.

Press conferences serve well as interactive (face to face) meetings between journalists and medical experts from Jakaya Kikwete Cardiac Institute. During these meetings, experts or professionals explained about cardiovascular disease and how to

avoid it. Journalists were given a chance to ask various questions and get an in-depth understanding on the topic. At the end of the press conference, journalists were able to write news stories and disseminate this knowledge through different media platforms where Community members would then get education on cardiovascular disease, how to avoid it and the right place to go for medical treatments in case they fall sick.

5.2.4 Clinical Services

Medical Professionals of Jakaya Kikwete Cardiac Institute provided awareness both to out and in-patients. Patients received education on nutrition, how to take in cardiovascular medication, different signs and symptoms of cardiovascular disease. It is a routine before starting off the clinic and after every two hours, cardiologists have to provide education on cardiovascular diseases and nutrition to patients who attend the clinic and their families.

Through this awareness, patients and families have increased their knowledge on cardiovascular disease and how patients need to observe all the pre-requisite for a healthy life. When the researcher was conducting interviews with patients, while responding to the question (Do you have knowledge about CVDs? If yes, how did you get the knowledge about CVDs?), some respondents said they received this knowledge through nurses and nutritionists who used to train them before attending clinic while others replied to have received this knowledge from the cardiologists who attended them. The knowledge helped them to have an understanding of the type of food they should eat, how important it is for people with cardiovascular

disease to regularly take in their medicines throughout their life and how they should reach out to the cardiologists through their phone numbers in case of any complications.

5.2.5 Community Health Workers

JKCI has also used community health workers to instill knowledge and understanding on issues related to heart diseases. Community health workers have engineered and promoted health education in the hardest to reach areas particularly in the rural communities where access to advanced technology is a challenge and the literacy level is low. Through village and street meetings and field visits, community health workers have been able to create awareness on a number of health issues including heart diseases. However, while interacting with respondents, it was mentioned that community health workers need to be capacitated with in-depth knowledge to better provide accurate advice and information on matters related to cardiovascular diseases. The number of community health workers in each village and ward was also raised to be a challenge.

5.2.6 Advocacy and Health Campaigns

Through commemoration of international and national events such as World Heart Day, heart marathon, Nanenane and Sabasaba trade fairs, JKCI has utilized these forums to also raise community awareness on heart disease. Free screening and treatment have been provided during these occasions and where in the worst-case scenarios, patients were transferred to JKCI for more and advanced care. During the interviews, it was noted that these events mostly benefited people from towns and

cities limiting those who come from the rural areas. As a recommendation, more outreach program activities were proposed given the context in the rural areas to enhance awareness and interventions on cardiovascular disease in the rural setting.

5.3 Print Media

Another suitable way of understanding the ways in which the communication strategy of JKCI has been instrumental in creating public awareness on CVDs in Tanzania is through the use of media. Given the fact that an extensive use of media was observed during the study, and for the sake of an in-depth discussion of the findings, it became necessary in the analysis, to use different types of media, as different themes. This was important because it enabled the study to illustrate how different media outlets played a great role in making the public aware of CVDs in Tanzania.

In comparing with research by Bradley & Puoane (2007) and Balcazar et al., (2009), the need for this research is illustrated by work elsewhere. Although it may seem self-evident that a more participatory approach will improve the acceptability, and thus the effectiveness of interventions, this is not fully supported by the evidence. Two projects conducted in Cape Town, South Africa, and El Paso, Texas, used community-based participatory research approaches to design an intervention to manage hypertension and diabetes. Positive results included (1) improved self-efficacy to manage hypertension, (2) greater improvements in health behaviors in the intervention group than in the control group, (3) the development of culturally appropriate health education materials specifically developed for low-literacy

populations, and (4) inclusion of learnings into local health sector planning for prevention and control of hypertension and diabetes. Although the authors stated that the materials were well received by participants in study, no evidence for clinical success of community engagement was provided in either study.

5.3.1 Press Releases

To start with, press releases are discussed here to demonstrate how indeed different media channels played a great role on the same. The discussion on press releases will be followed by the one from newspapers and then it will move to the third theme-publications.

Through these press releases so much information on cardiovascular diseases and Nutrition was passed on to the communities to increase their understanding and knowledge on causes, effect, treatment and how to avoid it as well as the importance of observing well balanced diet. This help the community to know where to access cardiovascular health services. These press releases create awareness on cardiovascular diseases to various people who get access to read them and consequently increase their knowledge on the diseases

5.3.2 Newspapers

Hard news stories; photos and feature stories were published in various newspapers. The theme of these stories was to create public awareness on cardiovascular diseases. This was one of the mechanisms which has reached a great number of literate

communities with scientific information on what cardiovascular disease is, its effect and how to prevent it.

The news reported in the media have significantly provided education to community members on cardiovascular diseases. Community members who read this news got an understanding and increased their knowledge towards cardiovascular disease and transferred the same knowledge to their fellow citizens.

Through the newspapers, community members were able to access information and increase their awareness on cardiovascular diseases by reading newspapers with stories on Jakaya Kikwete Cardiac Institute.

5.4 Publications

Much as print media is also part of publications, the discussion here finds it necessary to distinguish print media (newspapers and even press releases) from other publications, because of their ability to disseminate in depth information (news and feature stories) to a larger population group. Other publications are discussed here to demonstrate how their uniqueness and attractiveness, also play a great role in creating awareness on CVDs. They include Calendars and Diaries, Newsletters, information education communication materials, and graphics.

5.4.1 Calendars and Diaries

They prepared publicity materials such as calendars and diaries which had summary of activities to raise awareness to the public about heart diseases. Through these

publications, stakeholders and Partners were reached and informed about the mission and vision of the Institute, coverage and scope of its intervention.

Calendars and diaries produced by the institution carry a variety of information on services being provided in relation to cardiovascular disease. Community members who received these calendars and diaries were able to access information related to cardiovascular disease.

5.4.2 Newsletters

JKCI also wrote and published Newsletters. The stories from the news letters based on public awareness on cardiovascular disease. Many stories were on nutrition, heart diseases and how to avoid these diseases. The News Letters named Taasisi ya Moyo Jakaya Kikwete (JKCI) were distributed free of charge to both public and private Institutions as well as community groups to scale up awareness. Community members who got access and read the newsletters were able to get enough information on the cardiovascular diseases.

This kind of awareness helped community members to transfer the same knowledge to other people concerning cardiovascular disease. When the researcher interviewed stakeholders, the researcher asked if they think corporate communication at JKCI has any contribution in raising public awareness on cardiovascular disease? Some respondents replied that Jakaya Kikwete Cardiac Institute managed to raise community awareness to some extent through the news published in the newsletter that they have had access to. The respondents acknowledged that they were able to

increase their knowledge and understanding towards cardiovascular disease and services provided by Jakaya Kikwete Cardiac Institute.

Others said that it was after reading the newsletter that they passed it on to others to read to help them receive similar knowledge. This has significantly helped many of them to acquire enough knowledge on cardiovascular diseases.

5.4.3 Information Education Communication Materials (IEC)

The IEC materials focused on creating community awareness on the best practices to be adopted in order to prevent from developing cardiovascular disease. These materials greatly contributed in the provision of education on cardiovascular diseases.

During outreach program, community members received fliers carrying information on different services on cardiovascular disease and balanced diet for people suffering from heart diseases. Roll- up Banners, wall-banners, T-shirt, corporate folders and tote bags carried a variety of messages educating on cardiovascular diseases. This was another mechanism that was used to raise awareness to the public about heart diseases.

5.5 Electronic Media

Electronic media is also discussed independently in order to show how the role of JKCI's communication strategy can be distinguished based on the impact of different media channels. The use of TV and radio programs, blogs and emails, is discussed

under the electronic media theme, to demonstrate JKCI's decision to pay more attention to them and the outcome of such decision in enabling the public in Tanzania to be aware of the CVDs.

5.5.1 TV Programs

JKCI staff participated on different media and TV programs to raise public awareness on cardiovascular issues. These TV programs have helped to reach the vast majority of people who are living in towns and cities with information related to cardiovascular diseases. The TV programs involved both recorded and live sessions. During the live TV programs, cardiologists and community members had a chance to interact through Question-and-Answer session using live phone calls to expand their knowledge on various issues pertaining to cardiovascular disease. The Question-and-Answer sessions had given community members a chance to deepen their knowledge and become competent enough to transfer the same knowledge to their families, relatives and friends.

When the researcher asked some patients where did they get information about JKCI, some of the respondents confirmed that they got information through TV programs. In addition, some patients while responding to a question asking if they have ever received information about CVDs from JKCI, and if yes, how did they receive that information? The answer was through TV programs aired on TV screens positioned at JKCI from which they used to get information on different issues related to cardiovascular disease.

5.5.2 Radio Programs

JKCI experts were engaged in recorded and live radio programs to raise public awareness on cardiovascular diseases. Through radio programs, journalists have aired recorded and live radio programs with cardiologists with the aim to explain on the cardiovascular diseases. The use of community and national radio stations, community members had a chance to call in for clarification and understanding on cardiovascular diseases.

Through radio sessions, community members increased their understanding about cardiovascular diseases and they have been able to cascade the same knowledge to their fellows. Journalists who organized the sessions also benefited from the sessions as they also increased their knowledge vis-à-vis the disease for further awareness initiatives. It was noted that, through these radio sessions, patients who visited JKCI from other regions were able to learn about the JKCI and the services provided and were able to travel to JKCI for treatment.

5.5.3 Blogs

Moreover, different blogs published their stories and photos. All these stories were about to create public awareness on cardiovascular disease. Through these blogs, community members were able to receive enough information on cardiovascular disease and other services provided by JKCI.

In addition, JKCI blog named Taasisi ya Moyo Jakaya Kikwete, is another communication channel where services and IEC materials with information on

cardiovascular diseases are disseminated to raise community awareness. An average of 500 viewers have access to JKCI blog as one of the ways to receive accurate information on heart related diseases. Through this blog, community members have been able to access information and increase their knowledge on heart diseases.

5.5.4 Email

Many people channeled their emails and messages to JKCI to inquire and ask for clarification on heart services provided by the institution. Cardiologists through communication department were able to respond to the enquiries channeled through emails and messages including calling for more assistance and clarification on heart diseases. This was very helpful to the community members who asked their questions as they were able to get answers to their queries and access cardiovascular services at JKCI.

While responding to the researcher questions asking respondents if they have ever received any information about CVDs from JKCI, some respondents replied they have received information through emails from JKCI. This shows that emails have also played a role in disseminating information about cardiovascular disease and JKCI services to the public as a means for awareness creation.

5.6 Social Media

Given the rapid technological advancements in Tanzania, as well as the increasing public reliance on various social networks for their day-to-day quest for information, social media is also discussed as a separate theme from other media outlets, in order

to communicate its pivotal role in making the public aware about CVDs. The distinction here is meant to bring to the open, the ways in which social media use is so fast and impactful to JKCI's efforts in telling the public about CVDs matters, given its uniqueness (in comparison of other media outlets). YouTube, twitter, Facebook, Instagram and WhatsApp are discussed here to illuminate the study's argument that JKCI's communication strategy has played a great role in creating CVDs awareness in Tanzania.

5.6.1 YouTube

JKCI used YouTube account named Taasisi ya Moyo Online TV to upload video programs with information on cardiovascular diseases and JKCI Services to increase community awareness. They prepared and aired 36 documentaries of Afya ya Moyo which mainly included rheumatic and congenital heart diseases, hypertension, pacemaker, open heart surgery, nutrition and testimony from patients. About 366 subscribers are being reached with the materials.

Through sessions on heart diseases provided by JKCI, majority of community members were able to receive information and thus increased their knowledge on heart diseases through recorded video spots. After listening to these video spots, community members transferred the same knowledge to their fellow citizen in a more traditional way to increase awareness. Through these sessions, community members had an opportunity to send in their views and queries for further assistance. This helped to increase community awareness and knowledge on how to avoid the disease and make informed choices for a healthier life.

5.6.2 Twitter

Through twitter account named Taasisi ya Moyo Jakaya Kikwete, different public awareness materials were disseminated to increase community knowledge on cardiovascular diseases. An estimation of 10,501 followers were reached.

Short video clips, blog link and photos for various events on JKCI services were posted on twitter accounts for JKCI. Followers of this account use information published on the JKCI account and re-twit that onto their accounts as a way to increase community awareness. This helps a fast dissemination of heart disease information to the large community.

Likewise, many community members who get access to this information usually send in their views on the issues related to heart diseases. Information disseminated through twitter account has helped to create community awareness about JKCI through active interaction between JKCI experts and community members. Questions asked by community members through twitter accounts get answered by JKCI experts. Community members with advanced knowledge also use this opportunity to explain facts about cardiovascular diseases.

5.6.3 Facebook

Through Facebook, JKCI continuously posted communication materials which carried information on cardiovascular diseases. About 838 followers are being reached with the materials.

Information posted on Facebook account for JKCI on cardiovascular disease help to increase the knowledge of community members on how to prevent the disease. Like

it is for other social media platforms, community members use Facebook account of JKCI to ask questions on issues related to heart diseases. JKCI experts use these platforms to interact with community members to clarify their queries for accurate information and awareness creation.

5.6.4 Instagram

An Instagram account by JKCI was used as one of the communication channel to reach the public with the information on cardiovascular disease as an effort to maximize awareness. Approximately 669 people are reached on a daily basis with communication products posted by JKCI on Instagram.

Through Instagram, community members get access to information on heart disease. This information helps community members to have a better understanding of the preventive and control measures required to avoid cardiovascular diseases.

5.6.5 WhatsApp

The staffs of JKCI used different WhatsApp groups to share their activities as well as communication materials which carry education and information on specific issues related to heart diseases. Examples of communication materials which are being shared include video clips, posters, and blog links.

Majority of JKCI services and information related to heart disease are being posted and disseminated through various WhatsApp groups. JKCI used WhatsApp groups to disseminate various pieces of information to the majority of community members.

Through these groups, community members get access to this information and take necessary actions that are communicated. This gives community members access to free service delivery on heart disease screening as well as treatment. While responding to the researchers question which asked if stakeholders have ever received information about CVs from JKCI, and if yes, from which channels; some respondents affirmed that they received information about JKCI through WhatsApp groups. WhatsApp groups have helped to some degree the dissemination of information on heart disease to many people at one time. Information through WhatsApp groups were easily transmitted from one group to another in a fast way.

5.6.6 Graphics

About 24 graphics with information on different Institute's activities with the aim to raise public awareness on cardiovascular diseases were also produced. Different graphics were disseminated by the institution through various social media platforms such as twitter, WhatsApp, Facebook, and Instagram. Through these channels, community members were able to access information that helped them to increase their knowledge on cardiovascular diseases.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This paper mainly examined the role of corporate communication strategy in creating public awareness on cardiovascular disease in Tanzania. The analysis of the study delved into the implementation and effectiveness of corporate communication strategy by JKCI in raising public awareness on cardiovascular disease.

Based on the findings of the study as discussed in chapter 4 and 5, it was discovered that JKCI used a variety of corporate communication strategies to raise public awareness. Key strategies that were largely used with wide coverage and great impact in raising community awareness included print media, social media and electronic media. Other strategies which were used with little coverage compared to the strategies mentioned above are publications and interactive meetings. However, all of these contributed to scale up and expand public awareness on cardiovascular disease and JKCI services in the country.

More than 90% of the respondents were positive about the use of both mainstream media and social media in creating public awareness on cardiovascular diseases. However, it was noted that these strategies are more effective in urban areas than it is in rural areas following access to technological advancement in towns and cities.

The use of both public and private media outlets was pointed out several times by respondents to maximize coverage on public awareness interventions on

cardiovascular diseases and JKCI services, primarily the use of community radios which are more accessible by agrarian communities who seem to have limitation in accessing this information from mainstream media.

The frequency of events tailored to create public awareness on cardiovascular disease was also highlighted to target schools and other public places as a mechanism to scale up community awareness on cardiovascular disease. Some respondents mentioned that the more you hear about something the more the news about it spreads. This entails that public awareness on cardiovascular disease should be an ongoing process using multiple approaches with specific targeted audiences.

Despite the remarkable achievements by JKCI on raising public awareness on cardiovascular diseases and JKCI services, there is still observed a significant gap in population awareness about CVDs in Tanzania. Cost-effective community health education interventions taking into account socioeconomic status may be beneficial in this setting. There is scientific evidence from past and current initiatives instituted in various parts of the world, that comprehensive programs incorporating awareness-raising, surveillance, and prevention cannot only control CVD but also create a global CVD agenda and construct a platform for collaboration. This emphasizes that communication and health promotion are essential part of an effective CVD control and prevention program.

The key construct is a strong, shared, long-term vision, which is evidence-based, results oriented, and that strengthens all elements of the program to allow for

scalability. Translational research, incorporating these constructs, will serve to bring the needed attention back to this neglected, yet devastating illness.

Improve Local Data whereby national and local governments should create and maintain accurate health surveillance systems to monitor and more effectively control chronic diseases. For instance, this study found that, there is no clear data regarding community/public health situation at grassroots level. Ideally, these systems should report on cause-specific mortality and the primary determinants of CVD.

To strengthen existing initiatives, JKCI and other local health institutions should seek multilateral development agencies and WHO as well as bilateral public health agencies and development agencies such as USAID, DFID, SIDA to support chronic disease surveillance as part of financial and technical assistance for developing and implementing health information systems. Government of Tanzania should allocate funds and build capacity of health practitioners for long-term sustainability of disease surveillance that includes chronic diseases.

6.2 Recommendations

6.2.1 For Action

Addressing socio-economic effects resulting from cardiovascular diseases in Tanzania and building a community well-informed on the prevention and control measures depend so much on public awareness interventions by different stakeholders including the government. This calls for multi-stakeholders be it public or private, Community Based Organizations, Civil Society Organizations, mass

media, health institute and the government to join hands together towards implementing comprehensive strategic frameworks geared to address knowledge gaps among the Tanzanian population vis-à-vis cardiovascular diseases.

Knowledge gap and overall understanding on cardiovascular diseases was also noticed to be a challenge to the vast majority of people in the country. JKCI has largely invested on mainstream media to raise public awareness on cardiovascular diseases. This has denied the rural community access to accurate and timely information regarding prevention and control of heart diseases. Use of community radio stations which are more accessible by the agrarian communities is highly recommended including outreach programs across the country to scale up public awareness and expand the coverage.

Also, the use of flash drives with recorded radio and video information on cardiovascular diseases need to be promoted in health facilities and transport industry across the country to ensure that people from all walks of life have access to information related to cardiovascular disease prevention and control measures. This should be coupled with building the capacity of healthcare workers from regional, district hospitals and healthcare facilities on cardiovascular disease to enable them to provide basic cardiological health services from their areas and ensure that they are informed on early referrals before the situation gets worse.

It is important to make a room for creating enabling environments (such as promoting sales, availability and consumption of healthy foods like fruits and

vegetables via subsidies, taxing tobacco, junk food and those high in salt, creating more pedestrian and cycling paths, health life style, exercising) are necessary combined efforts for sustainability of these interventions in primary CVD prevention.

Furthermore, there is urgent need for funding to implement interventional and longitudinal studies to evaluate the impact of these strategies on future CVD burden. Importantly, these initiatives and strategies should be paralleled with regular monitoring and evaluation of their uptake, as well as examine trends in CVD, in a bid to continue identifying caveats needing attention. Research with a holistic nature is a cornerstone to obtaining new challenges and new ways of tackling those challenges. Developing a comprehensive public health strategy requires considering the full scope of a public health problem in Tanzania and the array of potential approaches to controlling it.

It also requires recognizing the present reality and having a vision of the future that includes the most favorable conditions that can result from effective public health action. Bringing these four elements together in one action framework provides guidance and helps ensure that all relevant aspects are addressed. Communication and education are fundamental to achieving policy and environmental changes, which are strongly recommended in this plan. In addition, policy makers must receive the information necessary to appreciate the urgency of the cardiovascular disease (CVD) epidemic and the opportunity that exists to arrest and reverse it.

Leaders in prevention have argued for more than a decade that a broad societal commitment is needed for effective public health efforts to prevent heart disease and stroke. This commitment will depend on critical stakeholders devising and adopting a long-range strategy to convey clear, consistent, and contemporary messages to the public and policy makers regarding cardiovascular disease prevention and control measures.

The public health agencies and their partners must provide the necessary leadership for a comprehensive public health strategy to prevent heart disease and stroke. Initiate policy development in CVH promotion and CVD prevention at national, state, and local levels to assure effective public health action against heart disease and stroke. In addition, evaluate policies in non-health sectors for their potential impact on health, especially with respect to CVD.

Create a training system to develop and maintain appropriately trained public health workforces at national, state, and local levels is also important in revitalizing the human resources. These workforces should have all necessary competencies to bring about policy change and implement programs to improve CVH promotion and decrease Expand and standardize population-wide evaluation and surveillance data sources and activities geared to assure adequate assessment of CVD indicators and change in the nation's CVD burden. Examples include mortality, incidence, prevalence, disability, selected biomarkers, risk factors and risk behaviors, economic burden, community and environmental characteristics, current policies and programs, and sociodemographic factors such as age, sex, income, weight, education levels.

Establish a network of data systems for evaluation of policy and program interventions that can track the progress of evolving best practices and signal the need for changes in policies and programs over time. This network would support the full development, collection, and analysis of the data needed to examine program effectiveness.

Design, plan, implement, and evaluate a comprehensive intervention for children and youth in school, family, and community settings. This intervention must address dietary imbalances, physical inactivity, tobacco use, and other Public Health Action Plan to Prevent Heart Disease and Stroke determinants in order to prevent development of risk factors and progression of atherosclerosis and high blood pressure.

Lastly, this study focused specifically on JKCI on creating public awareness regarding issues of CVD. However, types of CVD, their dimensions, geographical representation and diversity of topics as CVD is a cross cutting issues were not covered. Therefore, there is a need for conducting more researches with holistic approaches in order to lay down a fundamental guideline for public health that incorporate all features for public good. More statistical and scientific procedures in combination with qualitative approaches could be the best way to approach this scientific research.

6.2.2 For Further Studies

This research aimed at examining the role of JKCI in raising public awareness about how to prevent from CVD related diseases. This study focused on one health

institution (case study). It also involved small sample size and large part of archival data. There is a need to conduct further studies on Comparative effectiveness research (CER) as a holistic approach. There is a great public value in rigorous studies comparing alternative strategies for diagnosis and treatment, as demonstrated. Nevertheless, comparative effectiveness studies that would facilitate health care decisions are not performed as often as they are needed, and gaps persist between the production of scientific evidence and the needs of consumers and health care providers for evidence on CER. Since there are limited resources to support biomedical research, it is necessary to prioritize key clinical questions that can be answered with comparative effectiveness studies, while expanding as much as possible the pool of investigators capable of performing CER.

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APPENDICES

APPENDIX I: INTERVIEW GUIDELINE FOR THE PATIENTS

My name is Anna Emmanuel Nkinda, I am a student at the Open University of Tanzania pursuing Masters of Arts in Mass Communication. To accomplish my studies, I am conducting a research about “The Role of Corporate Communication in Creating Public Awareness on Cardiovascular Diseases in Tanzania: A Case Study of Jakaya Kikwete Cardiac Institute.” Please kindly assist by providing necessary information.

QUESTIONS:

1. Where did you get information about Jakaya Kikwete Cardiac Institute?
2. Do you have any knowledge about cardiovascular diseases?
3. If yes, how did you get the knowledge about CVDs?
4. Have you ever received any information about CVDs from JKCI?
5. If yes, which information?
6. If yes, how did you receive the information?
7. Are you aware of the factors causing CVDs?
8. Do you think the public in Tanzania is aware about cardiovascular diseases?
9. If yes or no, why so?
10. What other means do you think JKCI should use raising awareness about CVDs?

**APPENDIX II: INTERVIEW GUIDELINE FOR MEDICAL
PROFESSIONAL OF JKCI**

My name is Anna Emmanuel Nkinda. I am a student at the Open University of Tanzania pursuing Masters of Arts in Mass Communication. To accomplish my studies, I am conducting a research about “The Role of Corporate Communication in Creating Public Awareness on Cardiovascular Diseases in Tanzania: A Case Study of Jakaya Kikwete Cardiac Institute.” Please kindly assist by providing necessary information.

1. Do you think corporate communication at JKCI have an interest on reporting about cardiovascular diseases?
2. If yes, how is reportage done?
3. If yes, do you think such means of communication are effective?
3. Have you ever attended any program organized by JKCI for public awareness on cardiovascular disease?
4. If yes, what was the program all about?
5. If yes, how effective was the program?
6. Do you think corporate communication at JKCI has any contribution in raising public awareness on Cardiovascular Diseases?
7. If yes which contribution?

APPENDIX III: INTERVIEW GUIDE FOR PUBLIC

My name is Anna Emmanuel Nkinda. I am a student at the Open University of Tanzania pursuing Masters of Arts in Mass Communication. To accomplish my studies, I am conducting a research about “The Role of Corporate Communication in Creating Public Awareness on Cardiovascular Diseases in Tanzania: A Case Study of Jakaya Kikwete Cardiac Institute”. Please kindly assist by providing necessary information.

QUESTIONS

1. Do you know Jakaya Kikwete Cardiac Institute?
2. How did you come to know about it?
3. Have ever received any information about CVDs from JKCI?
4. If yes, what sort of information did you receive?5. If yes, how often did you receive the information
5. If yes, from which channel(s) did you receive the information from? If yes, did the information raise your awareness about CVDs?6. If yes, how, are you now aware of CVDs?
6. Do you think the information from JKCI helps to make the public in Tanzania aware of the CVDs?
7. What other means do you think should be used by JKCI to raise awareness of CVDs

APPENDIX IV: INTERVIEW GUIDE FOR STAKEHOLDERS

My name is Anna Emmanuel Nkinda. I am a student at the Open University of Tanzania pursuing Masters of Arts in Mass Communication. To accomplish my studies, I am conducting a research about “The Role of Corporate Communication in Creating Public Awareness on Cardiovascular Diseases in Tanzania: A Case Study of Jakaya Kikwete Cardiac Institute.” Please kindly assist by providing necessary information.

QUESTIONS

1. Have you ever received any information about CVDs from JKCI?
2. If yes, what sort of information did you receive?
3. If yes, how often did you receive the information?
4. If yes, from which channel(s) did you receive the information?
5. If yes, do you think the information helped you in becoming aware about CVD?
6. Have you ever been involved by JKCI in the campaign of raising awareness about CVDs?
7. If yes, how were you involved?
8. If yes, do you think the exercises was effective?
9. If yes, how was it effective?
10. Do you think corporate communication at JKCI has any contribution of in raising public awareness on Cardiovascular Diseases?
11. What other means do you think JKCI should use in raising awareness about CVDs?

APPENDIX V: ETHICAL CONSIDERATION

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 23409
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REF: PG2017060017

Executive Director,
Jakaya Kikwete Cardiac Institute,
P. O. Box 1048,
DAR ES SALAAM

3rd August, 2020

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University mission is to generate and apply knowledge through research.

To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. Anna Emmanuel Nkinda**, Reg No: PG2017060017 pursuing **Master of Arts in Mass Communication**. We here by grant this clearance to conduct a research titled "*The Role of Corporate Communication in Creating Public Awareness on Cardiovascular Diseases in Tanzania: A Case Study of Jakaya Kikwete Cardiac Institute (JKCI)*". She will collect her data in your institute between August to September 2020.

In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O. Box 23409, Dar es Salaam. Tel: 022-2-2668820. We lastly, thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours Sincerely,

Prof. Hossea Rwegoshora
For: VICE CHANCELLOR
THE OPEN UNIVERSITY OF TANZANIA



UNITED REPUBLIC OF TANZANIA
 MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
 GENDER, ELDERLY AND CHILDREN
JAKAYA KIKWETE CARDIAC INSTITUTE (JKCI)



In reply please quote:

Ref. No. AB.123/307/01B

Date: 14/08/2020

ANNA NKINDA
 THE OPEN UNIVERSITY OF TANZANIA

RE: PERMISSION TO CONDUCT RESEARCH AT JKCI

Reference is made to your letter dated 4th AUGUST, 2020 requesting to conduct research titled "The Role of Corporate Communication in Creating Public Awareness on Cardiovascular Diseases in Tanzania: A Case Study of Jakaya Kikwete Cardiac Institute (JKCI)".

This letter serves as an official document that permits you to collect your data at JKCI for the prescribed duration as per your ethical clearance. It is our sincere hope that you will abide to the rules and regulations of good clinical practice and the declaration of Helsinki.

You are expected to submit final report at the end of your study.

We wish you the very best and hope that your study at JKCI will be fruitful.

Dr. Naizihijwa, MAJANI
Ag. HEAD OF RESEARCH, TRAINING & CONSULTANCY
Secretary JKCI Ethical Committee

C.C. Director of Cardiology