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Exploring the use of video media for health education in Ghana

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Abstract

This study delves into the utilisation of videos as an educational tool among health workers, specifically, midwives and nursing officers, in Ghana. Despite the prevalence of video-based teaching in health education, scanty attention has been given to this aspect within the Ghanaian context. This research aims to fill this gap by investigating the perspectives and experiences of health officers concerning the integration of videos into their instructional practices. Employing a qualitative descriptive research design, the study was conducted in the Ga South Municipal Assembly (GSMA) of the Greater Accra Region. Maximum variation and expert purposive sampling techniques were used to select twenty-five (25) health officials. Thematic analysis was employed to analyse the gathered data through interviews. The findings revealed a dearth of culturally relevant videos for health education in Ghana, leading health workers to rely on online platforms with unsuitable content and language barriers. The study underscored the necessity for collaboration between the Ghana Health Service, video production experts, health professionals, community leaders, and cultural influencers to develop videos tailored to the needs of the target audience, thereby facilitating effective health education within Ghana, particularly in the GSMA.

Keywords

Health education,
Media art,
Educational videos,
Video media,
Educational media.

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1. **Introduction**

Video media is a powerful and captivating media platform, known for its ability to convey information and ideas through dynamic and engaging means. Diverging from traditional print media, this form of artistic media actively stimulates both the visual and auditory senses with the primary objective of communication (Owens, 2017). The visual components of video media encompass a range of elements, including characters, set design, lighting, typography, animation, editing, and cinematography. These are amalgamated with sound components such as voiceovers, sound effects, music, and narration (Manriquez & Mccluskey, 2015). Fuady and Mutalib (2018) claim that, compared to alternative modes of visual communication, video media is acknowledged as notably advantageous and valuable in the dissemination of information, consequently yielding heightened levels of persuasion, comprehension, and learning outcomes across a diverse spectrum of audiences.

With its captivating and immersive nature, video has revolutionised how people share and consume information within their current cultural spaces. In advertising and education, video has as emerged as a powerful tool for product promotion and effective teaching and learning (Tian et al., 2022; Xiuwen & Razali 2021; Jiang et al., 2019). The use of video media in health education is becoming increasingly popular among health officers to improve health literacy among patients (Xiuwen & Razali, 2021). Educational videos improve students' performance and confidence and positively influence their attitudes, especially in distance education (Sweeney & Baker, 2018). The growing interest in video use has attracted the attention of researchers seeking to understand how video media can enhance health education and literacy (Moran et al., 2016; Yeung et al., 2017; Vetter et al., 2021). Studies suggest that videos can effectively communicate information, motivate and inspire patients to overcome linguistic and literacy challenges, and further enhance their understanding of health-related topics (Arrighi et al., 2022; Ren et al., 2022; Sulastri et al., 2021). Videos can also evoke emotional reactions and encourage behavioural changes, promoting compliance with public health education messages (Kiriya et al., 2023; Nabi et al., 2019). The integration of videos into health education enables the dissemination of health-related information to diverse populations regardless of age, educational status, or cultural background (Gutiérrez, 2017). Research by Hansen et al. (2023) supports the use of video-based education in preparing patients for medical interventions, increasing patient trust and satisfaction, while reducing consultation time. The aforementioned discussion highlights the significant role of video media as a valuable resource for health education.

Despite increasing research interest in the use of video media for health education, a substantial portion of the existing research has primarily been conducted in regions (Page et al., 2022; Muniz et al., 2021; Fiore-Silfvast et al., 2013) other than Ghana. Studies in Ghana have been limited to the challenges of disseminating health messages and devising effective strategies to incorporate mass media communication into rural areas (Sokey & Adisah-Atta,

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2017; Prilutski, 2010) rather than the specific use of video as an educational strategy among health officers. Considering the distinct contextual factors, this scarcity of in-depth knowledge regarding the use of video media as a tool for health education in Ghana may create hurdles for effective and incisive health education practices and policy formation. Therefore, this study examines the use of video as an instructional aid, focusing on maternal health education as a specific example, and seeks to answer the following question: What are the perspectives and experiences of health officers within the Ga South Municipal Assembly regarding the utilisation of video media for health education?

In this study, the Ga South Municipal Assembly (GSMA) in the Greater Accra Region of Ghana offers an appropriate context to explore issues regarding the use of video media for health education among health officers. GSMA provides healthcare facilities in diverse areas, enabling a comprehensive understanding of the use of video media for health education. The assembly also has a higher proportion of females with lower formal education and a higher fertility rate than the Greater Accra regional average (Ghana Statistical Service, 2014), making it crucial to investigate health educational activities to improve women's health outcomes. Additionally, the GSMA has established *pregnancy schools* in all its health facilities, making it an ideal setting to understand the experiences of health officers regarding the use of video media for health education in Ghana. The context of this study provides valuable insights to stakeholders and policymakers on issues regarding the use of video media in health education in GSMA.

2. Review of Related Literature

2.1 Theoretical Framework

The Technology Acceptance Model (TAM) is a framework created by Fred Davis (Ketikidis et al., 2012) to examine the acceptability and usefulness of new technology (Scherer & Teo, 2019) According to Davis (1989), people's likelihood of adopting and using technology depends on two factors: perceived usefulness (PU) and perceived ease of use (PEU). Perceived usefulness is the level of perception of the usefulness of a new technology, while perceived ease of use is the perception that using the technology will be easy and requires less effort (Walker et al., 2019). The model suggests that perceived usefulness is influenced by factors such as the nature of the new technology and the process involved in applying it, and that perceived ease of use affects perceived usefulness because people assess the effort, resources, and cognitive processes required to use new technology (Dishaw & Strong, 1998; Venkatesh & Davis, 2000). A positive attitude, which is the result of a progressive relationship between perceived usefulness and perceived ease of use, improves users' intention to accept technology for actual use in daily applications, as shown in Figure 1.

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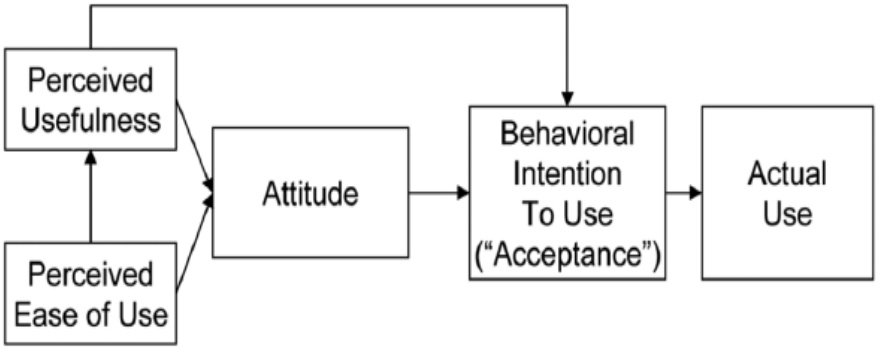

Figure 1: Relationship between PU and PEU. (**Source:** Ketikidis et al., 2012).

The technology acceptance model has been widely applied in various research contexts, including examining teachers' intentions to integrate technology in teaching (Scherer & Teo, 2019), researching students' acceptance of e-learning as a learning approach (Salloum et al., 2019), investigating the use of IT among construction workers (Park & Park, 2020), and assessing the acceptance of virtual reality as an immersive experience (Vorm & Combs, 2022).
In this study, PU refers to health officers' beliefs that video media will improve patient education workflow and effectiveness in disseminating health educational content to expectant mothers to improve health literacy. Additionally, PEU is the extent to which health officers view available educational videos as accessible and useful, and can be used with minimal effort to influence their willingness to integrate them into their educational practices. By applying TAM as a theoretical framework, this study aimed to explore health officers' beliefs and experiences regarding the usefulness and ease of use of video media as a health educational strategy, thereby shedding light on the opportunities and challenges associated with the use of video media for health education in GSMA.

2.2 Educational Videos

Educational videos are a comprehensive form of media that encompass both fictional and non-fictional audiovisual content created to facilitate the acquisition of skills and knowledge (Fuady & Mutalib, 2018). Video media are digital waves that integrate audio and visual elements to engage, educate, persuade, and communicate with an audience through a playback device. Educational video media are a powerful tool for explaining complex concepts, as they have proven to be effective in ensuring comprehension among learners (Castillo et al. 2021). According to Molnar (2017), the advantage of video over other educational media formats is that it engages both the auditory and visual senses simultaneously, which promotes better learning outcomes. Additionally, Brame (2016) argues that educational videos reduce the mental workload and promote audience engagement through learning. To enhance learners' understanding and participation, it is crucial for educational videos to be visually appealing,

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factually accurate, and stimulating. In this study, the educational videos included videos, documentaries, recorded lectures, video tutorials, television shows, and video games used for instructional or educational purposes, as corroborated by Mayer et al. (2020).

2.3 Videos for Health Education

A growing body of academic research has investigated the use of video in health education. The integration of videos into health education is driven by its ability to address the diverse challenges faced by public health education. Studies by Hoek et al. (2020) and Sinha et al. (2019) identify challenges such as stressful medical visits, crowded healthcare settings, complex instructional processes, low cognitive responsiveness in elderly patients, and communication barriers that can obstruct patients' understanding of health messages. Video-based education can alleviate these challenges by enhancing comprehension, encouraging self-care behaviours, reducing burnout among health workers, and fostering communication between health workers and patients (Liang & Pang, 2022; Sweeney & Baker, 2018).

In addition to aiding health practitioners in managing the challenges associated with public health education, the extant literature underscores that videos augment patient trust and enhance the credibility of healthcare professionals. For instance, Fiore-Silfvast et al. (2013) highlighted the transformative influence of video education on rural prenatal care in India. The authors mentioned that videos not only streamlined the processes of health workers but also engendered a paradigm shift in their approach to patient education. The authors further established that video facilitates multitasking during postnatal care, reduces the need for protracted verbal counselling, and frees time for personalised care, potentially elevating patient outcomes. The study further revealed that videos serve as a consistent source of health-related information, reinforcing nurses' and midwives' authority and self-assurance during the patient education sessions. Moreover, the authors emphasised the efficacy of videos in surmounting linguistic barriers and promoting comprehension and engagement irrespective of language disparities (Fiore-Silfvast et al., 2013). This underscores the potential of well-crafted videos to bolster the authority and credibility of healthcare professionals, bridge linguistic divides, and cultivate patient trust.

Despite the positive outcomes associated with utilising video-based patient education, existing research highlights numerous obstacles to implementing this method for health education. The foremost challenge is the issue of source and content quality (Drozd et al., 2018). YouTube, a prominent online video repository, is a primary resource for many healthcare professionals seeking video content for patient education (Osman et al., 2022). Reliance on online platforms raises legitimate concerns regarding the integrity of video design and content credibility for health education. Liang et al. (2022) and Stellefson et al. (2014) note that healthcare professionals must exercise discernment when employing popular platforms such as YouTube and TikTok for health-related videos, as these platforms may have misinformation. According to

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Sinha et al. (2018), a comprehensive evaluation is necessary to gauge the overall efficacy of video content, aesthetic structure, and genre as educational resources in the context of patient education. The convergence of these assertions accentuates the pressing need to produce high-quality health videos, rendering them suitable and accessible to healthcare workers. In addition to the problem of credible sources of health educational video and content quality, unreliable internet connectivity and logistical and technical challenges also impede effective health education (Habibzadeh et al., 2018). In light of these challenges, many healthcare professionals may be unable to harness the potential of video-based education to deliver quality patient education to diverse populations and to promote health equity

The growing acceptance of video-based health education among healthcare professionals demonstrates its potential to enhance authority and credibility, as indicated in this review. However, the present literature also highlights some drawbacks associated with relying on social media and YouTube videos, as well as technical and logistical challenges, such as internet connectivity and playback devices. It is important to note that existing literature, particularly in the context of Ghana, has not adequately addressed the use of videos as educational tools from the perspective of health workers. This study aimed to fill this research gap by conducting a comprehensive examination of the use of video as an educational strategy among health officers within the GSMA.

3. Methods

This study employed a qualitative descriptive design. This design helped explore the issues affecting the use of videos in patient education in Ghana (Lougen, 2009). The adoption of this design provided a robust structure for describing video-based education in a real-life context (Doyle et al., 2020). The research was conducted in the Ga South Municipal Assembly (GSMA), located in the western part of the Greater Accra Region, Ghana (Figure 2). The study focused on eight (8) public health facilities within the GSMA: the Oblogo Health Centre, Krokrobite Polyclinic, Obom, and Obor Health Centers. The rest are the Mallam Demonstration (Clinic), Amanfro Polyclinic, Bortianor Polyclinic, and Ga South Municipal Hospital. The researchers relied on the maximum variation sampling technique to select health facilities that varied across multiple dimensions and were relevant to the research questions (Flick, 2018). This strategy captured a wide range of viewpoints, experiences, and contexts from health facilities in different geographical areas with varying population densities and distinct levels of infrastructure and resources (Lougen, 2009) regarding health officers' use of video media for health education within the GSMA.

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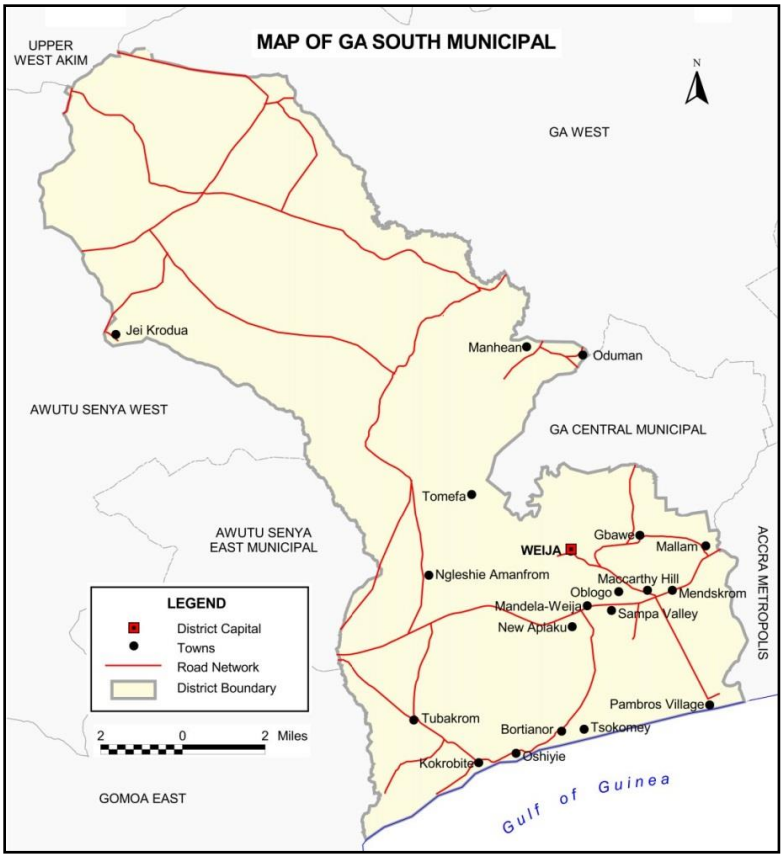

Figure 2: Map of Ga South Municipal Assembly (**Source**: GSMA, 2018).

The expert purposive and maximum variation sampling techniques were used to select twenty-five (25) participants for this study. The participants in the study were health professionals (experts) such as; midwives, nutrition and promotion officers, and district and national health promotion officers. These categories of individuals were chosen because they have an interest in health promotion and actively participate in health education initiatives within the GSMA (Flick, 2018; Lougen, 2009). Specifically, the study selected two (2) midwives from Amanfro, Bortianor, Krokrobite Polyclinics, and Ga South Municipal Hospital due to their facility status and area of coverage and an additional one (1) midwive each from Oblogo, Obom, Obor Health Centers, and Mallam Demonstration. Next, five (5) nutrition officers and four (4) health promotion officers who served multiple health facilities were sampled. The study also contacted municipal nutrition and health promotion officers at the Ga South Municipal Health Directorate, who directly oversaw health education activities within GSMA. Finally, the researchers contacted two (2) officers from the National Health Promotion Department, in charge of health education and media production. In all, a total of twenty-five (25) participants were contacted for data (See Table 1 for a detailed presentation of the sampled participants).

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The study used interviews to generate primary data. The interview responses were recorded using a recording device and transcribed using the Otter application. Thematic analysis was used to analyse the responses from the interviews.

Table 1: Participants selected for the study

Level	Participants Selected	Quantity
Health Facilities	Midwives	12
	Nutrition officers	5
	Health promotion officers	4
District Health Directorate	District health promotion officer	1
	District nutrition officer	1
National Health Promotion Department	Officers (National Headquarters)	2
Total Participants		**25**

(**Source:** Fieldwork, 2019).

To ensure compliance with ethical standards, permission was obtained from the Ghana Health Service (GHS). Written approval was obtained from the GHS National Headquarters, followed by regional approval from the Greater Accra Regional Health Directorate of the GHS. The regional approval letter was then presented to the Ga South Municipal Health Directorate, which granted the district permission. All necessary approvals were forwarded to the heads of the selected facilities in the Ga South Municipal Assembly to gain access to the study sites. Before conducting the study, the researchers explained the purpose to the heads of the facilities and units. Informed consent was obtained from all participants who agreed to participate in the study. During data collection between 2019 and 2020, the GSMA health directorate was divided into two separate districts: Ga South Municipal and Weija-Gbawe Municipal. However, at the time of this study, the GSMA directorate continued to manage all health facilities in both districts. Hence, in this study, GSMA refers to both districts.

4. Results and Discussion

This section of the study presents a discursive analysis of the perspectives and experiences of health officers in selected health facilities regarding the use of video media for health education in the Ga South Municipal Assembly (GSMA). The key findings derived from the analysis are discussed under themes such as awareness, and sources of videos, availability and fidelity of video media, perceived advantages of video media, and utilisation challenges.

4.1 Awareness and Sources of Videos

The data analysis showed that health officers highly regarded video media as a tool for health education. The midwifes and nutrition officers in this study consistently chose videos as their

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preferred method of education because of their user-friendliness. This finding aligns with the observations of Fiore-Silfvast et al. (2013), who reported that midwives and nurses in India positively deploy video media as an effective means of educating patients. The widespread recognition of video as an educational strategy and the expressed interest in incorporating it into patient education indicates that video media can play a complementary role in health education. The reasons for this consensus with Fiore-Silfvast et al.'s findings may be attributed to the ability of video media to engage both the visual and auditory senses of the audience simultaneously (Brame, 2016). This suggests that health officers will likely incorporate video media as a means of patient education and support policies that mandate the inclusion of video content in educational practices.

The health officers primarily mentioned YouTube as their main source of health educational videos. They frequently searched YouTube to identify relevant content, which they then used to educate their clients. The prominence of YouTube as a source of health information aligns with existing literature (Capece et al., 2022; Osman et al., 2022; Drozd et al., 2018). This finding offers valuable insights into the information-seeking behaviour of healthcare professionals in the digital era, reinforcing the idea that YouTube has emerged as a primary source of health information (Basch et al., 2022; Burton, 2022). This pattern may be attributed to the platform's user-friendly accessibility, implying that YouTube is likely to continue serving as a prominent repository of health education videos for health officers seeking resources to support their activities. However, according to available literature, the quality of health information in some YouTube videos has been brought into question, which suggests that these videos may not always be a dependable source of health education in all situations (Capece et al., 2022; Hewitt et al., 2021). To mitigate this risk of using inappropriate video content from YouTube, the current study contends that the Ghana Health Service deliberately creates Ghanaian-based health-education-specific videos to enhance effective and efficient patient health education in Ghana. Another potential solution is for the Ghana Health Service to establish a framework that guides health educators in their selection of appropriate health education videos.

According to the findings of this study, even though health officers have increasingly used video media for information dissemination, they still prefer using videos in combination with face-to-face conversations to provide personalised and well-tailored health education to specific patients in the study area. The health officers contacted, argued that the combined approach of using videos and traditional methods of health education is more effective than using videos only. This approach aligns with the findings of previous research that corroborates that a mix of video and in-person instruction can improve communication between educators and patients, foster active participation, and provide immediate guidance on complex topics (Costa, 2022; Farahani et al., 2021; Fullam, 2017). In light of this, the current study prioritises the harmonious integration of video media with traditional educational strategies in patient education practices

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in Ghana as not only a holistically robust strategy but also an all-inclusive means of health education for all categories of patients that tend to yield positive outcomes.

4.2 Availability and Fidelity of Video Media

The results of this study offer a perspective on the availability, accessibility, and use of video media as an educational resource by the Ghana Health Service. In sharp contrast to print resources, the midwife, nutrition and health promotion officers in this study lamented the lack of comprehensive and patient-specific video media for patient education from the Ghana Health Service. Additionally, participants from the Ghana Health Service's National Health Promotion Division (NHPD) acknowledged the predominance of print media, such as booklets, posters, brochures, and illustrated flip charts, as notably sanctioned educational media but to the sideline of video media for patient education in Ghana. According to the NHPD, although the Ghana Health Service is yet to come out with Ghanaian-based video media for patient-specific health education, the utilisation of suitable online video content is permissible, but subject to a thorough evaluation of its suitability and adherence to the standards set by the Ghana Health Service. A senior officer at the NHPD in an interview on the present state of video availability for health education in Ghana narrated the following:

> Currently, the videos we have are from the internet …but our technical team has gone through all of them and for those that are appropriate for use… We do not just take anything from the internet. We allow our staff to use internet materials because not all of them are bad. We have instructed them to compare whatever they pick to the Ghana Health Service standards, and if the content meets the qualifications, they can use them… Those that are not good we don't use them. (NHPD Respondent 1, Personal communication, October 16 2019)

The absence of designed videos from the GHS to support health education, as expressed by the NHPD participants, has been highlighted in previous studies. Sokey and Adisah-Atta (2017) have observed that in rural communities in Ghana, radio is the major means of receiving health information because it is difficult to access quality audio-visual health information content owing to language barriers, lack of appropriate ICT devices and video playback devices. Sokey et al. (2018) also found that GHS health educational media is restricted to print media, interpersonal education, and text messaging in rural communities. This suggests that health officers in Ghana predominantly rely on print materials such as posters, leaflets, and brochures when conducting health education, even with patients with limited reading skills. In this context, health officers cannot leverage opportunities to utilise culturally appropriate videos in health education workflows (Nazario et al. 2021; Canter et al. 2015; Fiore-Silfvast et al. 2013). By contrast, Coetzee et al. (2018) and Joventino et al. (2017) argue that incorporating culturally appropriate videos into health education sessions can lead to significant improvements in recommended health knowledge and increased patient abilities to perform recommended actions.

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The health promotion officers from NHPD identified funding as a key challenge when discussing the lack of GHS-designed culturally appropriate videos for health education, citing the high cost of producing educational videos for multilingual countries such as Ghana. This challenge mirrors the larger issue of funding for public education media production in which financial resources are limited (Wallington et al., 2018). The existing body of literature indicates that the development of educational media involves complex and time-consuming processes that depend heavily on the technical aspects of media production and creative judgments, which can have significant financial implications (Mayer et al., 2020; Owens, 2017). In addition to dealing with other capital-intensive processes, audience research, choosing media formats, overcoming technical logistics, and ensuring quality and standardisation factors key stages in health education media production process that require much investments (Zarei et al., 2016). This observation resonates with the participants from NHPD views, highlighting that the lack of culturally appropriate videos for health education can impede the goal of leveraging the power of videos to make quality health messages available irrespective of cultural or economic differences.

4.3 Perceived Advantages of Video Media

The outcomes of this research provide insights into the perspectives of health officers regarding the usefulness of video-based education in their professional practice. In this study, a key theme that emerged was the perception that incorporating videos alleviated health officers' workload. "Video makes the work easy", and "You don't talk too much if you have the right videos" are some recurrent comments throughout the analysis. One midwife affirmed that:

> When you have large numbers of pregnant women at the pregnancy school, one sees the value of using video media in health education. If you are to give talks, it becomes a bit challenging and prolongs the school… But the video makes it easy…. You talk less because they see pictures. Then you can engage them. (Midwife Respondent 2, Personal communication, November 5, 2019)

The use of video media for health education has been supported by previous studies. According to Hébert et al. (2020), video media is an effective medium for conveying information about the dengue virus. Nuraini et al. (2021), and Dagenais et al. (2021) highlight the effectiveness of video media as an educational tool for childbearing women and healthcare workers, respectively. These findings align with the results of Fiore-Silfvast et al's. (2013) study, which showed that videos can help reduce the burden of health talks during postnatal care sessions. This is because of the inherent characteristics of video media, such as recorded audio and visual content, which enable repeated playback and active engagement. These advantages can improve the effectiveness of health education and facilitate better interactions between patients and healthcare professionals. Overall, well-crafted health education videos can have a positive impact on the work of healthcare professionals and may help alleviate some of the challenges associated with patient education in Ghana.

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4.4 Utilisation Challenges

The analysis of the perspectives of midwives, nutrition and health promotion officers revealed several obstacles to the communication components and design configuration of accessible videos. The most significant challenge identified was the language barrier, which made it challenging for health education officers to comprehend the available video content. The internet videos were in the English language, and as a result, patients with limited proficiency in the English language faced difficulties in comprehending the message. Additionally, even patients who understand the English language struggle to grasp the message because of the foreign English accent of the voiceover. As a result, most of the midwives and nutrition officers reported that the language barrier posed additional stress, as they had to simultaneously translate the educational content to ensure the patient's fullest understanding. In light of this, many midwives and nutrition officers voiced their wish for the videos to be translated into Ghanaian languages such as Twi, Ga, and Ewe, which they believed would alleviate their struggles to comprehend the available video content from YouTube.

The conclusion that language barriers impede the efficacy of instructional videos aligns with long-standing research and underscores the significance of employing suitable language in educational materials (Brooks et al., 2019). Compared with the available research, language comprehension has been shown to directly influence patient engagement and understanding (Wallington et al., 2018). The participants' observation was that even those who understand the English language struggle to understand the video content highlighting the significance of a clear and culturally familiar language in healthcare education delivery (Kreuter & McClure, 2004). This emphasises the need for filmmakers and educational video designers to consider the use of local languages when designing videos. In the Ghanaian context, offering video content in multiple languages is crucial to promote inclusivity and equitable access to health information. By catering for diverse audiences, it is possible to ensure that everyone has access to the information that they need to lead healthy lives.

The study also revealed that health officers identified content factors, characters, and other communication elements as unfamiliar to the target audience, which reportedly hindered the learning process. The majority of midwife participants in this study reported that they were compelled to interrupt and demonstrate alternative communication methods. During an interview, a nutrition officer narrated the challenges of using the available videos.

> You see that this video was made for "Abrigo' [White people], and not for us [Ghanaians]. The food items recommended in the video were not for Ghanaians... it was impossible to find such food items here in Ghana. To help the clients, you have to pause the video intermittently to provide contextual meanings to the clients. For me, the video is good, but sometimes it makes education tedious… Sometimes, it is better to just go ahead, give the health message and show local examples (Nutritional respondent 2, personal communication, October 3, 2019).

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The concerns about the cultural disconnection between the available video content and the realities of the target audience emphasise the importance of incorporating appropriate communication elements into health educational media. For example, the literature on successful health educational videos is directly related to the appropriateness of the message source and all other communication elements that resonate with the realities of the target audience (Mutanda et al., 2016; Desta et al., 2014; Fiore-Silfvast et al., 2013). Research has suggested that video content resonates more when it reflects an audience's sociocultural norms, values, and dietary habits (Ren et al., 2022; Xiuwen & Razali, 2021; Sulastri et al., 2021). Therefore, it is imperative to consider cultural context when creating health education videos so that characters, scenarios, and food items are relatable to the intended audience. This enhances the potential of videos to convey health information effectively while promoting a sense of familiarity and trust.

In addition to the challenges posed by content and communication design elements, this study also found logistical challenges such as the lack of electricity and internet connectivity in remote facilities. Furthermore, the availability of video playback devices has been identified as a major obstacle to the effective integration of video media as an educational tool for health education in some health facilities of the study area. This finding is consistent with a study conducted by Sokey and Adisah-Atta (2017), who found that the lack of playback devices such as tablets, mobile phones, and television sets hindered the accessibility of health educational messages in the Shai Osudoku District of the Greater Region in Ghana. Similar studies in Ghana have also reported that lack of access to technology and internet connectivity can hinder efforts to augment the widespread distribution and accessibility of digital health educational content to improve patient knowledge (Adarkwah, 2021; Mulenga & Marbán, 2020). These concerns show how well the midwifes, nutrition and promotion officers in this study understood the possible drawbacks of implementing video-based educational techniques in the context of health education in Ghana. It is therefore crucial for the Ghana Health Service (GHS) to ensure the provision of video media for health education, as this will enhance its effectiveness and efficiency in Ghana. The provision of playback devices, along with the availability of internet connectivity and other logistical support, will greatly facilitate the effective integration of videos as a patient educational tool for health workers in the study area.

5. Conclusion and Recommendation

The acknowledgement of video media as a contemporary cultural tool for communication and education has attracted interest in public health education. Thus, the effectiveness of video media as an educational strategy is widely recognised among health workers. Despite global discourse on this subject, there is a dearth of research on this issue in Ghana. Studies on the use of videos have mainly been conducted outside of Ghana. Therefore, this study examined the intricacies of employing video media as an educational resource among health officers in

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the Ga South Municipal Assembly (GSMA). It emerged that although healthcare professionals view video content as a highly effective educational resource, streamlining workloads, conserving time, enriching learning experiences, and ensuring coherence in health education messages, there currently exists no Ghana Health Service-designed video media for health education. In light of this finding, the study concluded that there is a lack of culturally appropriate videos to support health education in Ghana with reference to the study area. As a result, the health officers in this study frequently utilised YouTube videos for patient education despite the presence of unsuitable communication design elements, language barriers, and disconnected target audience factors. To improve the integration of video media into health education in Ghana, particularly the study area, this study recommends that healthcare professionals and educators should collaborate to create culturally appropriate video content. This joint effort could involve the development of video content that considers cultural context, language preferences, and communication design elements that are likely to resonate with the target audience. In doing so, educational messages would be more accessible, engaging, and effective, thereby positively impacting health education practices in the study area and Ghana by extension. In addition, since the present study was conducted among a limited group of health officers in the Ga South Municipal Assembly in the Greater Accra Region of Ghana, with a specific focus on maternal health education, future research could focus on employing a quantitative methodology that encompasses a more extensive sample across Ghana for a generalised conclusion to be drawn regarding the use of video media for health education in Ghana.

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