

MEDIA AND CHILD HEALTH CARE DELIVERY IN ENUGU STATE: TWO CASE STUDIES

Abstract

This paper examines media and child health care relationships using Enugu and Nsukka metropolis as case studies. It notes that some programmes namely Primary Health Care (PHC), Expanded programme on Immunization (EPI) and Oral Rehydration Therapy (ORT) have been initiated and communicated through the various mass media of communication. The study identifies inherent inadequacies in programme design and implementation pointing out that the target audience neither accepted nor adopted the messages. It argues that communication is central to national development and has catalytic effect on child health care delivery. This argument is anchored on the fact that child health is a topical development issue and the number four item in Nigeria's Millennium Development Goals (MDGs), which aims at reducing under-five mortality rate by two-thirds in the year 2015.

Health is essential for the satisfaction of human needs and to improve the quality of life. This explains why national governments, NGOs and international agencies formulate ideas, policies and activities aimed at achieving good health for all. One of such moves was the first "World Health Assembly" of 1948 in which it was stressed that World Health Organization's (WHO) fundamental task was to "stimulate and facilitate in every appropriate way the development of national health organizations in each country" (World Health, 1998:6). WHO then was not intended to be a global health service but rather an agency that would help countries develop their own health care systems. The call for "health for all by the year 2000", in 1977 by the World Health Assembly and the subsequent declaration of Primary Health Care (PHC) a year after, as a key to reaching the target, are moves towards ensuring the betterment of health in the world.

To realize the above objectives, specific efforts were made to find ways of improving the health of the world's children. One of such moves was made during the 1990 World Summit for Children with the

aim of reducing child mortality among under five-year-olds by one-third, by the year 2000 (World Health, 1993:4). The summit then called for "A global commitment to the production and delivery of 'ideal children's vaccines' that provide lasting protection against a wide range of diseases...."

Like many developing countries, Nigeria wants improved health care for children who are regarded as the pivotal points for future development. Thus, the issue of child health is a topical development issue. Child health is the number four item in Nigeria's Millennium Development Goals (MDGs) with the object of reducing by two-thirds, under-five mortality rate by 2015 (National MDG Report: 2005). The report notes that unacceptable rates of child mortality prevail in the country and that these are preventable. Consequently, there have been awareness campaigns against such common childhood illnesses as malaria, diarrhoea, acute respiratory tract infections and other preventable diseases. Interestingly, the government has not only provided vaccinations at no cost for children in the country but has also launched health policies aimed at reducing child mortality. These include Health Sector Reform Programme (HSRP), National Health Insurance Scheme (NHIS) and Integrated Child Survival and Development (ICSD).

It must be stressed here that some of these programmes like Primary Health Care (PHC), Expanded Programme on Immunization (EPI) and Oral Rehydration Therapy (ORT) have been initiated and communicated through the various mass media of communication. The question one might ask is, how successful have these programmes been? While some were not sustained, some failed due to inherent inadequacies in the programme design and implementation. Consequently, the target audience neither accepted nor adopted the messages. It is in an attempt to solve this problem that this study sets out to examine media and child health care relationships using Enugu and Nsukka metropolis as case studies.

Mass Media – Child Health Care Interface

It is a known fact that communication is central to national development and has catalytic effect in the development of the other

sectors of a nation's economy (Nwosu, 1990:17). Health is one of such sectors that have a well-defined policy in Nigeria. Its development programmes and activities should, therefore, be communicated or given adequate publicity by the mass media. This is particularly important as the media often play a role in behaviour change (Wagstaff and Claeson, 2004:80). Indeed the mass media have been endorsed as an invaluable instrument for inducing development (Opubor, 1985:88). The mass media are not only concerned with strategies aimed at changing people's beliefs, attitudes and behaviours for development purposes but can also be used to spread innovations, ideas and practice among communities (Nwosu, 1990:19). In essence, communication for this kind of development is purposive, persuasive, goal-directed, audience – oriented and interventionist by nature (Ogan, 1982:7).

The choice of the mass media in the campaign for child health care is to ensure maximum publicity. This laudable role was recognized by the late Canadian sociologist, John Porter, who wrote in his study of Canadian society, that within nations, the problems of internal cohesion and the maintenance of social values are so great that informal communication is not enough to create unity (Domatob and Hall, 1983:11). The society's media perform this ideological function. Therefore, the mass media have incomparable power in influencing action. This, they do by providing people with information about a need for change, what changes can occur, available alternatives, the methods and means as well as the benefits of adopting new ideas and new ways of doing things. It is suggested that mass media should be used to create awareness and information gain in various innovative programmes such as agricultural, health or family planning (Nwuneli, 1985:214).

The campaign by mass communication media on child health care may take a number of forms namely: news stories, news commentaries, radio dramas, advertisements, jingles, spot announcements, bill boards, editorials, discussion panels on broadcast media, churches, cartoons, feature articles and letters to the editors, as well as film shows using mobile vans. It is recommended that media professionals should do

continuous research so as to determine how best to make child health care information available to the people.

Theoretical Anchor

Communication scholars generally structure their researches in terms of theoretical constructs. Their goal is to modify or provide support for existing theory. Like most social analysts, they accomplish this goal deductively by deriving hypotheses from theory and using the data collected to test the hypotheses. In other words, communication scholars rely on a set of assumptions in their attempt to analyze media-audience researches. Such assumptions often fall under the generalized major theories of mass communication.

In structuring our media research on child health care, we posit a set of assumptions from which our theoretical framework takes cue. The first is that media campaigns are generally motivational. They aim to structure, influence or modify the attitude of the recipients. Secondly, there are variations in people's perceptions about health, the causation of ailments and appropriate treatment. Thirdly, a number of cultural, socio-psychological and environmental factors influence people's perception of media oriented messages; which in turn, influence the acceptability or otherwise of health care resources or programmes.

The theory that holds great promise in any attempt to address the above issues is that of social behaviourism or symbolic interactionism, as it was later called. This theory was founded by George Herbert Mead, a social psychologist and popularized by Herbet Blumer of the famous Chicago School of Sociology. The assumption is that man has a unique ability in symbolic communication and language provides the main medium in this process. In the words of Okolocha *et al.* (1999:65), "language is a function of thought, a process facilitated by a prior learning of the symbolic communication of a group".

Three main principles characterize symbolic interactionism:

1. The attitude of people towards things is a function of the meanings they attach to them;

2. The meaning arise out of social interaction;
3. Such meanings are "handled or modified" by those involved in the process of dealing with things encountered. These principles according to Okolocha *et al.* "determine the views and positions of individuals, their social structure". In the health care sector, such principles can structure and influence health-seeking behaviour.

There is, therefore, an inextricable interplay between the media, their publics and the social milieu. This interplay falls within the purview of symbolic interactionism, which Mead posited. In other words, media messages can only be meaningful if they are structured in terms of the social constructs; and if they convey appropriate meanings to the recipients. These will, in turn, influence their attitude to such messages. Therefore, campaigns on health care delivery must have socio-cultural bases. This explains the very import of social behaviourism or symbolic interactionism in this research. This approach has the potential of assisting us in ascertaining what is and not what ought to be.

Methodology

The survey research method, using questionnaire as main instrument, was used in collecting data for the study. The study population covered all young mothers with children aged zero to five years in Enugu and Nsukka metropolis. The choice of the two towns was made to ensure adequate spread and coverage of the views of the women in Enugu state. Women were the subjects of the study since they are the primary care providers in most instances. The ultimate aim is to examine the effectiveness of the mass media in boosting the consumer level of awareness, understanding, belief, practice, attitude and behaviour towards child health care programmes. The following questions, among others, form the bases on which the subject matter is addressed.

1. What are the avenue(s) through which mothers receive child health care messages?

2. What kinds of child health care messages do they receive from the avenue(s)?
3. How regular or often are child health care messages published or aired in the Nigerian mass media?
4. What are the impacts of the mass-directed messages on the target audience?

These and other related questions were posed to a sample of 300 respondents selected from the study locations. The three localities from where the respondents were drawn are, for Enugu: Park Lane General Hospital and environs (G.R.A), University Teaching Hospital and environs (Ogbete/Coal Camp), and Uwani Health Centre and environs (Uwani/Achara Layout) and for Nsukka: Bishop Shanahan Hospital and environs (Enugu Road/UNN Campus), Health Centre and environs (Odenigbo/Ogurugu Road) and Nsukka Medical Clinics and environs (Ugwu nkwo/Ede Oballa). A sample of 50 respondents was selected from each locality, the aim of which is to ensure effective representation of the various segments of the study area.

The purposive sampling method was employed to ensure that the right study subjects, which would produce the result that will represent the general public, were chosen. The data collected were coded to reduce them to manageable proportion. Simple figures, frequencies, numbers and percentages were used for reporting. The idea was to reduce the data to easily comparable indices with a view to providing clear and logical answers to the questions posed by the research.

Data Presentation and Analysis

An examination of the biodata of respondents reveals that majority of the respondents in Enugu (46.7%) had university degree. In Nsukka, those with university degrees represent only 30% of the surveyed population. Howbeit, they still represent the major group. The next major category in both centers is those with WASC/GCE/TTC (28% in Nsukka and 26% in Enugu).

Furthermore, the data indicate that majority of the sampled population (56% in Enugu and 32% in Nsukka) are civil servants. This is followed by the number of unemployed persons or students. Majority of the unemployed persons/students are found in Nsukka (40%) while Enugu hosts a paltry 18% of this category. The developmental status of the two centers may account for this development. The significance of these variables to audience response to media messages is discussed in the sections that follow.

Frequently used Media for Child Health Care Messages

Child health care messages are derived from a variable number of sources in the study area. This section presents the results of the research with emphasis on the frequently used media. The aim is to determine the most valued source(s) with a view to making credible recommendations. Table 1 vividly illustrates these results.

Table 1: Frequently used Media

Media	EN		NS	
	F	%	F	%
Hospital health center/clinic	42	28	72	48
Patent medicine dealer	-	-	-	-
Friends	3	2	6	4
Radio	30	20	28	18.6
Television	27	18	26	17.3
Newspaper	20	13.3	6	4
Magazine	18	12	6	4
Town crier	-	-	-	-
Village square	-	-	1	1.5
Church	10	6.7	4	2.6
Market	-	-	1	
Total	150	100	150	100

A summary of the findings in table 1 shows that, the hospital/health center/clinic represents the most frequently used medium (28% in Enugu and 48% in Nsukka). This is followed by the radio (20% in Enugu and 18.6% in Nsukka). The television comes thereafter with 18% and 17.3% in Enugu and Nsukka respectively. The next in the order of use are newspapers and magazines. However, there is a marked disparity in the respondents' use of these sources for CHCP. While Enugu records 13.3% and 12% in their usage of newspapers and magazines respectively, Nsukka has a paltry 4% for both avenues of CHCP information. This disparity can, in part, be accounted for by the disparity in employment and educational attainments of the respondents in the two areas.

Specific Child Health Programmes and Regularity of Media Use

This section addresses specific CHCPs like immunization, Oral Rehydration Therapy (ORT), nutrition, malaria, etc; the sources through which mothers obtain information and the regularity of the messages. For specific CHCP, the percentage distribution of the sources of information for immunization is skewed in favour of the hospital/health center/clinic. A summary of the findings of the study shows that the hospital is more regularly used (20% in Enugu and 33.3% in Nsukka). Those who claim that they sometimes use the hospital as a source of CHCP information on immunization represent the next major group with 14% in Enugu and none in Nsukka. None of the respondents agree that she rarely uses the hospital as a source of information or not at all. Apart from the hospital, the radio and televisions are vital sources of information on immunization. The latter is more regularly used in both centers (16% in Enugu and 10% in Nsukka) than the former (12% in Enugu and 7% in Nsukka).

On ORT, the television (10%) represents the more regularly used medium in Enugu, while the hospital (13.3%) continues to be more regularly used in Nsukka. However, more proportion of the respondents in Enugu (38%) sometimes uses the television for information on ORT. A similar trend is recorded for hospital in Nsukka as the respondents who use it sometimes for ORT information (41.3%) outnumber those who use

it regularly. However, 24% of the respondents in Enugu also use the hospital for ORT information. The radio represents the next major channel in the "regularity" mode with 4% each in both metropolis. It is also sometimes used in both areas (60% in Enugu and 6.6% in Nsukka).

Like immunization and ORT, information collected on the "regularity" mode for CHCP messages on nutrition, malaria, ARI and drug use, etc shows a high reliance on hospital, television and radio in both centers. The high points of the research shows, for instance, that 22% of the respondents in Enugu and 13.3% in Nsukka use the television regularly for CHCP messages on nutrition. A given percentage (16.6% in Nsukka and 10% in Enugu) uses the hospital regularly. The findings also indicates that 22% and 23.3% of the respondents in Enugu and Nsukka respectively sometimes utilize the hospital for CHCP information. The radio is also used. However, some of the respondents (6% in Enugu and 6.6% in Nsukka) use it regularly. More of the users of the radio in both towns (10% each) fall within the "sometimes" mode.

The above findings show that a great variety of sources are used for disseminating CHCP information. Each of the sources is used by individual mother. Thus, undue reliance on any one medium will not yield the desired results. In the views of Chan and Hornik, the use of health facilities alone will not provide total access to CHCP information since attendance to such facilities is generally episodic and irregular. The authors suggested, (and we share their view) the use of multiple channels namely, print, electronic and face-to-face sources in CHCP information dissemination. A similar position is shared by Dube, Rogers and Shoemaker, McAnay's, Nwuneli, etc.

Although mothers complain that some of the programmes, particularly the electronic, are wrongly timed and irregular, we believe that their attitude to media programmes (print or electronic) is poor. Whatever they read or listen to could be said to be incidental.

Assessment of Media on Health Seeking Behaviour

In an attempt to assess the influence of the media on health seeking behaviour, we posed a number of salient questions to the

respondents. These ranged from the factors that inhibit their use of the media through the preferable avenues for receiving CHCP messages to audience opinion on media efforts. The aim is to identify from insiders' perspective, the preferred avenues for disseminating CHCP information.

Table 2: Factors that Inhibit use of Media

Factors	EN		NS	
	f	%	F	%
None	117	78	72	48
Religious inclination				
Level of education	9	6	21	14
Lack of resources	12	8	30	20
Language barrier			15	10
Others: lack of chance,	12	8	12	8

Table 3: Audience opinion on media effort

Respondents' view	EN		NS	
	f	%	F	%
Yes	126	84	123	82
No	24	16	27	18
Total	150	100	150	100

Table 4: Any media impact on intended audience?

Respondents' view	EN		NS	
	f	%	F	%
Yes	135	90	117	78
No	15	10	33	22
Total	150	100	150	100

Table 5: General assessment

	EN		NS	
	f	%	F	%
Good	51	34	60	40
Interesting	93	62	75	50
Uninteresting	6	4	6	4
Deceptive	-		9	6
Total	150		150	100

A cursory look at table 2 shows that a vast majority of the women do not have any inhibition on media use (78% in Enugu and 48% in Nsukka). Nevertheless, a good proportion of the respondents in Nsukka identify lack of resources (20%), level of education (14%) and language barrier (10%) as some of the inhibiting factors. This contrasts significantly with the number of respondents in Enugu who see lack of resources (8%), and level of education (6%) as inhibiting their use of media messages. A proportional number of respondents (7%) in both areas claim that lack of chance inhibit their use of the media.

The contrast in the response of both towns is explainable in the context of their socio-demographic variable outlined in the preceding sections. As pointed out in those sections, more of the respondents in Enugu are gainfully employed; more obtained university degrees and therefore, better placed to appreciate messages disseminated in languages other than Igbo. They are also in better position to buy newspapers/magazines and other information disseminating facilities.

Information collected on audience opinion and their general assessment of the media reveals that they have good profile indexes. No less than 84% of the respondents in Enugu and 82% in Nsukka share the belief that the media are doing well to promote CHCP messages (see table 3). The above figures corroborate their stance (90% in Enugu and

78% in Nsukka) that the media are having impacts on the intended audience (see table 4). Instructively, therefore, they adjudge the general media performance as interesting (62% in Enugu and 50% in Nsukka)

and good (34% in Enugu and 40% in Nsukka). These findings are aptly illustrated in table 5. Only an infinitesimal few (4% in both towns) adjudge the general media performance as uninteresting.

Recommendations

Based on the findings of this study, it is pertinent to make some recommendations aimed at improving CHCP campaigns.

1. The media should collaborate with health facilities in disseminating CHCP information to mothers. This is because the health facilities have been found to be very influential in this regard.
2. Mothers should be encouraged to develop and/or improve their listening/reading habits particularly with regard to information relating to CHCPs.
3. CHCP campaigns should be aired and published more regularly than presently obtains. Such messages should be couched in local and simple languages to benefit the generality of the audience.
4. Social workers and other health facilitators should be employed to disseminate CHCP messages in market places particularly in rural areas and emerging urban centers.

Summary and Conclusion

In summary, there is a high level of awareness of CHCPs in both centers. The hospital/health center/clinic represents the most influential source of information on CHCPs. Nevertheless, the radio, television, church and friends are also of value. The respondents' appreciation of these various media have all been outlined above.

One salient feature that emerges from the above discourse is the disparity between Nsukka and Enugu with regards to their reliance on hospital health center/clinic on CHCP messages. The factors that account for the disparity have been noted and analyzed. It is also revealed that friends play more prominent role in CHCP information dissemination in Nsukka than Enugu. The issues that influence this development have been noted and woven around the theory of symbolic interactionism, which this project posited in the introductory sections. We also noted that information on CHCPs is derived from a variable number of avenues. Each of them should therefore be carefully considered while developing and disseminating CHCP messages.

Conclusively therefore, we wish to counsel as Eapen (1973:60) and Nwuneli (1985:204) suggest that social campaigns must be examined in response to social processes and social institutions within appropriate social, cultural, political, economic development and material settings. This is because social action programme, no matter how beneficial, stands a risk of being rejected if it fails to conform with the social realities of the target population in terms of their aspirations and perceptions in life.

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