

COMMUNICATING HEALTH INFORMATION AT GRASSROOTS IN NIGERIA

Tina C. Anatsui

Department of mass communication, Babcock University, Ilishan Remo

Abstract

This paper focuses on the roles communication can play in promoting health information, especially on the medicinal plant and other materials relating to health in Africa and Nigeria in particular. It also recognizes the importance and popularity of television and Internet, but the radio as the most effective medium for grassroots mobilization in developing countries. It can be used to stimulate community dialogue and national debate, and the provision of public information and specialized training about health risks and disease prevention. The survey research methods of quantitative and qualitative data analysis was employed. The study employed purposive random sampling technique and structured interview guide as an instrument. The paper concludes that emphasis should be devoted to preventive rather than curative measures, and recommends that use of appropriate language and communication style should be used to fit in with the cultural context of the recipients.

Keywords: Communication, health, health communication, information

Introduction

It has been estimated by the World Health Organization that approximately [75-80%] of the world population makes use of plants of medicinal values as alternative to modern medicine. Mostly this occurs out of necessity since many cannot afford the high cost of pharmaceutical drugs especially in Africa and Nigeria in particular. The use of local plants for various medicinal purposes have been the oldest form of healthcare in the history of mankind, herbs have been used by all races throughout history.

For instance, traditionally, some of these medicinal plants have found useful where there is little or no access to modern health care. During emergency it provides sustainable health care because these plants are put into therapeutic use e.g. *Artocarpus Altilis* [Bread fruit], “Perebutu in Yoruba and Ukwa in Igbo, its root when cut into pieces and soaked in dry-gin for three days after which a spoonful taken twice daily is good for improving sperm count. The leaves and bark of: akoko” in Yoruba, *Newbouldialeavis* [Bignoniaceae] “ogilisi” in Igbo and “Aduruku” in Hausa is used to cure asthma and migraine. The stick of bitter leaf i.e. *Vernonia amygdalina* [Asteraceae] “Onigbu/Olubu” in Igbo and “shiwale” in Hausa and “Ewuro” in Yoruba is a good source of chewing stick for sick people because it enhances good appetite. While the infusion from the leaves lowers the sugar

contents of the body and cures pile. The above survey was carried out by Morenikeji, Oladejo, and Olawuyi, (2008). The main objective was to identify the various plants both wild and cultivated used singly or combined for one ointment or the other. The herbal sellers were asked to reconstruct the circumstances and contexts of the plant uses so that method of administration of the plant could be identified. Identification of the plants was done at the ObafemiAwolowo University Herbarium. A total of 24 plants singly or combined for treatment of malaria, gonorrhoea, blood loss, low sperm count and skin disease were identified by five herbal sellers. “It is written that my people perish due to lack of knowledge” In Nigeria how many people are aware of the above empirical information? This is a pertinent question! Yet many people are dying out of poverty resulting from lack of information and communication. Therefore, it is important that such traditional knowledge can easily be embraced by any community in emergency situations through effective communication. Although this claim of traditional healers have been called to question by Western Medicine Practitioners, but the important thing is the ability of the traditional healers been able to provide solution to these health problems with the opportunities around them through the ecological settings as provided by these wild and cultivated plants.

Onabajo [2002], opines that our rural areas are characterized with high level of sickness and mortality, physical and mental lethargy, inability to sustain hard work on a regular basis, illiteracy, poverty, lack of social amenities and infrastructures. He further, observes that rural communities are characterized by isolation from ideas, information and services, especially on the medicinal plants knowing that 70% of the population resides in the rural communities, characterized with high level of sickness, illiteracy and poverty (Mabogunju, 1981).

Nigeria as a case study has no state –supported welfare system. Instead, most people rely on their extended families in difficult times and in old age. Medical care is provided for government and commercial enterprises, but it is wanting among the rest of the population. Despite several attempts at reform, many Nigerians still lack access to primary health care, largely because the greater majority of treatment centers are located in large cities. Facilities are often under-staffed and under-equipped. The result has been an infant mortality rate of 99 per 1,000 births and a life expectancy of 47 years, UNESCO [2006]. An adage says that “healthy people are a healthy nation”.

Most people live in rural areas where transportation of people and commodities is slow and difficult, cutting off access to health centre, markets, social and cultural centers. The pattern of development often means that essential services and improvement such as education and health services reach the rural communities first. It takes a long time for these to be extended to the country side where the bulk of the population lives. Without information to areas, development will be slow, and a sure way of preventing this is through rural programming on radio and television in order to bring about rural development. Advocates of rural development strategies often point out that “the need of rural people is for more practical information”, information that will help them up grade the production for their land, improve the quality of their diet, and allow them to reduce the incidence of diseases, by adopting better health practices in the home.

Onabajo [2002], also confirmed that “because the broadcast media can reach isolated communities swiftest and at a comparatively cheaper rate, emphasis has being on its use in disseminating information messages from capital cities to the periphery in one way communication flow without a recourse to the necessary feedback” This calls for the need to inject rural broadcasting strategies to bring about desirable ideas, information and services and to bridge gap of communication flow. Radio is the focus of this study and should be placed in forefront, in combating the poor attitude of people towards their environment [medicinal plants and their values] and health in general.

For effective grassroots’ mobilization and better creation of awareness, Radio is the only medium of mass communication which makes news of events available to the widest possible audience in developing societies. The Radio’s ability to reach people even in the remotest parts of a country makes it a popular choice as agent of rural development. TV and Internet could be the best tools, but, due to problem of epilepsy of electricity, lack of Internet access and remote nature of most countries in Africa and Nigeria in particular. Radio stands the best tool for effective mobilization.

Aspinal [1971], ‘Radio can reach the farthest areas of a country with educational, social, economic, political and cultural programmes that stimulate the normal process of living. Example, experimental Radio Clubs [the rural radio forums in India and Ghana have produced ample evidence that radio can be used to promote and support the causes of nation building in developing countries. For these reasons five Radio strategies such as, open broadcasting, radio study groups, radio rural forum, radio school and radio and animation are recommended for effective grassroots mobilization.

The purpose of this study is to investigate the role communication can play in promoting health information, especially on the medicinal plants and other materials relating to health in Nigeria for human and national development. It also

recognizes the importance and popularity of television and internet, but radio as the most effective medium for grassroots mobilization in Nigeria. Radio can be used to stimulate the community dialogue and national debate, for the provision of public information and specialized training about health risks and disease prevention. And a call for an urgent need for rural broadcasting strategies to bridge the gap of communication flow between the urban and rural information imbalances in Nigeria

What is communication?

Kunle [2005] defined communications as the process by which an idea is transferred from a source to a receiver with the intention of changing his or her behavior. Other definitions could subsist but this is good enough for the purpose of this work. The message from the source should be well articulated so that the receiver or audience who has expectations concerning an issue of importance can develop consent. The audience that would be affected by the set objective must be identified, analyzed and classified according to their interest. People cannot be carried along without their consent because the support for any given cause must emanate from understanding which marries the articulation of the message with expectation.

What is health?

Encarta Dictionary [2009] defines health as the general condition of the body or mind, especially in terms of the presence or absence of illnesses, injuries, or impairments. Health has been defined as a state of complete physical, mental, social, and spiritual well-being of an individual and not merely the absence of disease or infirmity, World Health Organization [WHO, 1948]. This definition indicates that health extends beyond the structure and function of the body to include feeling, values and reasoning.

What is Health Communication?

Health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health, and is increasingly recognized as a necessary element of efforts to improve personal and public health. Health communications contributes to all aspects of diseases prevention and health promotion and is relevant in a number of contexts:

Health communication can help raise awareness of health risks and solutions by providing the motivation and skills needed to reduce these risks. It also can increase demand for appropriate health services and decrease demand for inappropriate health services. It makes available information to assist in making complex choices, such as selecting health plans, care providers and treatments. For the community, health communication can be used to influence the public agenda, advocate for policies and programs, and promote positive changes in the socio-economic and physical environments. Improve the delivery of public health and health care services and encourages social norms that benefit health and quality of life. The practices of health communication have contributed to health promotion and disease prevention in several areas

Example was in early 2003, World Health Organization [‘WHO] epidemiologists learned that a deadly type of pneumonia of unknown cause that originated in China was quickly spreading to other countries. The disease, known as severe acute respiratory syndrome [SARS], begins with a fever, chills, headache, and malaise. The involvement of the ‘WHO’ and other public health officials were able to place announcement in local media such as the radio and newspaper. The radio is responsible for quick dissemination of information as it is easily accessed and reaches people at the grassroots level. In reverse of 1940 when the focused is on public education which entails the use of pamphlets, motion pictures, radio, and exhibitions and the encouragement of State legislation relating to venereal disease prevention.

What is health education?

Atuloma [2003], defines health education as a process of culturing and nurturing the mind, transforming it into more mature faculty for service to humanity. As a result, the field of health communication has evolved and expanded greatly from being initially a matter of high volume production of simple print material-posters and brochures for clinics. The communication has become a vital strategic component of health programs. Strategic communication today can serve not only to increase the demand for specific preventive health services but also to motivate the suppliers of health services providers at all levels toward their commitment to serve their clients.

According to Phyllis [2003], asserts that the factors responsible for the growing emphasis in health communication include: Growing evidence that all-designed communication intervention can have an effect on health behaviors and practices, not just knowledge and attitudes, but a substantial expansion of mass media, new information technologies, and especially television and Radio to reach large audiences worldwide. It emphasizes on better quality, client-centered health care services, including counseling and client-provider communication. The decentralization of health services by giving more power to local governments, and to increase attention to the role of women and other gender concerns. And, continuing search for behavior change model that takes account of complex interactions involving individual behavior, community norms, social and structural change.

Methodology

This study focuses on the role of communication in disseminating health information at the grassroots for human and national development. The survey research methods of quantitative and qualitative data analysis were employed. The Study employed purposive random sampling technique method, in order to select the right respondents, while questionnaires and structured interview guide as an instrument. The Provost of Health and Medical Sciences, and Public Health professionals of Babcock University were interviewed. Hundred [100] final year students were randomly selected and the questionnaires were self-administered at the Department of Mass Communication in Babcock University, during the lecture meeting which was to give intended audience and future researchers the modus operandi of arriving at results and making generalizations.

Analysis of data and discussion of findings

The interpretation and discussion of data gotten from response to the questionnaires administered to the Final year students of Babcock University, and the structured interview guide was directed to the Provost of Health and Medical Sciences, and Public Health professionals of Babcock University which was to give intended audience and future researcher the modus operandi of

arriving at results and making generalizations. A total of 100 questionnaires were self-

administered and all was returned, therefore, represent 100%

The discussion is based on:
Table 1

	Agree (%)	Strongly Agree (%)	Indifferent (%)	Disagree (%)	Strongly Disagree (%)	Total (%)
Knowledge is power	67[67%]	33[33%]	Nil[00%]	Nil[00%]	Nil[00%]	100%
Mass media have power to disseminate any developmental messages at the grass root.	55[55%]	40[40%]	5[5%]	Nil[00%]	Nil[00%]	100%
Need for common understood and accepted language for communication for grass root mobilization.	35[35%]	65[65%]	Nil[00%]	Nil[00%]	Nil[00%]	100%
Need for the empirical potential evidence in the medicinal plants to be communicated for community development	55	37	5[5%]	3[3%]	Nil[00%]	100%
Identifying the best medium for grass root mobilization in the developing countries.	Radio 65%	Internet 12%	TV 15%	Newspaper 5%	Billboards 3%	100%

Source: Field Survey, 2014

The table reveals that from the responses of the sampled respondents on knowledge is power. 67 respondents representing [67%] agreed and 33[33%] strongly agreed making 100% were of the opinion that knowledge is power, while there is no oppose answer to the question.

The table also reveals 55 respondents representing [55%] greed and 40[40%] strongly agreed that Mass media have power to disseminate any developmental message at the grassroots for national development, while 5[5%] of respondents were indifferent on the issue. Therefore, Mass media have power to disseminate any developmental message at the grassroots in Nigeria.

The study proves that from the responses of the sampled respondents on the need for common understood and accepted language for communication for effective grassroots mobilization. 35 respondents representing [35%] agreed and 65[65%] strongly agreed that there is

need for common understood and accepted language for communication for effective grassroots mobilization. No opposing view to that effect. Therefore, the Health practitioners should endeavor to use the commonly understood language of the people to whom the message is meant for communication, meaning that they should come down to their level for effective mobilization.

The responses from the respondents on the need of the empirical potential evidence in the medicinal plants to be communicated to the grassroots for community development in Nigeria, 55 respondents representing [55%] agreed and 37[37%] strongly agreed respectively that there is need to communicate such messages for national development. Therefore, the study indicates that there is need for empirical potential evidence in the medicinal plants to be communicated at the grassroots for national development. Considering the level of illiteracy and poverty in Nigeria, there is need for

creation of awareness of such empirical potential evidence and other related health materials through other mediums of communication, not basically on radio only, even though the study has proved that radio is the most effective medium of grassroots mobilization, other mediums such as, Internets, TV, Newspapers, Billboards etc. should be used as well.

The summary responses to the interview questions constitute the basis of analysis.

Question 1: What is your view on the traditional medical practitioner?

The Traditional medical practitioner is an untrained or occasionally poorly trained individual who administers medicine in the form of natural herbal products. Some get involved in black magic.

Question 2: What way does the job of Traditional Medical Practitioner complement the work of the Orthodox Medical Practitioner?

The job of the Traditional medical practitioner sometimes complements that of orthodox medical practitioner, and sometimes complicates it. The complementary part is that many of the local people consult them first before visiting the hospital. In most cases there is no scientific basis for the prescription. It is just a matter of trial and error that leads to the complications. Drug reactions tend to make the patients worse.

Question 3: Do you believe in efficacy of native drugs provided by the native doctors?

Out of experience, some native doctors may give efficacious drugs. There is no dosage control.

Question 4: what is your view on the propagation of the medicinal plants against orthodox drugs in Nigeria, where illiteracy and poverty rates is high?

Many of the standard orthodox drugs are derived from natural herbal products, but they have been subjected to scientific analysis. Propagation of raw untested herbal products is to take us back to the Stone Age. We must do that with utmost caution. The traditional native healers take advantage of the level of ignorance, illiteracy and poverty of the people to play trade. They wage psychological war of the masses and hold them

captive. Traditional healers have to be incorporated into our health policies, and their products must be subjected to scientific analysis.

Conclusion

It is established that health communication has contributed to health promotion and disease prevention in several ways. When health is compromised one can not synchronize the management team to achieve national and organizational goals. Therefore, emphasis should be devoted to preventive rather than curative measures. In other words, the health programs should focus on living a healthy life, good living habits, prevention of common diseases, etc. Also it is pertinent to note that electronic media alone can not actually mobilize people for social change in health communication, multi-media approaches such as: social advertising, aggressive public relations and traditional method of communication should be employed to enhance aggressive health mobilization in Nigeria.

Recommendations

- Careful attention must be paid to the information needs of beneficiaries
- Use of multiple approaches and channels of communication will enhance message diffusion
- Need of stimulating dialogue and discussion within the communities by health practitioners using mass media of communication
- Use of appropriate Language and communication style to fit in with the cultural context responsively and timely
- Use of drama and jingles are other ways the producers or broadcaster can use to promote healthful living for national mobilization
- Avoid information overload i.e. don't put what is not quite necessary in your message, when you misinform your potential audience, you are certainly going to get negative result

References:

- Anatsui, T.C [2008]: *The Role of Broadcasting in Health Communication for National Development, Nigeria: Cataloguing-in - Publishing Data Pp 434*
- Belch, G.E. & Belch M. A, [2001]: *Advertising and Promotion*, New York: McGrawHill, 5th edition.
- Baran S.J. [2003:]: *Introduction to Mass Communication: Media Literacy and Culture,* California: McGraw-Hill Companies
- Ifeda1yo, D. [2001]: *Introduction to Mass Communication*, Lagos: Rothan Press Ltd.
- John, V. [2006]. *Creating Social Change to Innovative Technologies*, Leland Stanford Jr. University
- Katherine, M [2002]. *Communication Theories 'Perspectives, Processes and Contexts'* New York: McGraw Hill Inc.
- Kretch, D, Crutchfield, R.S. &Ballachey E.L. [1962].*Individual in Society*. New York, McGraw Hill.
- Kunle. (2005):*A.B.C of Public Relations Practitioners'Companion*, Lagos: Francisgraphix Limited
- Onabajo, O. [2002] *Elements of Rural Broadcasting*. Lagos: Gabi concept Limited.
- Piotrow, P. T &Fossard, C. [2002]: Entertainment Education as a Public Health Intervention. *Entertainment Education & Social Change* [Internet].
- Richard T. S. [2004]: *Sociology [A Brief Introduction]*, New York: McGraw Hill Inc. [Fifth edition
- UNESCO [1995] Report on an African Experiment in Radio Forum for Rural Development in Ghana` Retrieved from www.healthcomms.org

World Health Organization [WHO] [1984]:
Report of the Working Group on Concepts and Principles of Health Promotion, Copenhagen, WHO.hyllis,

T. B, & Jose, G.C, Alice, P.M. & Gary, S.
[2003]: *Advancing Health Communication P
on: The PCS Experience in the Field* Center
Publications.

World Bank [1995]: *Defining Rural
Development: Monograph*
Series.www.ruradev.com