

MASS MEDIA AND EFFECTIVENESS OF IMMUNIZATION PROGRAMMES IN KATSINA-ALA LOCAL GOVERNMENT AREA OF BENUE STATE, NIGERIA

AYUA MERCY

Health Department

Katsina-Ala Local Government Area, Benue State, Nigeria

AJON EUNICE SHIMADOO

Health Department

Katsina-Ala Local Government Area, Benue State, Nigeria

KPAAKPA, TERDOO ABAH

Health Department

Katsina-Ala Local Government Area, Benue State, Nigeria

&

MUE GRACE IVEREN

Health Department

Katsina-Ala Local Government Area, Benue State, Nigeria

Abstract

This paper discussed the role of the mass media in enhancing effectiveness of immunization programmes in Katsina-Ala Local Government Area of Benue State. The primary role of the media is that it provides the instrument for opinion formation, sustenance and change through its capacity to transmit information and if used interpretatively and analytically the media can help direct the mind of the audience on how to think about issues and events. Immunization (vaccination) on the other hand involves creating immunity by using small quantities of weakened or killed microorganisms that causes a given condition. Childhood immunization has the most massive impact among public health interventions, reducing mortality in children at a low cost. Owing to Nigeria's large size, it is only possible to mobilize the entire population for immunization programmes through decentralization of communication utilization the instrumentality of the mass media outlets like the radio, social media, print media and television broadcast among others. This paper assessed the role of the mass media in enhancing the effectiveness of the immunization programmes in Katsina-Ala Local Government Area of Benue State.

Keywords: Role, Mass Media, Effectiveness, Immunization, Programmes, Katsina-Ala.

Introduction

There is no gainsaying the fact that the mass media is a veritable instrument for mass mobilization and that consciously or unconsciously people react positively or negatively to mass media messages. However, gone are the days when it was assumed that media messages have, hypodermic needle effect, where the audience was expected to lap up any media message and respond accordingly. Our media have not been particularly proactive in news judgment and have often been involved in sensationalism, often highlighting what is negative to the detriment of developmental news. Rimpoha and Uwin (2011) submit that the mass media are messengers and distributors of news and these they disseminate via the printed word,

radio, television and motion pictures, and that these messages are capable of influencing attitudes and behaviour of recipients.

According to Obiozor and Onyekwere (2019), the media provide the instrument for opinion formation, sustenance and change through their capacity to transmit information and if used interpretatively and analytically the media can help direct the mind of the audience on how to think about issues and events. If the mass media are to function effectively in disseminating health news, then the practitioners must understand the nitty-gritty of health care delivery, how policies are developed and their relationship to health problems as well as the reasons for selecting various technologies to deliver health services. According to Uba (2021), there have been many examples of wrongful reporting of health issues which have often exposed the ignorance of health reporters, occasioned by lack of proper homework. Health care delivery is a human activity that should be reported innovatively, particularly in solving community health problems and in propagating immunization messages. It should also be sought and disseminated regularly by the mass media. Programme communication should not be seen by media practitioners as routine coverage of assignments and transmitting such on media channels, but must be perceived as a research based consultative process of addressing knowledge, attitudes and practices through identifying, analyzing and segmenting audiences and participants in health programmes and providing them with relevant information and motivation through well defined strategies (Wuese, 2018).

One of the best interventions in preventing infectious diseases is immunizations. Immunization (vaccination) involves creating immunity by using small quantities of weakened or killed microorganisms that causes a given condition. Childhood immunization has the most massive impact among public health interventions, reducing mortality in children at a low cost. While this is a recommendable practice as a critical strategy towards realizing United Nations' Sustainable Development Goals (goal number 3, namely reducing mortality among under-five children to less than 25/1000 live births), research indicates that the majority of children from developing and underdeveloped countries go unvaccinated or under-vaccinated. Africa is leading globally with the highest under-five mortality rates, accounting for 40% of the total deaths. Like many countries in Africa, the situation in Nigeria is not different. In 2013, WHO/UNICEF revealed that Nigeria was among the ten countries in the world where 70% of their children did not receive the diphtheria-tetanus-pertussis (DTP3) vaccine (). According to WHO, children are considered fully vaccinated if, during the first year of life, they have received three or more doses of the polio vaccine, a DPT vaccine, and one dose of measles vaccine (Wuese, 2018). In Nigeria, more than 1 million children out of 6 million born every year do not get fully vaccinated during their first year despite the national government developing Expanded Program on Immunization (EPI) aimed at achieving the MDG target of reducing the under-five infant mortality. The vaccination coverage varies by zone, residence, and socioeconomic status, with rural areas being adversely affected. This has been partly attributed to the negative attitudes towards children immunization.

What is Immunization?

Immunization activities have been implemented in Africa for a relatively long time, although many countries had only low-key and often unstructured programmes initially. However in order to stimulate reorganization and strengthening of immunization programmes

throughout the world, the World Health Organization (WHO) launched the expanded programme on Immunization (EPI) in 1974.

According to (Wuese, 2018), immunization is aimed at achieving the following: (i) To eradicate polio,

- (ii) Control measles.
- (iii) Eliminate neonatal tetanus, amongst others.

Immunization helps to prevent contacting devastating diseases as well as help control their spread through the administration of simple and affordable vaccines. Hange (2021) opines that this can be achieved through setting up national immunization days (NIDs). NIDs are high visibility campaign activities designed to identify and immunize all eligible children within a one to three or five day time period during two rounds which are four to six weeks apart. Implementation of NIDs activities has raised the effectiveness of immunization programmes on the agenda of nations, making it possible to immunize more than 158 million children in 43 African counties.

Mass Media and Social Communication

The mass media is not only perceived in the context of the conventional media which consist of the print and the electronic media (radio, television, film), but also the man-media. Man has had his own means of communication before the advent of the formal media. The hypodermic needle effect theory of early mass communicators which assumed that media messages (stimulus) will always elicit the desired responses, has been discarded with. Instead, Onabajo (2021) has postulated and pursued the intervening variables effect on the famous Stimulus -Response theory. Man-media include variables such as local leaders, social relationships, social categorization, the village gong-man, village square meetings and religious institutions. These are significant compliments to any mass mobilization effort in the rural areas.

Researchers such as Hange (2021), Uba (2021) and Ayoola (2022) have proved the non-availability of newspapers in our rural societies, because of their largely illiterate nature. However, flexibility of languages used in broadcast programming has endeared radio and television to our rural people. The appropriate use of the broadcast media can be very useful in educating our rural dwellers on the devastating effects of AIDS and how to prevent the virus. According to Onabajo (2021), broadcasting can be used in achieving a number of objectives. It may be the exclusive tool of government or the party in power. It may serve exclusively as agency for information and education with the power for centralization, or it may entirely be local in scope and organization. Also, broadcasting helps to decipher trends, interpret and put together unfolding events in the society. This helps our adjustment capabilities through understanding the links among different scenarios, which help predict future occurrences. Broadcasting is a forum for the exchange of viewpoints and helps to reduce the level of conflict in the society, (Onabajo, 2021).

Social communication is the transmission of valued experience or the impulse to exactly communicate a particular experience in familiar terms. This transmission of valued experience can extend vision, give a new perspective to issue or act as the voice of the community by expressing the common meaning of the issue in the society. The basic concept

of social communication can be viewed from three perspectives, that is, social communication as the distribution of information and sharing of experience according to individual preference and personal choice, or as the protection of good taste, or as the distribution and sharing of information according to need. According to Akinfeleye (2021) attitude formation and attitude modification precede behavioural change for the achievement of the desired goals. This is because communication must be presented and articulated before there can be any useful mobilization. In communicating family planning to rural communities in Nigeria, Hange (2021) posited that a communicator must bear in mind three related concepts which are: the audience or community that one is communicating with, the message or content of information that is to be given, and an environment that is conducive for communication. However Moemeka (2020) is of the opinion-that because of Nigeria's large size, it is impossible to mobilize the entire population through centralized directive. He suggested the decentralization of communication if any meaningful change is to take place at the local level. He stressed the need for village level communicator, recruited from among the people of the rural areas, for more effective communication with the rural dwellers. His argument is also borne out of the contemplation that people are more responsive if they feel involved in decisions and have a stake in the new project.

The decentralization of information would involve the use of smaller, less expensive and less cumbersome mass media technology. Also, cassettes and videotapes on Land Rovers will be used in reaching isolated communities with the campaign messages thereby ensuring inter-communication among the people and feedback to the government (Akinfeleye, 2021). Nwachukwu (2020) opines that a channel mix is infinitely logical as different channels of communication have varying roles in passing on information. Sende (2020) identifies various factors that may have potential influence on how persuasive a message could be. They include source factors such as credibility, attractiveness, power, source training, personality and ability. He also states that medical personnel could receive the highest public confidence rating on disseminating information on health-related issues. He further identified other factors such as:

- (i) Message factors such as message appeal, delivery style and organization of material.
- (ii) Channel factors - for channel factors he posited that effectiveness vary considerably as regards perceived credibility, like ability and comprehensibility of message coming through the channel. The varying characteristics of each medium are helpful in establishing how influential a channel could be.
- (iii) Receiver factors - these on the other hand, include variables such as the varying characteristics of the receiver of the message such as age, education, intelligence and other demographic characteristics,
- (iv) Destination factors - these involve the type of change that is desired.

Interpersonal influences may compete with or complement the mediated message. This is true because human beings depend on their interaction with others to solve problems, co-ordinate complex activities, to provide mutual support and to generally acquire more knowledge about the world they live in.

Changing the behaviour of people can be a very difficult task. Behaviour is usually predicated on a large number of factors, the most important usually being cultural, social and economic. Although not difficult to attain in the long run, change in behaviour is a gradual and sustained

process: the message advocating change is first heard, then internalized and then measured against pre-existing notions, beliefs and customs and general socio-economic situations, before being translated into a decision, which then has to be implemented at some cost to the practitioners. Behaviour change is also dependent on a person's experiences and his or her personal perception of the importance of the change (Okunna, 2019).

The Mass Media: The mass media comprise all technological or mechanical devices engaged by a source with the intent of reaching a diversified and heterogeneous audience with messages simultaneously.

Health communication: According to Akinfeleye (2021), health communication basically could be described as the form of communication disseminated by the mass media for adequate health care delivery office. Hence, it will be right to assert that media health communication is the dissemination of health information by the media in order to influence peoples' health choice and improve their health literacy for sustainable health development.

As a concept, media health communication seeks to:

- Increase audience knowledge and awareness of health issue.
- Influence behaviors and attitudes towards a health issue.
- Demonstrate healthy practices.
- Demonstrate the benefits of behavior changes to public health outcomes.
- Advocate a position on a health issue or policy.
- Increase demand or support for health services. ©Argue against misconceptions about health.

Theoretical framework

The theoretical framework upon which this paper is anchored is on the development media theory.

Development Media Theory

The development media theory was formulated by Mcquail in 1987. As a theory, development media theory seeks to explain the normative behaviors of the press in developing countries. Mcquail affirms that development media theory came into existence to conceptualize the relationship between the mass media and the political system in developing countries, because none of the four classical theories adequately described this institutional linkage". In effect development media theory was basically propounded to reflect developing nations' primary engagement of the media for development course.

Development media theory owes its evolution to the UNESCO's Macbride commission set up in 1979 to look at communication problems around the world especially as it relate to the imbalance in communication (news) flow from the developed world to developing world.

The development media theory accepts that economic development and nation building should take precedence over some freedom of the press and of individuals. Okunna's assertion implies that the development media theory demands that the media subjugate themselves to the political, social, economic, cultural and health needs of the nation. Asamah (2011) simplified the theory thus "it is all about positive engagement and usage of the media in national development for the autonomy and cultural identity of the particular nation.

Mcquail (1987) identified the major tenets of the development media theory as follows:

- Media should accept and carry out positive development tasks in line with nationally established policy;
- Freedom of the press should be opened to restriction according to economic priorities and development needs of the society;
- Media should give priority in news and information to link with other developing countries, which are close geographically, culturally or politically;
- In the interest of development ends, the state has the right to intervene in or restrict media operations and devices of censorship, subsidy and direct control can be justified;

Going by this theory, the dissemination of information and news on all subjects that makes for positive development of developing nation becomes an imperative of the media. It is on their premise, that the media's health communication becomes an imperative for sustainable health development in a developing country like Nigeria and other third world countries.

Media health communication activities in Nigeria

Mass media remain a key component and veritable tool in the campaign toward sustainable health development in Nigeria. This is so because through adequate health communication and campaigns on issues of health such as drugs abuse, vaccines/immunizations, maternal health care, family planning programs, healthful living practices, prevention practices, cure eradication of diseases etc. The mass media have proven to be very concern about our health development.

In this discourse, some essential media communication on health activities in Nigeria according to Wuese, (2018), Onabajo (2021) and Uba (2021) include:

- **Mass media and Poliomyelitis Vaccine:** In 2003 and 2004, the fight against the eradication of poliomyelitis suffered a serious setback in the Northern part of Nigeria owing substantially to wide spread rumors and misconceptions among Muslims over the safety of the vaccine. The federal government had to engage the media in conjunction with the traditional rulers to alley these fears through health communication on the polio virus and the safety of the vaccine.
- **Mass media and family planning program:** The media in Nigeria were seriously engaged by the government on the issue of family planning. Through media health communication on the subject, the socio-economic consequences of an unplanned family were drummed into the consciousness of Nigerians. The media highlighted the health implications to the women who go on having children every year and the economic consequence which reflects in untrained children, inability to access health facilities and other needs. .
- **Mass media and Immunization:** In Nigeria, immunization sessions are organized and screened on the television on regular basis. In recent times, during these immunization sessions, health stakeholders address women on their vital roles as mothers of the Nigerian children. The radio too had been put to very effective use in broadcasting the program the masses, especially those that do not have access to the television programs. During these exercises, the print media such as newspapers and magazines, flyers and so on were not excluded.

- **Mass media and Malaria Control:** Media health communications have aided in the fight and control of malaria. Through this means, the people have been sensitized, and educated on the causes and ways of checking the spread and treatment for the disease. However, it is the area of checking or controlling malaria that the media, especially radio in Nigeria has played a significant role. This is because malaria seems to be endemic amongst the poor of the society who require being educated on the causes and intervention methods. Thus, radio talks, drama etc are organized on regular basis in order to educate the poor masses on how to fight mosquitoes. Media communication on malaria program such as roll- back-malaria is carried daily emphasizing why we should sleep under nets and keep our environments clean.
- **Mass media on HIV/AIDs Pandemic:** Since the Acquired Immune Deficiency Syndrome (AIDs) came into Nigeria, media health communication on the disease has been immense. The people have been sensitized through NTA Network health programs; adverts and slogans on AIDs have been carried by mass media channel of Television and Radio. Newspapers and magazines also carry articles and cartoons on the scourge. Health providers from time to time take to the various media to inform, educate, encourage and direct the public on the way forward with HIV/AIDs. .
- **Mass media and Ebola Virus:** Ebola virus disease (EVD) also known as Ebola hemorrhagic fever has been in existence for about four decades before its first case appeared in Nigeria on July 20, 2014. According to Hewlett B and Hewlett B (2007), Ebola virus disease was reported around the region of the River Ebola in the Democratic Republic of Congo (DRC) formerly Congo Kinshasa and Zaire in 1976. All these years, media health communication on this pandemic in Nigeria was simply unfounded but with the first recorded case of Ebola in Nigeria being found in Patrick Sawyer of Liberia, the Nigerian media suddenly was agog with health communication that informed the citizenry about all they need to know about the disease ranging from its origin, causal agents, symptoms signs and safety behaviors.

From the above, it is quite obvious that media health communication on immunization have contributed immensely to immunization campaign successes in Nigeria. The media's contributions here have raised the success or effectiveness of immunization programmes in Katsina-Ala Local Government Area of Benue State and Nigeria at large.

Conclusion

The role of mass media in health promotion for effectiveness and or success of immunization programmes throughout the world remain vital. Without the mass media, it might be difficult for health promoters and especially, immunization drivers, to communicate health information, monitor and co-ordinate health activities in various countries of the world. This paper has shown that the media has ensured successes or effectiveness of immunization programmes through their communications and sensitization of the citizenry. .

Recommendations

- i. The mass media should be seen as an integral part of governance in matters concerning health.
- ii. Civil societies, the private sectors, parliaments, external agencies etc should render supports to the media in the area of health communication especially when it has to do with immunization.

- iii. Media practitioners should endeavour to inject health communication or message in their programs as this will make for a greater reach.

References

- Akinfeleye, A. (2021). Effects of health-care services and commodities cost on the patients at the primary health facilities in Zaria Metropolis, North-Western Nigeria. *Niger Journal of Clinical Practice* 20:1027-1055..
- Defleur, M. & Rokeach, S. (2021). Mass communication and the sustainability of health programmes in Nigeria. *Journal of Biosocial Science*, 6 (3) 43-58.
- Hange, B.J. (2021). Incomplete childhood immunization in Nigeria: a multilevel analysis of individual and contextual factors. *Journal of Paediatric Child Health*, 2 (1) 47-56.
- Mcquail, D. (1987) *Mass Communication Theories*. London: Sage.
- Moemeka, M.I. (2020). Maternal socio-demographic factors that influence full child immunization uptake in Nigeria. *South African Journal of Child Health*, 8 (4):138 –152.
- Nwachukwu, C. (2020). Perceptions and experiences of childhood vaccination communication strategies among caregivers and health workers in Nigeria: a qualitative study. *Journal of Community Health*, 8 (11):87-103.
- Okunna, C. (2019). *Differential determinants and reasons for the non- and partial vaccination of children among Nigerian caregivers*. *Vaccine*. 38(1):63–79.
- Onabajo, L.F. (2021). Maternal reasons for non-receipt of valid hepatitis B birth dose among mother-infant pairs attending routine immunization clinics, south-east, Nigeria. *Vaccine*. 37 (46):6894–6899.<https://doi.org/10.1016/j.vaccine.2019.09.056>
- Rimpoha, J. & Uwin, E. E. (2011). Community participation and childhood immunization coverage: A comparative study of rural and urban communities of Bayelsa State, South South Nigeria. *Niger Medical Journal*, 53:21–25.
- Sende, A.M. (2020). Multi-year trend analysis of childhood immunization uptake and coverage in Nigeria. *Journal of Biosocial Science*, 46 (2): 225-239.
- Uba, U. O, (2021). Identifying barriers and sustainable solutions to childhood immunization in Khana local government area of Rivers State, Nigeria. *International Quarterly Community Health Education*, 32:149–158
- Wuese, Y. (2018). Evaluating the reasons for partial and non-immunization of children in Wushishi local government area, Niger State, Nigeria: methodological comparison. *African Reproductive Health*, 4 (6) 342-358.