



COMMUNICATION FOR HEALTH AND SUSTAINABLE DEVELOPMENT IN NIGERIA

Editors

Ikechukwu E. Nwosu

Oludayo E. Soola

Levi Chinaka Nwodu

First published in 2008 by

The African Council for Communication Education (Nigeria Chapter)

The Director/Editor-in-Chief

Institute for Development Studies University of Nigeria, Enugu Campus
Enugu, Nigeria.

Accenig.@yahoo.com; profikennwosu@yahoo.com.

In association with

Rhyce Kerex® Publishers

#25, Ogunbiyi Lane, Ogui

Enugu, Nigeria.

Tel. 042-480434, 08033789862, 08055424113, 08045457545

E-mail: rhycekerexpublishers@yahoo.com

59-70

© **Ikechukwu E. Nwosu, Oludayo E. Soola & Levi C. Nwodu.**
(ACCE, Nigeria Chapter).

ISBN: 978-8076-32-7

All right reserved. No part of this publication may be reproduced or stored in retrieval system, or transmitted in any form or by any means, electronic or mechanical, photocopying, recording, or otherwise, without the prior written permission of the ACCE (Nigeria) and the Editors.

Not
to be
used

Printed in Nigeria by:

Rhyce Kerex® Publishers

#25, Ogunbiyi Lane, Ogui

Enugu, Nigeria.

Tel. 042-480434, 08033789862, 08055424113, 08045457545

E-mail: rhycekerexpublishers@yahoo.com

About the Editors and Contributors

- (1) PROFESSOR IKECHUKWU E. NWOSU is the President of the African Council for Communication Education (ACCE), former National Coordinator of the ACCE, (Nigeria Chapter) and the Chapter's Editor-In-Chief. He is also the President of the Nigerian Institute of Public Relations (NIPR). He was the former Dean, Faculty of Business Administration, University of Nigeria (UNN), Enugu Campus and the former Head of the Department of Marketing in the same university, as well as the former Head of the Mass Communication Departments in the former Anambra State University of Science and Technology (ASUTECH) and the Department of Mass Communication, Institute of Management and Technology (IMT), Enugu. He is currently the Director of the Institute for Development Studies (IDS) University of Nigeria, Enugu Campus. He is the Lead Editor of this book.
- (2) ASSOCIATE PROFESSOR OLUDAYO E. SOOLA Lectures at the Communication and Language Arts Department of the University of Ibadan, Ibadan, Nigeria. He is the NATIONAL COORDINATOR of the Nigeria Chapter of the African Council for Communication Education (ACCE). He also lectured for many years in the Department of Mass Communication, Federal Polytechnic Ibadan. He is a Co-editor of this book.
- (3) LEVI CHINAKA NWODU Lectures in the Department of Mass Communication Anambra State University, Uli, Anambra Nigeria. He is currently completing his doctoral studies in Mass Communication at Ebonyi State University. He is the current National Public Relations Executive of Nigeria Chapter of ACCE. He has published many books and well-researched articles in many referred research journals. He is a Co-editor of this book.
- (4) DR. MBUK MBOHO is a Senior Lecture in the Department of Communication Arts, University of Uyo, Nigeria. He was for several years the Head of that Department and has also had years of practical media experience.
- (5) HERBERT BATTA is of the same Department with Mboho.
- (6) VINCENT MOGU is a lecturer in the Department of Mass Communication, Cross River State University of Science and Technology, Calabar, Cross River State, Nigeria.
- (7) AKEEM MOJISOLA ADEYANJU as a lecturer in the Department of Mass Communication, Ahmadu Bello University, Zaria, Kaduna State.
- (8) PROFESSOR JOHN A. SAMBE is the Head, Department of Mass Communication, Benue State University, Makurdi, Benue State, Nigeria.

He is also the President of the Nigerian Mass Communication Association (NIMCA) and a Fellow of the Nigerian Institute of Public Relations (NIPR).

- (9) ALEX UMUERRI is a Lecturer in the Department of Mass Communication of the Benson Idahosa University, Benin City, Edo State, Nigeria.
- (10) JOHN GALADIMA is a Lecturer in the Department of Theatre and Communication Arts, University of Jos, Jos, Nigeria.
- (11) DR. TYTOM KEGHKU is the Deputy National Coordinators of Nigeria Chapter of ACCE. He lectures at the Department of Mass Communication, Benue State University, Makurdi, Benue State, Nigeria. He is also a Fellow of the Nigerian Institute of Public Relation (NIPR)
- (12) LAMBE KAYODE MUSTAPHA is a lecturer in the Department of Mass Communication; University of Ilorin, Ilorin, Nigeria.
- (13) NWAKERENDU IKE is of the School of Postgraduate Studies, University of Lagos State, Lagos Nigeria
- (14) OLADIPO AINA is of the Department of Community Medicine Ahmadu Bello University, Zaria, Nigeria
- (15) NKEM FAB-UKOZOR is a lecturer in the Department of Mass Communication, Imo State University Owerri, Imo State Nigeria. She lecture for many years at the I.M.T, Enugu State, in the Department of Mass Communication. She is currently completing her Ph.D. studies.
- (16) DR. KATE AZUKA OMENUGHA is a Lecturer in the Department of Mass Communication, Nnamdi Azikiwe University, Awka, Anambra State. Nigeria.
- (17) UCHE EKWUGHA is Dr Kate Omenugha's co-author and is also of the same Department.
- (18) ONJEFU OKIDU lectures in the Department of Mass Communication, Kaduna Polytechnic, Kaduna, Nigeria.
- (19) IGOMU ONOJA is of the National Broadcasting Commission (NBC), Zonal Office, Kaduna, Nigeria.
- (20) DR. NWANWENE THOMAS AWORO is a Senior Lecturer in the Department of Mass Communication, Benue State University, Makurdi, Benue State Nigeria.
- (21) ASSAY BENJAMINE ENAHORO is Lecturer in the Department of Mass Communication, Delta State Polytechnic, Ogwashi-Uku, Delta State Nigeria.
- (22) DR. CLEMENTINA ABONE is a Senior Lecturer, Nnamdi Azikiwe University, Awka, Anambra State Nigeria.
- (23) B.A. ADEGBOYE is Lecturer in the Department of Electrical Engineering Ahmadu Bello University, Zaria, Kaduna State Nigeria
- (24) ABDUSALAM, S. A. is a Lecturer in the Department of Economics, Ahmadu Bello University, Zaria Nigeria

- (25) ISHAYA AUDU lectures in the Department of Economics, Ahmadu Bello University, Zaria, Nigeria.
- (26) AGBO UCHECHUKWU JOHNSON is a Lecturer in the Department of Political Science, A.B.U Zaria, Nigeria
- (27) DR. NTIM G. ESEW S is a Lectuer in the Department of Political Science, Kaduna State University, Kaduna, Nigeria
- (28) VERONICA N. OKONKWO is a Lecturer in the Department of Political Science, Kaduna State University, Kaduna, Nigeria.
- (29) ORHEWERE, JOHN A. is a Lecturer in the Department of Mass Communication, Auchi Polytechnic, Auchi, Edo State, Nigeria.
- (30) UMOLU, PAUL E. is a Lecturer in the Department of Mass Communication, Auchi Polytechnic, Auchi, Edo State, Nigeria.
- (31) JOY OVOHRERE is a Lecturer in the Department of Mass Communication, Delta State Polytechnic, Ogwashi-Uku, Delta Dtate, Nigeria.
- (32) IGOCHE COMFORT ENE lectures in the Department of Mass Communication, Benue State University, Makurdi, Benue State, Nigeria.
- (33) IJIWO ANDREW OGAH is a Lecturer in the Department of Mass Communication, Benue State University, Benue State, Nigeria.
- (34) A.B. UMAR YUSUF is s lecturer in the Department of Mass Communication, A.B.U, Zaria, Nigeria.
- (35) DANJUMA GAMBO is a Lecturer in the Department of Mass Communication, University of Maiduguri, Maiduguri, Nigeria.
- (36) NASSIR ABBA AJI is of the Department of Mass Communication, University of Maiduguri, Maiduguri, Nigeria.
- (37) DANIEL BO is of the Department of Mass Communication, Benue State University, Makurdi, Benue State, and a Practicing Journalist.
- (38) DR. JOHN O. EDEMODE is a Senior Lecturer in the Department of Mass Communication, Auchi Polytechnic, Auchi, Edo State, Nigeria.
- (39) DR. ANIEKE UDOUDO is a Lecturer of the Department of Mass Communication, Cross River State University of Technology, Calabar, Nigeria.
- (40) DR. ASHONG C. ASHONG is a Lecturer in the Department of Communication Arts, University of Uyo, Uyo, Nigeria
- (41) CHUKWUMA ANYANWU is a Lecturer in the Department of Mass Communication, Delta State, Nigeria.
- (42) CHIKADI ANYANWU is of the Special Education Centre, Orlu, Imo State, Nigeria.
- (43) ALLEN NNANWUBA ADUM is Lecturer in the Department of Mass Communication Nnmdi Azikiwe University Awka Nigeria
- (44) MUSA USMAN is a Lecturer in the Department of Mass Communication, University of Maiduguri, Borno State, Nigeria.

- (45) AISHA SANI JUNAID is also lecturer in the Department of Maiduguri, Maiduguri, Borno State, Nigeria.
- (46) ANGELA NKIRU NWAMMUO is a Lecturer in the Department of Mass Communication, Anambra State University, Uli, Anambra State, Nigeria.
- (47) SAUDAT SALAHA ABDULBAQI is a Lecturer in the Department of Ilorin, Ilorin, Nigeria.
- (48) JENO-MARY ENIGHE is a Lecturer in the University of Jos, Jos, Nigeria.
- (49) EDWIN SUNNY ECHU is also a Lecturer in the University of Jos, Jos Nigeria.

Table of Contents

Dedication	iii
Preface	viii
About The Editors and Contributors	iv

Part One

GENERAL INTRODUCTORY OVERVIEWS

1.	Towards an Integrated and Holistic Health Communications Strategy for Sustainable Human Development - <i>Ikechukwu E. Nwosu</i>	1
2.	Theorizing on Health Client's Therapeutic Decision System: Implications for Health Communication - <i>Mbuk Mboho and Herbert Batta</i>	16
3.	From BCC to SBE: Communicating for Impact in Nigerian Health Sector - <i>Akeem M. Adeyanju</i>	24
4.	Communication, Health and Development: Mass Media Dysfunctional and Health Care Delivery - <i>Vincent M. Mogu</i>	31
5.	Role of Communication in Promoting Health Care Delivery - <i>Alex Umuerrri and John Galadima</i>	40
6.	Mass Media and Anti – Corruption Campaign in the Health Sector - <i>John A. Sambe</i>	50
7.	Mass Media and Optimization of Health Policy: The Participatory Option - <i>Lambe K. Mustapha</i>	59
8.	Behavioural Change Communication (BCC) and HIV/AIDS Campaigns in Nigeria - <i>Tyotom Kaghku</i>	80
9.	Traditional Media use in Rural Health Care Delivery - <i>Nwakerendu Ike</i>	83

Part Two

HEALTH MEDIA, ICTs & COMMUNICATION FOR HEALTH AND DEVELOPMENT

93

10. Information Communication Technology (ICT),
Medical Research and Development 95
- *Oladipo Aina*
11. Millennium Development Goals (MDGs)
and the Press: A Content Analysis 111
- *Nkem Fab – Ukozor*
12. Culture, Media and Sexuality:
An Exploration of Nigerian Newspaper
Reports of Women Reproductive Health & Rights 120
- *Kate A. Omenugha and Uche Ekwugha*
13. Television and Video Films for Socio-Economic
Development and Health Issues 129
- *Onjefu Okidu*
14. Coverage of Communicable Diseases in
Three States by the Broadcasting Stations
in North-Eastern Nigeria 142
- *Igoma Onoja*
15. Roles of Broadcasting in Addressing
the Problems of Communicable Diseases 151
- *Thomas A. N. Nwanwene*
16. Role Role of Mass Media in Promotion
of Reproductive and Children's Rights 163
- *Assay B. Enahoro*
17. Mass Media: Effective Instrument for
Promoting Health Programmes in Africa 174
- *Clementina Abone*
18. GSM Mobile Phone and Health Issues 181
- *B.A. Adegboye*

Part Three

COMMUNICATION, MEDIA AND HIV/AIDS MANAGEMENT FOR SUSTAINABLE DEVELOPMENT

189

19.	Economic Analysis of Media and the Socio-Economic Impact of HIV/AIDS in Nigeria: A Profile for Preventive Initiative - <i>S.A. Abdusalami and Ishaya Andu</i>	191
20.	Political Economy of HIV/AIDS and Women in Africa: Mass Media Challenges - <i>Johnson U. Agbo, Ntim G. Esen and Veronica Okonkwo</i>	203
21.	HIV/AIDS Scourge and the Nigeria Mass Media: A Case for Communication Media Participation as an Alternative - <i>John A. Orhewere and Paul E. Umodu</i>	209
22.	HIV/AIDS Stigma and Radio Broadcasting in Delta – State - <i>Joy Erere Ovoh</i>	219
23.	Use of Radio in the Fight against HIV/AIDS – Related Stigma - <i>Igoche Comfort Ene and Ijwo Andrew Ogah</i>	228
24.	Mass Media and HIV/AIDS Pandemic - <i>Yusuf A.B. Umar</i>	240

Part Four

Traditional, Environmental, BCC and other Miscellaneous Issues/Strategies in Communication for Health and Development		247
25.	Roles of Traditional Rulers in the Resolution of the 2003-2004 Polio Controversy in Northern– Nigeria - <i>Danjuma Gambo and Nassir Abba Aji</i>	249
26.	Mass Media and Effective “Tradorthoxy” for Health Service Delivery - <i>Daniel B.O</i>	261
27.	Communication in the Practice and Use of Traditional Medicine and their Implications for Development - <i>John O.O Edemode</i>	269
28.	Environmental Pollution and the Challenge of Responsible Media Practice in Nigeria - <i>Aniefiok Udoudo and Ashong C. Ashong</i>	275
29.	Communication, Environment and Research Hazards - <i>Chukwuma Anyanwu and Chikodi Anyanwu</i>	283

30.	Checking the Spread of Avian Influenza: Role of Communication - <i>Allen N. Adum</i>	291
31.	Assessing Sources of Information on Sexuality Education among Secondary School Students in Maiduguri Metropolis - <i>Musa Usman and Aisha Junaid</i>	302
32.	Assessment of Anambra Ministry of Health's Media Campaign on the Malaria Control Booster Project - <i>Angela N. Nwammuo</i>	316
33.	Extension Communication and the Eradication of Guinea Worm Diseases in Kwara State - <i>Saudat S. Abdulbagi</i>	327
34.	Information and Communication Technology for National Development: An Overview - <i>Jeno-Mary Enighe and Edwin Sunng Echu</i>	333
	Index	339

CHAPTER SEVEN

Mass Media and Optimization of Health Policy: The Participatory Option

- LAMBE KAYODE MUSTAPHA

Introduction

The centrality of health to development and emancipation of all living beings is unquestionable. Little wonder the popular cliché “health is wealth” succeeds all civilizations. It is without doubt that all nations of the world take health issues as one of the fundamental concerns of the government. At the global realm, the establishment of the World Health Organization (WHO), as the organ of the United Nations charged with the responsibility of monitoring global health trends and proffering appropriate course of action as and when due, is a testimony to the primacy of health to continual survival of the universe.

Beyond the global efforts, every nation equally possesses institutions that champion the health affairs and matters of its citizenry. Be it a ministry, department or office of health, these institutions are saddled with the responsibility of preparing health blue-prints and overseeing their set up and policies are always crafted to assist in the actualization of the broad goals. More often than not, the policies are usually prepared by experts who, in demonstrating their expertise, discount with inputs from those for whom the policy is meant.

As a corollary to the above, policies are usually crafted in the atmosphere of secrecy thus not only excluding the end users, but creates information asymmetry and resultant lack of confidence in the policies however germane it may be. Beyond the imperfection of information, there seems to be absence of political will on the part of Nigerian governments to implement policies as seen in advanced democracies. Hence, policies that have performed wonders in those countries become strategic poison when introduced into Nigeria.

Although being a victim of colonialism, with its attendant inimical consequences, this can be seen in the faltering steps the nation has been taking on the part of progress and development. There seems to other man-made constraints since the nation broke away from the shackles of imperialism preventing it from taking the giant strides that nature, through the nation's endowments in human and material resources, has bestowed on it. Toying with health amounts to gambling with the continuous survival of the nation thereafter, all stakeholders have critical roles to play if extinction must be averted.

It is not as if the nation is lacking in sound blue print that can stand to shoulder with others in the world. What is lacking is appropriate convergence that could make the policy work. For this reason, it is worthwhile to see how the entire stakeholders can come together to facilitate the enjoyment of maximal dividends from the nation's health investments. Government, the governed and, of course the Fourth Estate have substantial roles to play in this regard. Health policy should not only be reduced to a sloganeering campaign, but as weapon for the emancipation of the citizenry towards effective contribution to the nation's wealth and development. More than any other institution, the media have onerous task to play in matching and galvanizing the stakeholders in the up-hill task of departing from mere sloganeering to actual, effective and efficient implementation of health policies.

Theoretical Perspectives

The mass media have tremendous roles to play in government – the governed relationship. As an institution which remains a dual carriageway in the community communication process, the media through its agenda setting power make government policies matters for public concern. The importance of mass media in facilitating social cohesion that can facilitate workability of government policies cannot be overemphasized. This has been stressed by several scholars and researchers such as Schramm, Katz, Cohen, Mc Comb and Shaw. These scholars through various empirical studies have showcased how the media determine matters that become salient in the view of the public. X-raying the importance of the mass media in education and enlightenment, a sine qua non for policy success, Gambo (1988:8) avert thus:

The mass media of communication are social institutions that serve the society by gathering, writing, and distributing news of the day. They take their character from the nation's political, social and economic institutions, offering information and entertainment to general public. The mass media has the whole people as an audience and this fact more than anything else makes their social and strategic importance apparent in the country.

Apart from providing avenue for information about goings on the society, the role of the mass media as source of entertainment to the mass audience has placed it as people's trustee, not only in the information sourcing but in securing a release from drudgery. Therefore, it is not uncommon to see vital information being passed in entertainment mode or making media programmes and content a mixture of information, education and entertainment. These will facilitate efficiency of information dissemination unfathomable from other sources. The mass media can be powerful source of information provided to citizen at low cost. By being bundled with other information such as sport or entertainment news, many people may regard the acquisition of information not as a chore, but as a

pleasure, thus raising the general level of awareness about policy and public affair (Besley, Burgess and Prat 2002: 48).

Beyond bringing matters to the public domain, Akinfeleye (1988:51) views the roles of mass media in development from the social responsible institution serve as common carrier of ideas and information, particularly on development issues, give representative, unbiased and accurate picture of the goal aspiration and social-philosophical foundation of the society in which they operate. Therefore, it is within the ambit of the media to see that policy and not merely communicated but information is passed to the audience

Appraisal of Major Health Policy Issues in Nigeria

In this paper two major health policies in Nigeria are X-rayed and they are Primary Health Care (PHC) plan and the National Health Insurance Scheme (NHIS).

Primary Health Care

From 1946 when the constitution of the World Health Organization was signed, it has been recognized that the unequal development in different countries in the promotion of health and control of disease, especially communicable diseases, is a common danger. Considering the fact that the world has become a global village, the WHO sponsored various discussions and deliberations which dovetailed in the 1978 AlmaAta Declaration from where the slogan "Health for All By the Year 2000" evolved. This led to the nation's equivalent declaration tagged "National Health Care Delivery Declaration".

It will take another ten years for Nigeria to adopt a National Health policy with the goal of achieving a level of health that will enable all Nigerians to achieve socially and economically productive lives. The principal aim of the policy is to provide the Federal, State and Local Government health institutions and their functionaries, other health related –organizations including international agencies, and non-governmental organization, a formal framework for appropriate national direction in health development in Nigeria (FMOH, 1988: 1).

Prior to the launching of National Health Care Delivery Declaration, the Federal Government via the direction of a pragmatic minister for health, Late Professor Olikoye Ransome Kuti launched the Primary Health Care (PHC) plan, a health care system based on practical, scientifically sound and socially acceptable method and technology, made universally acceptable to individuals and families in the community through their full involvement and at the cost the community and the state can afford to maintain at every stage of their development, in the spirit of self reliance and self determination (FMOH, 1988:8). As the cornerstone of the health policy, the PHC plan has the following objectives:

- Accelerated health care personnel development
- Improve collection and monitoring of health data

- Ensured availability of essential drugs in all areas of the country
- implementation of an Expanded Programme on immunization
- improved nutrition throughout the country
- promotion of health awareness
- development of national family health programme
- wide spread promotion of Oral Rehydration Therapy (ORT) for treatment of diseases in infant and children.

Lofty as these goals are, they received minimal implementation efforts, especially from the government, either resulting from weak political leverage or inadequate diffusion of information. This is not however to say that the policy was a total failure. The Nigeria Health Watch, a web-based newsletter, was of the opinion that of all these (objectives), the immunization and family health seemed the most successful. Though there is no sanction on population policy, the availability of many contraceptive supplies in designated health facilities marked by diffused information assisted a lot. This buttresses the hypothesis that inadequate information and feeble political will are inimical to policy success.

Subsequently the slogan 'Health For All' was eventually trivialized by adapting it to other sectors, reiterating For All as seen in Education for All, House for All and even Wife and Husband for All. The year 2000 eventually was clothed magical garb, as the year when the line between the have and the have not, rich and poor, developed and developing nation and every other diametrically opposed body, will vanish or become seamless.

That year had came and gone and what we have eventually is a widening gap even when compared to the years hitherto. On the health plain, the 'Health for All produced the direct opposite "Health for None". The health centers which were referred to as mere consulting clinics by the military "redeemers" in their justification for their incursion into power, became death centers. In effect, Nigerians were at the mercy of God even in the event of mild health problem. Nigerian leaders in their usual characteristics were unbothered as foreign health institutions are at their beck and call. This lip servicing of laudable policy led to the minimal success of the Primary Healthcare plan. In effect, the National Health Care Delivery declaration was not able to deliver as there are glaring signs of its failure as articulate thus by Elebute (2000):

- The failure to curb or control malaria in the region
- The emergence of new pestilences such as the HIV/AIDS scourge and the threat of epidemics from such dangerous viruses as Lassa and Ebola.
- The resurgence of bacterial diseases such as tuberculosis, typhoid and cholera;
- Poor and deteriorating state of reproductive health;
- The increase prevalence of the so- called "diseases of progress"
- The disastrous health effects of civil and regional conflicts and wars of military rule.

National Health Insurance Policy (NHIS)

There is no gainsaying the fact that the goal of any government is to ensure a healthy citizenry by instituting policies that promote universal access to health care service through accessibility to health facilities (Lecky, 2005:5). The National Health Insurance Scheme (NHIS) seeks to facilitate universal accessibility to health facilities. NHIS was established by Decree 35 of 1999 with the following objectives as contained in Part II Section 5:

- ensure that every Nigerian has access to good health care services;
- protect families from the financial hardship of huge medical bills;
- limit the rise in the cost of health care services
- ensure equitable distribution of health care costs among different income groups
- maintain high standard of health care delivery services within the scheme
- ensure efficiency in health care services
- improve and harness private sector participation in the provision of health care services
- ensure adequate distribution of health facilities within the federation
- ensure equitable patronage of all level of health care;
- ensure availability of funds to health sector for improved services.

These objectives are laudable, but whether it will take us to heaven of health service is entirely another thing.

The concept of NHIS was first mooted in Nigeria in 1962 when a Bill on health insurance scheme was introduced to parliament in Lagos.

The bill was, however, opposed for reasons that included non-availability of many provider of quality health services which is one of the critical success factors for a national health insurance scheme. The concept re-emerged in the early 80's and the National Council on Health commissioned a study on the NHIS in 1984. The study report was approved by the federal Executives Council in 1989 with a directive to ministry of health to start NHIS in 1992.

The formal launching of NHIS was, however, not done until 1997. In spite of the launching, the enabling law for the implementation of NHIS, decree No 35 was not promulgated until 1999. Between 1999 and 2004, sporadic activities were undertaken, but the effective launch of the formal sector which was meant to start off the implementation of the scheme took place on Monday 6th June, 2005. In order to ensure that every Nigerian has access to good health care services, the NHIS has developed various programmes to cover different segments of the society. The programmes are formal sector health insurance programme, urban self-employment insurance programme, rural community insurance programme, permanently disabled health insurance programme, prison inmates' health insurance programme, tertiary institution and voluntary participants' health insurance programme, and Armed Forces, Police and other Uniformed Services insurance programme (Lecky, 2005:6).

The NHIS is the principle on which most medical care in advanced countries is provided. It worked on the principle of pulled resources and burden sharing, which remains the only means through which majority can access health care services in highly class-income-disparity environments like Nigeria. However, the workability of this scheme will remain a function of the public knowledge. This is where massive diffusion of information comes handy.

The 'Why' of Failing Health Policies

Critically examined, one will deduce from the objectives of the two aforementioned health policies that no nation can have it better. The big question however is: Why are the policies failing? The answers are not far fetched. Primarily, governance in Nigeria is based on the super structure that detached the leaders from the led, thus limiting the understanding of the worldview of the led. It is however instructive to know that development and growth of any nation is a function of forces of the pragmatism of the leaders and the soundness, in all ramifications, of the followers.

The gains inherent in sound health policy for every citizen is not limited to the wellness of individual citizen but also for effectiveness in contributing to the overall social, economical and political development of the community and the nation as a whole. For this reason, it is essential to subject the process of policy formulation to participatory approach where all stakeholders will be involved, thus facilitating ownership and interest. Therefore government should place in the fore the interest of the people for whom policy are crafted and not assume the knowing all stance, based on any interest that is close to the center of power. Government is supposed to act in the interests of citizen... (it) is not supposed to use its enormous powers to benefit its leaders or special interest at the expenses of the general public (Stightz, 2002:27).

Beyond oversimplification of the people's problem, governance in Nigeria has assumed a prebendal status, where rent seeking remains the order of the day. Also the political leadership is characterized by egocentrism, as funds allocated for projects that will have direct impacts on the generality of the people find their ways into the pockets of private individuals. It is disheartening that health projects that are critical to the wellbeing of the people are treated with cronyism ideology thus defeating the basic essence of such projects affecting the health status of the people.

The recent cancellation of National Primary Health Care Development Agency-championed local government health was alleged to be a reflection of lack of focus on the strategic health needs of the nation and the politicization of the health sector for pecuniary reasons. It is alleged that the recent merger of the lucrative donor-funded National Programme on Immunization with the National Primary Health Care Development Agency may not be unconnected with an attempt to corner this resources (Nigeria Health Watch, 28 August, 2007).

Another fundamental cause of sub-optimization of health policy is the poor information dissemination. Rather than leveraging on the power of the media to help diffuse information on health innovation, the policy makers are more interested on the political significance of the issue and needed only the hype not value inherent in the policy. To this end, much is mentioned in the media about health policies and issues but a few is assimilated by the concerned stakeholders. In addition, government more often than not politicizes health matter, for instance, it matters more to government to build more hospitals, even if they will not be functional.

Some governments embarked on utopian project of health center per electoral ward when it is not only practically impossible to equip, manage and sustain them but they are grossly understaffed. Little wonder those in government will always go abroad for mere treatment of common cold (catarrh) and simple dislocation, even after they have won several awards as the best this or that for the wonderful jobs they have accomplished on health as well as other health development projects. All these fanfare approach to health matters will never yield any dividend and the nation will no doubt be worse for it.

For example, the National Health Policy and Strategic (1988:4-5), taking a cue from the previous health policies as contained in the Post-independent National Development Plan, the 2nd National Development Plan (1970-1974) and the 3rd National Development Plan (1975-1980), identified the following key areas as the causes of ineffectual health policies:

- Inadequate coverage, with only an estimation of 30% of population having access.
- Inappropriate orientation leading to more emphasis on curative services at the detriment of the preventive services.
- Weakness in health services management resulting in waste and inefficiency
- Minimal involvement of the community at critical points in decision making resulting from lack of information making it impossible for the stakeholder to make rational choice.
- Lack of basic health statistics at all stages of planning, monitoring and evaluation of health services.
- Inadequate financial resources, especially to some priority areas,
- Defective infrastructure and logistic support resulting from poor maintenance.

A critical juxtaposition of these with the aforementioned cause of the failure of health policies will show a seamless agreement, thus depicting the lack of seriousness on the part of the policy makers to confront the health problems with the strategic intervention they deserved. It has been a kind of haphazard approach that will do nobody any good. For instance, at the inception of the Primary Health Care services, other tiers of health system face serious neglect leading to their

eventual collapse. The submission of Aworinde (2005:4-5) aptly captures the deterioration suffered by these tiers thus:

The secondary and tertiary health care were neglected while focusing on primary health Care and because of dwindling resources arising from the economic down turn in Nigeria, this led to deterioration and breakdown in infrastructure facilities in most tertiary institutions... The degradation in infrastructures in the tertiary health institutions affected very adversely training, research and clinical services in those institutions.

The big question is: what is the benefit of Primary Health Care service if it has existed to asphyxiate or make other tier moribund and ineffective? In a similar vein, the NHIS that has just taken off after several years of circumlocution must be adequately monitored if the best must come out of it. As at now only a few percentage of the population knows a novel project like that is on going. According to the Punch newspaper report on August 1, 2007, an estimated 2million Nigerians (mostly comprising of the members of organized sector) are enrolled, with 27 Health Management Organizations and about 5000 providers within the NHIS. This figure is not rosy considering the population of the country and the fact that majority is within the informal sector, residing in the rural areas. In effect, it will be essential to extend the safety catch to all and not make the NHIS elitist affairs as many foreign funded programmes had turned to in the past (Aliyu, 2002).

The media Remedy: A Participator Therapy

The Mass Media are plays a growing role in the lives of people around the world (James, Hoff, Davis, and Graham, 2005). Therefore government should facilitate information-saturated environment to optimize the implementation of health policies. Since the establishment of western medicine, which forms the cornerstone of Nigeria health system, (the first organized mass medium share the same antecedent), it follows that the two –mass media and health system share a natural affinity. Western medicine was not introduced into Nigeria until the 1860's when Sacred Heart Hospital was established by the Roman Catholic missionaries in Abeokuta (Health Countrystudies, 2000). In a similar vein, the first medium of mass communication in Nigeria, Iwe Irohin Fun Awon Egba... made its debut in Abeokuta in 1859 (Akinfeleye, 2003:12). This natural ordering call for natural integration, hence leveraging on the mass media to promote health policies is as natural as the nature itself. The role of the media can play in any development-oriented endeavor cannot be overstretched. On this onerous task of the media, Akinfeleye, (1988:49) has this to say:

Mass media are "terrible weapon" as such...their role as tools for national development should be of paramount importance to the politicians (military and civilians) and scholars alike because of the fact that the mass media can provide

understanding of different political, social, economic and cultural systems of the systems of the society. They can make events and ideas common knowledge. This undoubtedly is crucial in national development.

Other scholars of note have pontificated on the role of the mass media. Most relevant to this paper are those from the development communication perspective where diffusion of innovation and participatory paradigm of development communication have gained currency and importance. Given the fact that this paper was premised on information imperfection between the leaders and the led, one cannot discount the benefit accruable from working with the people, particularly those in the grassroots to get the best of health policies. The objective of development communication is to work with the individuals and communities at the grassroots so that they eventually may enter and participate meaningfully in the political and economic processes in their communities/societies (Melkote, 2003:142).

Therefore, in using the mass media to engender health policy effectiveness, the policy planners and makers should have a backward integration notion, where the recipients of the policy are given the opportunity to input into the policy. Mass media can come in when the atmosphere is set just as they did in the era of modernization paradigm as concludes by Melkote (2003:135):

Mass media were the vehicles for transferring new ideas and models from the west to the Third World and from urban areas to rural countryside. Importantly, they were entrusted with the task of preparing individuals in developing nations for a rapid social change by establishing a "climate of modernization."

Consideration must be given to the communication media and the communication approach to be used in relation with the audience level of literacy and position in the social rung. Only then can the mass media be optimally used for assisting participatory development, because "... the mass media are distinct indices of the participant society, sufficient motivation to share borrowed experiences and sufficient cash to consume the mediated product (Akinfeleye, 1988, pp.49-50 citing Daniel Lerner).

Radio and television medium and entertainment approach seem to be an appropriate mix. Radio has proven to be most appropriate medium to reach mass audience in low literacy environment with dwindling economic fortune of the citizens. In the view of Moemeka (1994: 126), "the part which radio plays in the transmission of information and culture is generally beyond question". In essence the intrinsic quality of the medium such as cheapness, ubiquity, portability etc makes radio a friendly medium of mass communication to the majority of people in the lower rung of economic ladder.

Though controversies abound on the effect of television in modeling viewers behaviours, cultivation theory argues that when people are exposed to a

constant set of messages, they incorporate information from their television viewing into their understanding of the world around them (Brodie, et al, 2005). When this theory is leveraged on, it follows that presenting health information via entertainment approach could affect their ideas about health related issues even when they are not seeking health related information from the programmes.

For the message approach, entertainment seems to act as multiplier for effective assimilation. Using entertainment formats such as dramas, puppet shows, dances operas, and song to promote ideas is an old tradition around the world and has been used with increasing frequency in development campaigns (Snyder, 2003:177). When this approach is well blended in the radio and television media, the effect resonates.

Aside choosing appropriate mix of media and strategy, the professionals in the mass media industry will have to do more beyond reporting. Research and investigative journalism come handy here.

Misappropriation and mismanagement of health funds amount to criminal decimation of population, the stewardship of health fund should be held sacred. We should begin to see beyond the jamboree of launching and commissioning of health programmes and projects and probe into the relevance these programmes and project to the attainment of optimal health and well being of the entire citizenry, especially at this period of global sponsored Millennium Development Goals campaign.

Conclusion

From the post-independent period to the current time, the commitment of government to sound health policy and system is still much in doubt, especially given the lack of patronage of the domestic health system by the leaders and their cronies. Like other aspects of our national life, health issues have become subject for political gerrymandering, even as the nation is seriously paying dearly for it. Many a policy aimed at enhancing the health values of the citizenry are mere political manipulation rather than with strategic intention. The fact that these policies are top-down products, in an atmosphere of information scarcity, often times weaken their potency. Hence this paper calls for demonstration of information, using the media of mass communication, and demystification of policy development through a participatory approach as a necessary condition for optimization of health policy.

References

Books

- Akinfeleye, R.A. (1988). *Media Policy: Tool for National Development*. In Akinfeleye, R.A, R. A. (Ed.) *Contemporary Issues in Mass Media for Development and National Security*. Lagos: Unimedia Publication Limited.

- Akinfeleye, R.A. (2003). *Fourth Estate of the Realm or Fourth Estate of the Wreck: Imperative of Social Responsibility of the Press*. Lagos: University of Lagos Press.
- Besley, T., Burgess, R. and Prat, A. (2002), *Mass Media and Political Accountability*. In World Bank Institute (ED.) *The Right to Tell: The role of Mass Media in Economic Development*. Washington: The World Bank.
- Gambo, M. (1988). *Role of Mass Media in Combating Crime in Nigeria*. In Akinfeleye, R.A, R. A. (ED.) *Contemporary Issues in Mass Media for Development and National Security*. Lagos: Unimedia Publication Limited.
- Melkote, S R. (2003). Theories of Development Communication. In Mody, B. (Ed.) *International and Development Communication: A 21st Century Perspective*. Thousand Oaks, CA.: Sage Publications, Inc
- Moemeka, A A. (1994). *Radio Strategy for Community Development: A Critical Analysis*. In Moemeka, A. A. (Ed.) *Communicating for Development: A pan-Disciplinary Perspective*. New York: State University of New York Press.
- Snyder, L. B. (2003). *Development Communication Campaign*. In Mody, B. (Ed.) *International and International and Development Communication: A 21st Century Perspective*. Thousand Oaks, CA>: Sage Publications, Inc.
- Stightz, J. (2002). *Transparency in Government*. In World Bank Institute (Ed.) *the Right to Tell: The Role of Mass Media in Economic Development*. Washington: The World Bank.

Papers

- Federal Ministry of Health A Lagos (1988). *The National Health Policy and Strategy to Achieve Health for All Nigeria*. Lagos: Federal Government Press.
- Aworinde, I. (2005). *Nigeria Health Care Services: Yesterday, Today and the expected Future*. A paper Delivered at Association of General Private Medical Practitioners of Nigeria Workshop on August 10th, 2005 at Airport Hotel, Ikeja, Lagos.
- Elebute, E A. (2000). *An Unfulfilled Dream*. Delivered at Annual Conference of West African College of Surgeon on February 26th, 2000 at Ghana.
- Lecky, M. M. (2005). Review of National Health policy and Strategies, *The Collapse and Inevitable Reform*. A paper presented at a Workshop on Running Successful Private Health Care Delivery in the Period of Economic Reforms and National Health Insurance Scheme on August 10th, 2005 at August 1st, 2007.

Web papers

- Aliyu, Z Y. (2002). *Policy Mapping for Establishing a National Emergency Health Policy for Nigeria* retrieved from www.pubmedcentral.nih.gov on 30/07/07
- Brodie, M et al (2005). *Communicating Information through Entertainment Media* retrieved from [www. Healthaffair/policy/journal/health sphere](http://www.Healthaffair/policy/journal/healthsphere)
- James, M., Hoff, T., Davis, J. & Graham, R. (2005). *Leveraging the Power of the Media to Combat HIV/AIDS* retrieve from [www.nigeriahealth affairs.com](http://www.nigeriahealthaffairs.com) on 16/07/07
- The Nigeria Health Watch (2007) retrieved from www.nigeriahealthwatch.com
- Health (2007) retrieved from www.countrystudies.com