

JOURNALISTS' ATTITUDE TOWARDS MATERNAL HEALTH EDUCATION BROADCAST ON RADIO IN OYO STATE, NIGERIA

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ABSTRACT

The study investigated journalists' attitude towards maternal health education (MHE) broadcast on radio in Oyo State, Nigeria. One hundred journalists were surveyed randomly from the federal, state and privately owned radio stations in Oyo state. Data were collected using structured questionnaires and analysed using frequency distribution, percentage, chi-square and t-test. Results showed that majority (54%) were males and within the age of 29- 30 years. They all have formal education with majority (72%) having work experience more than 5 years. Knowledge of maternal health was high (65%) and (52%) had favourable disposition to MHE. Constraints faced by journalist were lack of sponsors and lack of funds. Inferential statistics revealed that education ($\chi^2 = 9.55$, $p < 0.005$), radio stations ownership ($\chi^2 = 16.45$, $P < 0.005$) and programmes aired ($\chi^2 = 0.20$, $p < 0.005$) were significantly related to journalists' attitude to MHE broadcast on radio. Similarly, significant difference ($t = 29.15$, $p < 0.005$) exist between male and female journalists' attitude to MHE broadcast on radio. Proper education, gender main streaming and adequate funding are panacea to MHE broadcast on radio.

Key words: Journalist, Attitude, Maternal Health, Broadcast, Radio

INTRODUCTION

Nigeria has population of 140 million people with about 31 million women of child bearing age. (National Population Commission (NPC) 2006). Nigeria constitutes 1% of the world population and 10% of the world's Maternal and under-5 Mortality rates. Annually, 52,900 Nigerian women die from pregnancy related complications out of total 529,000 global maternal deaths. One out of every 13 women die from pregnancy and childbirth in Nigeria (compared with 1:5000 in developed nations); where about 40% of deliveries are being attended to by skilled attendants. The best estimates (due to high variation and controversy) suggest that about 54,000 Nigerian women and girls die each year due to pregnancy related issues, while 1,080,000 to 1,620,000 Nigerian women and girls suffer from disabilities caused by complications during pregnancy and childbirth each year (WHO/UNICEF/UNFPA 1995)

At a WHO conference in 2005, it was agreed that Nigeria should explore opportunities for

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adopting the 5 identified quick wins for Maternal Mortality Ratio reduction; Establishment of Ministerial forum on Maternal, New-born and Child Health (MNCH): Deployment of two youth corps doctors and at least five midwives [newly qualified basic and post basic midwives] to each of the 774 LGAs in the country: Accelerate promotion of key family practices to create demand and develop advocacy messages towards improving MNCH: Institutionalize outreach services to address MNCH: Ensure universal access to effective family planning information and services to all Nigerians (WHO 2005)

Some factors responsible for the insignificant progress made in reducing this mortality rate include disparity between accesses, care received, service capacity, policy supporting safe motherhood in rural areas and urban centre. [Mid Point Assessment Overview, MDGs Nigeria Sept 2008]. This gap can be bridged by the use of media which is an efficient and less expensive method of informing and influencing people. There is, however, a shortage of media

specialists in developing countries; especially those associated with MHE related programmes (Stuart 1993a). The incorporation of these specialists will lead to women rejecting traditional health practices for professional antenatal care. Popular entertainment such as dance, drama and music on radio can also be used creatively. The media can also set the pace of public discussion and influence public policy on maternal health education.

Reaching the unreached through this mass media can be guaranteed because most homes have access to at least one medium of information (especially radio). For example, it was discovered that 62% of rural and 85% of urban households have radio receivers while majority of the people in rural areas are medically underserved and thus depend on the radio as their main source of health information (Women's Health and Action Research Centre, 2004).

METHODOLOGY

Area of study: The area of study was Oyo state, Nigeria. Its capital is Ibadan and has 33 local government areas. It is located in the South-Western part of Nigeria. Oyo State was created out of the former Western State by Federal Military Government on the 3rd of February, 1976. It lies between latitude 7^o and 9^o3 of the equator and between longitude 2.5^o and 5^oE of the prime meridian. It covers a total area of about 27,249 km²; it is bounded in the north, south, east and west by Kwara State, Osun State, Ogun State and partly by the Republic of Benin respectively. Oyo state has a population of 5,591,589 people (NPC 2006).

Multistage random sampling technique was used. The radio stations in the state which include; Splash FM, Diamond FM, Premier FM, Amuludun FM, Ajilete FM, OkeOgun FM, Oluyole FM, FRCN Ibadan (RN1) AM, BCOS Radio1(Saki), BCOS Radio1 and (Ogbomosho) FM. were stratified according to their ownership – Federal, state and privately owned. Random sampling technique was used to select one

radio station each from federal, state and privately owned while a list of journalists was compiled from the selected radio stations and probability proportional sample to size method was used to select the journalists for the study. This includes 46 journalists from Premier FM, 8 from Splash FM and 46 from BCOS radio to give one hundred journalists used for the survey.

Primary data were obtained through the use of structured questionnaire which contain open and closed ended questions. Descriptive and inferential statistics were used to analyse the data.

RESULTS AND DISCUSSION

Personal Characteristics of Respondents: Majority of the respondents are still in active age group with 27% being between 15-25; 44% being between 26-35; 23% between 36-45 and 6% between 46-55. This implies that they will be able to carry out their work effectively and thus improve their efficiency. Skirrbekk (2003) cites some studies which show that the differences between age groups are larger in cross-section studies than in longitudinal studies. It implies that young journalists will likely campaign more for an improved maternal health education through radio.

There were more male journalists (54%) than female journalists (46%) in the study area. This implies that male attitudes towards maternal health education broadcast may be affected because of the natural instinct associated with maternal health wherein the subject is consented to motherhood affair. Lack of male involvement in HIV programmes is a major bottleneck to effective programme implementation (Horizons Programme Report 2002).

Religion has variable pattern of association with service utilization, with significant association in some settings but not in some others. Note that roles differ across geographic and social setting and the determinants of maternal

health care service utilization vary across and within cultures (Gyimah et al 2006). Hence, 98% of the respondents were either Christians or Muslims. Majority (41%) of the respondents were married. This will enhance greater interest and anticipation in MHE broadcast as well as improving their participation and effectiveness in broadcast. Hence, there is prospect for MHE broadcast to thrive in an environment where we have more married journalists.

Also, all of the respondents have one form of education or the other, where 14% had OND, 26% had HND, 37% had BSc and 22% had M.Sc. This implies that majority of the respondents can comfortably harness information on maternal health education. Ensor and Cooper, (2004) also said that better education can lead to general improvement of literacy and health knowledge, increased desire for, and use of health services. Kessler (1991) finds that family size is both a statistical and economical determinant of women's employment status. Angrist and Evans (1998) estimated the impact of childbearing on women's labour supply; more children would lead to a reduction in mother's labour supply and this reduction is more likely to be severe for poor and less educated women. It implies that respondents with more children (60%) have more roles to play to ensure better service delivery in media house, even when they have passion for maternal health broadcast because of experience of parenthood, their social roles at the home might be an hindrance to perform well.

Result reveals that majority of the respondents were into news and current affairs (45%). Unemployment rate in Nigeria is still very high making the people who build career around area of specialization in schools very small. Hence, they stick to any job they find. Likewise, most of the people working in the media house surveyed were not professional journalist but rather gain their expertise on the job. It implies that, efficiency and professionalism may likely drop because more often than not lack of employment is what drove many into journal-

ism. More than half of the respondents had 1-5 years working experience. This gives an indication that their experience on the job may likely boost interest in the subject matter.

Distribution of Health Related Broadcast on Radio: The distribution of health broadcast on a daily, weekly and monthly bases are 26%, 67% and 7% respectively. Recently in Nepal, a study was done and was designed to include distance education for Female Community Health Volunteers (FCHVs) and drama serials for the general public in collaboration with the National Health Education, Information and Communication Centre. Based on annual FCHV surveys, the proportion of FCHVs that listened to the distance education radio program at least once in the six weeks prior to the survey increased from 57% in 2004 to 83% in 2005 to 87% in 2006. While 26% and 20% of men and women respectively between the ages of 15-59 were exposed to the drama serial 'GyanNai Shakti Ho'. Hence the proportion of exposure was higher in areas where radios had been distributed, as this increase in exposure appears to correlate with the timing of radio distributions to FCHVs. Therefore, the frequency of programme broadcast can influence listenership and then a change in desire health outcome.

Respondents' knowledge of maternal health education

Knowledge Scores: Mean knowledge score as shown in table 3 for the 13 questions on knowledge of maternal health. The mean score was 14.21 (+2.1). Mean and above is considered to be high knowledge, while below mean is low knowledge. Majority of the journalists surveyed had never received any formal training on maternal health. Some of the respondents knew the necessities of seeking antenatal care but majority didn't know first care-seeking that should be done within the first trimester of pregnancy as well as handling possible urgent problems at home.

Almost 24% of them didn't know correct actions after amniotic fluid breaks.

Table 1: Distribution of Respondents According to Their Personal Characteristics

Variables	Fre- quency (N= 100)	Variables	Fre- quency (N= 100)
Age		Family size	
15-25	27	1-3	34
26-35	44	4-6	60
36-45	23	7-9	6
46-55	6	Year of Experience	
Sex		1-5	72
Male	54	6-10	15
Female	46	11-15	5
Religion		16-20	7
Christianity	73	21-25	1
Islam	25	Area Of Specialization	
Marital status		News and current affairs	45
Single	54	Sports	7
Married	41	News editors	16
Divorced	5	Programmer/Computer analyst	6
Educational level		Presenter/ producer	10
Secondary	1	Marketing	10
OND	14	Engineering	6
HND	26	Family size	
B.Sc.	37	1-3	34
M.Sc.	22	4-6	60
Family size		7-9	6
1-3	34	Year of Experience	
4-6	60	1-5	72
7-9	6	6-10	15
Year of Experience		11-15	5
1-5	72	16-20	7
6-10	15	21-25	1
11-15	5	Area of Specialization	
16-20	7	News and current affairs	45
21-25	1	Sports	7
		News editors	16
		Programmer/Computer analyst	6
		Presenter/ producer	10
		Marketing	10
		Engineering	6

Table 2: Frequency Distribution of Health Related Broadcast on Radio

Frequency of broadcast	Frequency (N=100)	Percentage
Daily	26	26.0
Weekly	67	67.0
Monthly	7	7.0

For the test of knowledge, more respondents had a low knowledge (60%) while only 40% had high knowledge of MHE. Some selected personal characteristics were found to influence the knowledge of MHE. This includes years of experience and education. It is expected that educated women are more likely to be aware of their health status and seek health knowledge as well as a greater decision making power on health related matters. Ohnishi, Nakamura and Takano (2005), in a study conducted in Paraguay reported that MHE knowledge would be improved with wide application of community-based antenatal care programme to meet the needs of those who are functionally illiterate. It is obvious that women with least knowledge on maternal health would be the one who had least access to maternal care services.

Respondents' attitude on maternal health

Table 3: Distribution of respondents according to knowledge scores

Knowledge scores	Frequency (n=100)	Percentage
5-10	3	3.0
11-15	65	65.0
16-20	32	32.0

education (MHE): Table 4 reveals that virtually all agreed that journalist have an important role to play in reducing maternal mortality and thereby increasing the need for MHE. On the whole journalist had a mean score of 59.0 (+2.1). Mean and above is considered to be high knowledge, while below mean is low knowledge. The positive attitude exhibited by the journalists is a pointer for opportunity to channel maternal education through radio and consequently improves the level of women educa-

tion on maternal health. Education, the most critical determinant of woman health, means women benefit through increased knowledge to protect health and seek proper health care. This effect will transcend generations. In addition, education for women and girls results in better health, education and welfare outcomes for children and families. Female literacy rate is a strong predictor of maternal mortality rate (State of the world's children, 2004).

Constraint to maternal health education (MHE) broadcast on radio: The major con-

Table 4: Respondents' attitude to maternal health education

Attitude	Frequency(n=100)	Percentage	mean score
38 – 49	18	18.0	59.0
50 – 60	37	37.0	
61 – 70	35	35.0	
71 – 91	10	10.0	

straints being faced by respondents were lack of sponsors (43%), lack of in-house experts on maternal health broadcast (26%) and Cost of broadcasting health related issues (26%). As a result of this, only programmes with sponsors are settled for by radio stations, hence, affecting journalists' attitude negatively on the long run. Generally, developing countries alike, there is little investment in ICTs (radio inclusive) for health making most media houses largely depend on sponsors for health related programmes. It is this view that WHO (2004) makes the point that technologies must be 'integrated into health services that meet basic needs' if they are to be considered to be essential investments.

There is a significant relationship between educational achievement of respondents and attitudes towards MHE broadcast on radio ($\chi^2 = 0.190, p < 0.05$) (Table 5). Education is one of many indices of socioeconomic variable that has strong positive relationship between infant and child mortality. This is not limited to mother education alone but also applicable to maternal education training for journalist. All

the respondents had one form of education or the other. This will enhance training in maternal health education for better utilization and delivery of maternal health messages on radio for women of child bearing age. Table 5 shows that there is a significant relationship between radio stations ownership and attitudes towards maternal health education broadcast on radio. ($\chi^2 = 16.453, p < 0.05$). There are a number of factors that can be associated with radio station ownership, this include funding, flexibility in radio programmes, career prospect, staff motivation and remuneration. Federal radio establishment in Nigeria are better remunerated than state and privately owned radio station. This in a way can affect attitude to delivery not only in maternal health but in other assigned duties.

Table 5: Chi Square Result on the Relationship between Educations, Radio Station , Ownership and

Variable	χ^2 value	Df	p value	Decision
Education	9.553	5	0.19	S
Radio station	16.453	2	0.000	S

Difference between the attitudes of male and female journalist: There is significant difference between the attitudes of male and female journalist in the study area ($t = 29.147, p = 0.000$) (Table 6).

Male-female differences in health vary in magnitude across different health conditions. Some health conditions are determined primarily by biological sex differences. Others are the result of how societies socialize women and men into gender roles supported by norms about masculinity and femininity, and power relations that accord privileges to men, but which adversely affect the health of both women and men. Where biological sex differences interact with social determinants to define different needs for women and men in health, policy efforts must address these different needs.

CONCLUSIONS

We conclude that radio station ownership is significantly related to journalists' attitudes to

Table 6: Difference between the attitudes of male and female journalist in the study area

Variables	Df	t- value	P – value	Decision
Attitude	99	29.147	.000	Significant

MHE broadcast on radio. Observed a positive relationship between education and journalists' attitudes to MHE education broadcast on radio. The major constraint to maternal health broadcast on radio is lack of sponsorship for MHE programs. Lastly, respondents had a favourably attitude to MHE. We recommend that workshop on gender main streaming should be organized for the journalist to promote image and attitude towards MHE broadcast on radio. There should be an adequate funding of MHE programmes by government and non- governmental agencies.

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