



THE MASS MEDIA AND BEHAVIOURAL CHANGE: LESSONS FROM FAMILY PLANNING AND HEALTH COMMUNICATION CAMPAIGNS IN NIGERIA.

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ABSTRACT

The paper is a critical analysis of the role of the mass media in the process of attitude and behavioural change with particular reference to Health communication campaign in Nigeria. The thesis of the paper is that the mass media have always played a major part in influencing behavioural change even though this process is dependent on the influence of several integrated impacts from all aspect of communication. In other words, while we accept the place of other forms of communication such as interpersonal communication in influencing behavioural change, and the fact that it is an integrated efforts from all the forms of communication that ultimately influences behavioural change, we cannot but establish that the mass media impact exist in all of these4 contexts. The paper first establishes the pervasiveness and influence of the mass media in our lives and then situates the discourse within the behavioural change theories and literature, after which discussion on the lessons that can be drawn from various health communication campaigns are highlighted. Conclusions reached are that the mass media have a role to play in behavioural change communication and that indeed this assertion had been proven by several research findings and that some lessons are available from health campaigns from the country, Nigeria.

KEY WORDS : mass media, behavioural change, family planning, health communication

INTRODUCTION

The media are pervasive in any modern society. From the moment we wake up in the morning until the time we go to bed at night, the media are waiting to keep us company as they provide for us news and other useful information that helps shape our private worlds and our realities. Biagi (2003: 19 – 23) estimates that adults spend more than half their working hours with the media, more time than they spend sleeping or working. During the day, the average person spends more time with the media than without them. Thus, the mass media touch nearly every one of us everyday, socially and culturally. The mass media can affect the way we think about issues around us and they can influence what we think about and the way we eat, talk, work, study and relax. This is the impact of mass media on the society.

Altschull (1995) supports the idea of the mass media's large presence and influence in our lives. He offers that the mass media have a role as a political force and as an instrument for public education, and above all as an agent of power, politics, and of commerce. Baran (2004) examines mass media and culture and identifies two aspects of mass media influence – the micro and macro levels of mass media effect. Baran further explains that media have relatively few direct effects on people at the micro level but much more impact at the cultural or macro level. It is believed that the mass media have much impact as they influence cultural climate of the society, that is, the macro level.

Hanson (2005) says that media influence can take a variety of forms – cognitive, attitudinal, behavioural and psychological. Cognitive effect is short-term learning of information gathered from the media, attitudinal effect is the feeling generated about something on the basis of media content, behavioural effect includes action due to the influence of media content, and psychological effect is the fact that mass media content can inspire fear, joy, revulsion, happiness or amusement.

Bitner (1989) and Dominick (1999) establish that the mass media influence and effects operate within a complex social context in

which messages are affected by the attitudes of the various gatekeepers and audience response in turn is affected by social context. The way people react to the mass media is partially self determined and the group people associate with influence how they respond to media content.

THEORETICAL FRAMEWORK

The main theoretical paradigm for behavioural change communication views it as a process that individuals go through as they exchange information and as they interpret and react to different messages.

Various models for this process have been developed in different fields. In the late 1940s Hovland and colleagues developed the first mass media impact model, which describes the change process as a hierarchy, leading from cognition to affection and then to action for behavioural.

Generally, the theories of behavioural change communication explain the change in behavioural as a gradual step-by-step process often represented in some form of a hierarchical sequence. Piotrow and colleagues (1997: 22 – 23) have identified five major types of theories relevant to behavioural change communication:

1. Stage/Step Theories: Diffusion off Innovation Theory by B. Ryan and N. Gross 1943. which describes the process we go through when adopting a new idea or technology the input/output persuasion model by W. J. McGuire, 1969, emphasizes the hierarchy of communication effects and explains how various aspects of communication influence the behavioural change; stage of change theory, by J.O Prochaska and colleagues, 1992, which explains the psychological processes that people undergo and stages they reach as they adopt new behaviour.

2. Cognitive Theories: theories of reasoned action by M. Fishein and I. Ajzen, 1975, explains that adoption of behaviour is dependent on factors such as intent, attitude, and social norms, social learning theory, by A. Bandura, 19077, says that people imitate or are

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motivated to imitate attractive characters depicted in the media and thereby adopt new behaviour.

3. Social Process Theories: social influence, social comparison and convergence theories, which explain that people's perception and behaviour, are influenced by the perceptions of the social groups they belong to.

4. Emotional Response Theories: these propose that emotional response precedes and conditions cognitive and attitudinal effects. This implies that highly emotional message in entertainment are more likely to influence behavioural change than messages that are low in emotional content.

5. Mass Media Theories: cultivation theory, this proposes that the mass media define people's reality such that what the media say is normal may be perceived as normal in reality. The theory was propounded by George Gerbner, 1973 & 1980. Gerbner says there is social legitimization of reality as reality depicted in the media. All these theories explain in diverse aspects that individuals and groups progress from awareness and knowledge of new information to behaviour change based on what has been communicated to them over time.

LESSONS FROM FAMILY PLANNING AND HEALTH CAMPAIGNS

The behavioural change theories have provided a useful framework for the various health campaigns in the country as is the case everywhere else in the world. It is generally accepted today that in the process of accepting or adopting a new behaviour, an individual passes through several stages – exposure, attention, attraction to the message, comprehension, knowledge, favourable attitudes, retention, motivation, decision, skills acquisitions to the new idea. Behaviour decided – after which the new behaviour needed reinforcement and consolidation (NIJ/JHU, IHPC Manual, 2000: 47 – 49)

Moemeka, quoting Schramm (2000: 133) says concerning the mass media imperative in this context: 'an efficient use of mass media for economic and social development implies that they should be as local possible. Their programmes should originate no further than necessary from their audience; the programmes should be prepared by persons who understand the culture to which they are speaking, and means should be available for the audience to report back to the media.

The above is essentially the main lesson concerning the place of the mass media in behavioural change communication. That is, the media are most powerful as agents of behavioural change when they are localized in planning, programming and message content and presentation.

Moemeka (2000: 140) further supports the contention that the success of the mass media in behavioural change communication greatly hinges on the ability and willingness to create for the people, access to the media, and to induce the people's physical participation in the behavioural change communication process.

This view is also supported by the democratic-participation media theory as propounded by Dennis McQuail. Democratic-participant theory advocates media support for cultural pluralism at the grassroot level. Media are to be used to stimulate and empower pluralistic groups. (McQuail, 2000; Baran and Davis, 2003).

This is one of the most important lessons to learn from the family planning and other health campaigns in Nigeria. All these campaigns have involved the people – the local people in the management and implementation of the media initiatives. For example, the Planned Parenthood Federation of Nigeria, in 1992, when it was embarking on family planning campaign using a series of broadcast public service announcement encouraging couples to visit family planning clinics, selected and negotiated contracts with

17 radio and 18 television stations throughout the country for more than 8,000 broadcasts. It also involved local project officers as well as other stakeholders such as religious bodies, local chiefs, grassroot association and local entertainers and artists. (Piotrow et al, 1997: 121 - 122)

Another important lesson is that of identifying and choosing the 'right' media. This is an important issue because on it depends whether or not the target audience are reached with the media content relevant to behavioural change.

The three most popular mass media have been newspaper and posters/billboards, radio and television. Newspaper, posters and billboards have an enduring nature which neither radio nor television has; radio tends to be the most pervasive, especially in the rural areas, and can overcome the illiteracy barriers. Radio is a populist medium and it also has some kind of a personal touch to message content and delivery, even though message is rather transient. Television has a versatility based on the communication of sound and images but has not achieved the wide reach of radio. The mass media have been most extensively utilized during the mobilization stages but used a little less during the confirmation and implementation stages and much lesser at the consolidation stages.

At the latter two stages, the role of interpersonal communication and other types of mass media such as music recordings, drama, and theatre, talk programmes, features and documentaries are relatively pronounced. The third major lesson concerns the multi-farious nature of behavioural change communication and points to the necessary for a multi-media strategy. It is really the integrated communication efforts that extend beyond the mass media that ultimately brings the synergy that has made family planning campaign most effective. For example, the relatively small 1993 mother-care campaign to reduce mortality in Bauchi State which lasted six months used a multi-media strategy as is the case with every other health campaigns – polio, malaria, HIV/AIDS, breastfeeding, oral dehydration, and immunization and so on. For this campaign, programme managers had to coordinate:

- Distribution of 40,000 posters pamphlets, counselling materials for midwives, 500 pieces of promotional dress fabric, and 500 T-Shirt;
- A rally to launch the project;
- Mobilization activities – group talks, drama performance, and distribution of print materials – in 15 communities; and
- Broadcast of 446 radio spots, 26 episodes of a radio drama, 13 radio discussion programmes, 13 episodes of a radio talk show, 13 episodes of a television drama, and 8 television discussion programmes.

Just before the launch, managers also were responsible for:

- An orientation workshop for representatives from non-governmental organizations and the mass media seminar to introduce village leaders to the project; and
- The training of 92 midwives, 240 birth attendants, 30 community health education workers, and 30 health educators.

The breakdown above illustrates the integrated and complex nature of behavioural change campaign and the utilization of various types of communication channels in addition to the mass media typical in Nigeria.

CONCLUSION

Communication, especially mass communication, is central to our existence and the utilization of the mass media, vital to our day-to-day activities. The mass media have been used for behavioural change communication and found to be effective even though they are always integrated with other forms of communication for effectiveness (Akinfeleye, 1989:33 – 42).

The role and effectiveness of the mass media have been of considerable debate, and by the early 1970s the idea that the media could have a direct effect of behavioural change had diminished in communication theory and scholarship, resulting in a limited effects paradigm. By and large, the accepted views of mass media was that they are effective for increasing awareness and establishing knowledge but that only interpersonal communication can persuade or motivate behaviour change. In recent times, mass media theory and scholarship may be coming back to the proposition that the media have more powerful effects. One of the theories to propose a powerful media effect today is Noelle-Neumann's (1993) spiral of silence theory of opinion formation. It assumes a legitimization effect of the mass media.

About the same time, Katz, Blumner, and Gurevitch proposed the uses of gratifications approach to mass media which says the audience is active in the communication process. Also, Ball-Rokeach and Defleur developed a dependency theory of mass media that specified a three-way interaction among audiences, media and the larger society. All of these more contemporary theories are re-introducing the notion of a powerful media but also an active rather than passive audience. (Baran and Davis, 2003; McQuail, 2000; Piotrow et al, 1997)

However, whichever way we look at this situation, the effect of the mass media in behavioural change has been confirmed. What is debatable is how much such effect has been. Another conclusion is that the mass media can be used for information, education and communication even when they are vehicles of entertainment. In the family planning campaigns, the concept of 'enter-educate' in which the media utilize entertainment to educate the audience has been established. Even, in Nigeria the family planning campaign used a recording of the juju artiste Sunny Ade and Onyeka Onwenu, 'Choices' to reinforce the use of contraceptives and other such devices for child spacing and family planning successfully.

Finally, there are important reasons to give the mass media important place in behavioural change communication. First, in many countries, survey result indicates that the general public considers the mass media to be a major source of new ideas. Second, popular media reach many more people than other forms of communication. Third, mass media as agents of health communication advocacy has proven to be cost effective. Fourth, policy makers and community leaders are more likely to be supportive if media coverage is favourable, because they believe mass media reflect public opinion. In this wise, three ways to work with the mass media are recommended: public information, public relations, and influencing entertainment programmes.

In our study 46.6% (28/60) patients were found to be obese and 38.3% (23/60) were found to be overweight. Thus total of 84.9% (51/60) patients had BMI >25. 9 (15%) patients were found to have BMI <25. Lee in (1989) demonstrated in his study that 69% patients with NASH were obese [4]. Bacon et al (1994) in their study that 39% patients of NASH were obese [5]. Angulo et al (1999) found in their study that 60% of patients with NASH were obese [6].

In our study 50% (30/60) patients were found to be hyperlipidemic. Out of 30, 16 patients had raised VLDL, 9 patients had raised triglycerides and 5 patients had raised both VLDL and triglycerides. Ludwig et al (1980) in their study found that 67% of patients of NASH were hyperlipidemic [7]. Diehl et al (1988) in their study found that 20% of patients of NASH were hyperlipidemic [8] whereas Bacon et al (1994) in their study found 21% of patients of NASH to be hyperlipidemic [5]. Angulo et al (1999) demonstrated that 27% patients of NASH were hyperlipidemic [6].

In our study of 38.3% (23/60) patients were found to be diabetic. Ludwig et al (1980) found 50% of patients of NASH to be diabetic [7]. In the study conducted by Powell et al (1990), 36% of patients of NASH were found to be diabetic [8]. Bacon et al (1994)

demonstrated that 21% of patients were diabetic [5]. Angulo et al (1999) found 28% of patients of NASH to be diabetic [6].

Out of 60 patients only 16 patients followed regularly and remained under close supervision, they were asked to cut down the intake of fats and avoid red meat. They were asked for daily brisk walking for one hour each in the morning and evening. 56 patients were put on vitamin E 800 IU/day. 4 patients were put on metformin 500mg/day. But the patients put on metformin left the study on their own because they were told by someone that metformin is used to decrease blood sugar. All patients were asked for regular follow up but only 16 patients completed study. They were evaluated at the end of six months and it was found that there was marked symptomatic and biochemical improvement.

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