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Media Agenda-setting on Health Issues during the 2007 Nigerian Election Campaigns

Introduction

The environment for communication about health changes significantly during special occasions. The change is caused by the myriads of other public interest issues like politics, economics, power supply, fuel supply, education, crime, natural disasters, sports and others. Besides, health issues alone are becoming highly complex and prodigious, constituting a challenge for press coverage. The expansion of health issues on the public agenda increase competition for people's time and attention. At the same time, people have ample opportunities to select information, based on their personal interests and needs.

Odukomaiya's previous studies in this area, Odukomaiya (2003) and Odukomaiya (2004), document the usual areas of media focus, which are government affairs and politics. The 2004 study, page 26 in particular, ended up with a conclusion that is very relevant to the design of this current study, in the following terms:

In future, a study like this should not lump together a category such as 'non-political issues'. The category should be broken down into narrow issues such as

government affairs, education affairs, health affairs, natural disasters, war; and others. By so doing, a study may be specific on the area of media focus.

The commercial interests of the media, of course, influence what the media present to the public. This constitutes a challenge to health issues in getting coverage in the media, especially during special seasons when events that focus on topics such as sports and politics take place. It is against this backdrop that this paper tries to examine how much attention was given to health issues during the Nigerian 2007 elections.

Health Communication

Health communication encompasses the use of communication strategies to inform the public about the need for health improvement. It links the domains of communication and health and is increasingly recognised as a necessary element in efforts to improve personal and public health (National Cancer Institute (NCI) 1989).

Health communication can help raise awareness of health risks and solutions for individuals; as well as provide the motivation and knowledge needed to reduce these risks. It helps people to find support from other people in similar situations and affects or reinforces attitudes. Also, it can increase demand for appropriate health services and decrease demand for inappropriate health products. It can provide information which can assist in making complex choices, such as selecting health plans, care providers and treatment.

For communities, health communication can be to encourage public health, to advocate for policies and programmes, to promote positive changes in the socio-economic and physical environments, and to improve the delivery of public health and health-care services as well as encourage social norms that benefit health and quality of life (Piotrow, Kincaid and Rimon, 1997).

The practice of health communication has contributed to health promotion and disease prevention in several areas. As observed by

Jackson and Duffy (1998), one of such areas is the improvement of interpersonal and group interactions in clinical situations (for example, between provider-patient, provider-provider, and among members of a health-care team) through the training of health professionals and patients in effective communication skills.

Another area is the dissemination of health messages through public education campaigns that seek to change the social climate so as to encourage healthy behaviour, create awareness, change attitudes, and motivate individuals to adopt recommended behaviour (Maibach and Parrott, 1995). Health campaigns have relied on mass communication such as public service announcements on billboards, radio, television and educational messages in printed materials such as pamphlets, handbills; and others to deliver messages to the targeted audience. Other campaigns have integrated mass media in community-based programmes. Many campaigns have used social marketing techniques.

The role of communication to health improvement is based on the agenda-setting theory of the media. The agenda-setting theory describes the process by which the media leads the public to ascribe importance to issues. As Cohen (1963:13) puts it:

The press may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about. And it follows from this that the world looks different to different people, depending not only on their interests, but also on the map that is drawn for them by the writers, editors and publishers of the papers they read.

Cohen (1963) actually stresses the power of media in setting agenda for a particular issue and making it an issue that occupies public attention and interest. In other words, while the press may not be able to influence the thinking of the public in a particular direction, it does bring certain issues to the public's attention and such issues become subjects of thought and debate. The idea, thus, is that the press has the ability to bring health issues to the public's attention and make the public to be preoccupied with them. Consequently through reasoning

and debate, the public members are able to influence one another's opinions and make informed decisions based on sound reasoning.

As contained in Folarin (2006), the elements involved in agenda setting include:

- i. the quantity or frequency of reporting by the media;
- ii. prominence given to the reporting. The degree of the conflict generated in the reports; and
- iii. cumulative media-specific effects over time.

From this theory's perspective, the media should then be able to set agenda for health issues or the rights of children by assigning relative importance to them through frequency of reporting, the prominence given to such reports and the conflict generated in them.

Health, Human and National Development

The need for the press to set an agenda for health cannot be overstressed. Health as a development issue, has great consequences on the overall development of a nation. The centrality of health to development was brought to the fore at the World Summit on Sustainable Development (WSSD) held in 2005 in Johannesburg, South Africa. It was stressed that health is a resource for, and an indicator of, sustainable development. This is because human beings are at the centre of concerns for sustainable development and are entitled to a healthy and productive life in harmony with nature (Von Schirnding, 2005). At the WSSD, there was a great emphasis on the development sectors, and health was singled out by the UN Secretary-General as one of the five priority issues. A key message in the wide-ranging health agenda at WSSD was that sustainable development cannot be achieved where there is a high prevalence of debilitating illnesses and the health of the population cannot be maintained without a healthy environment. It was emphasised that ill-health creates and perpetuates poverty, triggering a vicious cycle which hampers economic and social development. Many countries continue to see their efforts on development hampered by the burden of communicable diseases

and they are also faced with the rising incidence of non-communicable diseases (NCDs). This rapid rise of NCDs also threatens economic social development and they contribute a big challenge to fundamental development in any country.

Thus, health is far more central to poverty reduction than previously thought and this realisation is now beginning to shape national and global policies. The importance of health to development thus makes it essential for the media to act as a catalyst to enhance health improvement by providing adequate and useful reports. As noted by Chapman and Lapton (1994), the media, by creating public issues out of events can force regulatory agencies to action simply out of concern for their public image. In other words, the consistent presentation of certain issues would prevail on regulatory agencies to take their responsibilities seriously and act in the public interest. The news media attention to a health issue can also result in funding being made easily available for research in that area.

Not many lay people have access to or read public health journals, policy statements, or attend scientific conferences. The news media are therefore vital in mediating between specialised fora for the dissemination of medical and public health research and the wider public. News media coverage is integral in shaping public perceptions of risk especially when people have little first-hand experience of an issue or when the event is dramatic and unexpected, calling into question the practices of everyday life.

Characteristics of the Report of the Mass Media on Health

Chapman and Lapton (1994) give a summary of characteristics displayed by news media reports on health and medical issues:

- i. regardless of degree of severity or prevalence, some health issues receive more attention than others;
- ii. the news media tend to distort information, favouring extreme views over more moderate views;
- iii. health risks are often not placed in perspective against other risks of life;

- iv. media coverage of health risks and treatment is often contradictory and confusing for the audience; for example, immunisation might be reported in highly positive terms in one week, then with suspicion in another;
- v. coverage of risks gives a broad view but often does not report on the reliability of the information, or gives more detailed information about the extent to which health risks might affect the audience;
- vi. as a consequence, coverage of health risks tends to invite panic, but does not provide enough details to enable people to understand their own risks;
- vii. coverage often focuses on the dramatic aspect of stories, such as biomedical treatment, rather than ways of preventing illness.

Health Reportage in Africa

Integrated Regional Information Networks, (IRIN,2007) notes that media coverage of health issues in sub-Saharan Africa has been inadequate in terms of both content and quantity. For example, journalists in Botswana, Cameroon, Kenya, Malawi and Senegal relied heavily on policy pronouncements by government officials rather than reporting on the realities of, for example, HIV/AIDS stigma. Besides, there was also a lack of coherent policies on sustaining coverage of health issues.

Although articles about HIV/AIDS dominated health coverage in all five countries, the frequency of health articles was inadequate. In Senegal, health stories accounted for only 2 per cent of media coverage; in Botswana, where 37.3 per cent of the country is estimated to be HIV-positive, health-related stories ranged from 10 per cent of all coverage in the daily newspapers to less than 1% in the weeklies. It was further stated that though the media have incredible power to help Africa come to grips with the challenges of HIV/AIDS, TB and malaria, but findings have demonstrated a lack of effectiveness in the media.

Research Design

Two national newspapers (*The Guardian* and *The Punch*) were randomly selected for content analysis during the last four months

(January to April) of campaign and elections in Nigeria in 2007. Although the study mainly attempted to find out the amount of health issues mentioned in the newspapers during an election period, for the purpose of comparison, the frequency of mention of political issues was also examined. With the use of a coding sheet, all political and health stories in all editions of the papers were counted, cross-tabulated and analysed with the use of the chi-square test.

Results

The findings show that health issues were grossly under-reported during the 2007 election period. A total of 45(9%) stories were recorded on health and 480 (91%) stories on politics from the two papers studied. Besides, prominence (through frequency of reporting) was also given to political issues far more than what was given to health. As shown on Table 1, political issues had 93% frequency while health had only 7% in the *Guardian*. Similarly, *Punch* recorded 90% frequency on politics and 10% on health.

Table 1: Frequency of Reportage of Political and Health Issues

Newspapers	Politics	Health	Total
The Guardian	93%	7%	100% N=258
Punch	90%	10%	100% N=267
Punch	90%	10%	100% N=267
Total	91%	9%	100% N=525

Chi-square =1.7, df=1, $p < 0.05$

Furthermore, Table 2 also shows that 93% of the reports in *The Guardian's* editorial page was on politics while 7% was on health. Likewise, *Punch* gave 77% reports on the editorial page to politics while only 23% was found on health. In all, a total of 86% editorial page reports was devoted to politics while only 14% was given to

health. This difference is significant at the .05 level, based on the use of the Chi-square test.

Table 2: Editorial Page Reports on Political and Health Issues

Newspapers	Politics	Health	Total
The Guardian	93%	7%	100% N=86
Punch	77%	23%	100% N=75
Total	86%	14%	100% N=161

Chi-square= 8.1, df=1, $p > 0.05$

Back page stories on politics were 80% and just 20% on health in the *Guardian* as presented in Table 3 below. *Punch* recorded 86% stories on politics and 14% on health. A total of 81% of the stories were found on politics on the back page of the two newspapers while only 19% of the stories were on health issues.

Table 3: Back Page Reports on Political and Health Issues

Newspapers	Politics	Health	Total
The Guardian	80%	20%	100% N=133
Punch	86%	14%	100% N=29
Total	81%	19%	100% N=162

Chi-square=0.6, df=1, $p < 0.05$

Discussion of Findings

A gross under-reportage was evident on reports given to health. This further corroborated the fact that the public interest, at a point in time, influences press reports. It is therefore normal that during

electioneering campaign in Nigeria, the newspapers gave much attention to political issues, while health issues were scantily mentioned. It is interesting to know that some health issues mentioned were also in relation to politics. For example, a political contestant described the deplorable situation of healthcare delivery in the country, and promised to redress the situation. Health, therefore, became a footnote to the major issue of the day, politics.

In a period of elections, it is expected that political issues will dominate the media. In spite of this expected outcome, the paper shows that health issues still had a share of 9% while political issues had 91%. It will be interesting to find out the percentage share of health issues in a period of no elections. This may be the theme of the next study.

Conclusion

It has been discovered from this study that the Nigerian media do not give adequate attention to health coverage during electioneering campaign. This however should not have been the case because of the important position health occupies in the development of a nation. It has been stressed that the media are expected to act as catalysts towards enhancing healthcare improvement. This should then inform the commitment of the media at raising up health issues no matter the nature of public interest at a particular period. This can be effectively carried out if the media organisations have a separate desk on health with qualified individuals whose main duties are to ensure constant and consistent health presentations in the press.

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