

## **An Empirical Investigation On Women’s Access To “Living Healthy Programme” On Radio Nigeria In Kaduna Metropolis**

Auta, Mary Kasham<sup>1</sup>, Messiah, Abaka John<sup>2</sup>

1. Faculty of Social Sciences, Department of Mass Communication Ahmadu Bello University Zaria, Kaduna State Nigeria.

2. Entrepreneurship Research and Development Centre, Kaduna State University, Kaduna, Nigeria

Corresponding Author: Auta, Mary Kasham

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**ABSTRACT:** Using the data collected within Kaduna metropolis, the study empirically investigates women access to “Living Healthy programme on Radio Nigeria in Kaduna Metropolis. Unlike many other studies where researchers have studied on different aspects of Health Communication in relation to health issues as it affects women, however, there appears to be a paucity of research on access to information of health related issues by the women in Kaduna metropolis despite the much awareness on radio which is one of the cheapest means in reaching out to a large populace. The study employed the descriptive method of analysis using frequency and simple percentages to analyze data collected from 360 women covering both Kaduna South and Kaduna North. Findings from the study showed that Living Healthy programme, which is a radio based programme has quite a number of listeners and has helped in enlightening women on health issues. Also, the results showed that many of the women who could not have access to the programme were due to the timing and language barriers. The study concluded that Radio Nigeria should identify appropriate period of the day to broadcast the programme as most listeners are either at work, in school or at their businesses. The study also concluded that the programme should be replicated in other languages for the benefit of those who do not understand English.

**KEYWORDS:** Radio Nigeria; Living Healthy; Programme; Kaduna Metropolis

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### **I. INTRODUCTION**

The relevance of information to all facets of human endeavour is unquantifiable. This is because possession of information is an added advantage for all human activities especially when organizations, individuals, and other groups need to communicate with one another hence, the axiom “information is power” (Moemeka, 1981).

The mass media creates opportunities for human communication through exchange of ideas to the most isolated regions of the world, and have played a pivotal role in the fight against diseases such as HIV/AIDS, Malaria, Tuberculosis, Polio (Global Media AIDS Initiative, 2004). Information, Education and Communication (IEC) are very important especially when health issues need to be tackled and awareness created. It has been reported that populace at every facet of life are keen on getting every detail especially on issues as it relates to health because it is believed that “Health is Wealth”, and health is a very crucial aspect of development. People want to be informed, educated and carried along. It been observed that the major source of getting such information is through the media. However, Eze (2009) reported that the media are seen as not living up to their responsibility of information dissemination. This is because media practitioners are major culprits as they have also failed to adequately provide the necessary information to the populace in a timely and effective manner

Despite the shortcoming in the media in providing relevant, timely and effective information as regarding health issues, the Federal Radio Corporation of Nigeria (FRCN) Kaduna has made efforts in this regard through its programme, “Living Healthy” to alleviate the suffering of the afflicted. *Living Healthy* radio programme is a weekly magazine programme that has been in existence since 1962 and focuses on a health issues, nutrition and provides solution using experts/professionals. The program contains various health related issues which include: health news segments, interviews, testimonials, eye witness accounts, drama etc to drive the intended messages across. The programme runs for 20 (9.20am-9.40am) minutes every Wednesdays.

Numerous studies show that many women do not attend medical and screening programs because they are not aware that they are prone to diseases such cervical cancer among others due to lack of access to information. For example, a study in Nigeria revealed that only 15% had ever heard of cervical cancer and even

less knew about the screening (Wellensiek, Moodley and Moodley, 2002). If such information was backed up with skilful and effective provision of services, women are more likely to attend and to recommend screening to their friends and family (World Health Organization, 2006). The extent to which women actually are informed about health issues and about screening can be judged simply by questioning their knowledge which is a direct function of their access to information (Philips, Avis & Whyne, 2005). Although, transmission of information on the other hand have not been found to be cheap.

Despite these expensiveness in transmitting information, evidences abound that radio is a viable medium to reach the majority of people since both urban and rural populace have access to the medium. Radio is one of the cheapest and also fastest communication medium to reach people most especially in a developing society like Nigeria but when the services of radio is not employed for enlightenment purpose about issues concerning the society, then there is cause for concern. The inability of public health institutions and workers to utilize the media (radio) vigorously has yielded negative result. Though many researchers have studied on different aspects of Health Communication in relation to health issues such as cervical cancer among other as it affects women, however, there appears to be a paucity of research on access to information of health related issues by the women in Kaduna metropolis despite the much awareness on radio which is one of the cheapest means in reaching out to a large populace. The problem of this study posed as a question is, how many women access the Federal Radio Cooperation of Nigeria (FRCN's) *Living Healthy* programme on radio? The study also sought the opinion of women on the time allotted for the *Living Healthy* programme.

## **II. LITERATURE REVIEW**

The media are important stakeholders in the war against diseases. The media has the ability to reach a wide audience at the lowest cost. Robertson and Wortzel (1978), assert that there are two ways in which the media affects knowledge, attitude and behaviour towards health care. This include: incidental or unintended sense i.e when medical audiences are exposed to media content that contains health related content though not specifically intended to impact health knowledge, attitude and behavior. Also, mass media may deliberately affect knowledge, attitude and behaviour through Campaign specifically designed for such impact.

Similarly, in reporting the effectiveness of radio in enhancing health, Moemeka (2000) reported that communicating health messages to rural dwellers using radio as a medium is more effective as 70% of the Nigerian population live in the rural areas. Agbanu (2013) further buttress the evidences given by Moemeka (2002) by adding that radio apart from being relatively cheaper, its programmes are cheaper and easier to produce, it does not require literacy on the part of the listeners, radio signals penetrate areas where other media cannot reach and depend on electricity.

Since radio has been identified to be the key media tool to reach majority of populace and cheaper, it is in this light that a report by the National Health Alliance (2011) noted that Health campaign are very important in “helping rural people to resist disease, prolong life and achieve better mental and physical health” since Obiora & Udenze (2015) identify epidemic and pandemic diseases are among the national and global treats confronting the human population today.

## **III. THEORETICAL FRAMEWORK**

The theory underpinning this study is the Diffusion of Innovation Theory. According to Glanz (2002), Diffusion of Innovation Theory was developed by E.M. Rogers in 1962, it is one of the oldest social science theories. It originated in communication to explain how over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social system. The end result of this diffusion is that people, as part of a social system, adopt a new idea, behaviour or product.

The theory thus suits this research considering the high level of under development in Nigeria especially in the rural areas which constitute a large chunk of the population added to the low hospicare and facilities. With the rampages of diseases everywhere even as it affect women most, there would be a need to adopt ideas or behaviours associated with the prevention of diseases, which is only possible if the awareness and consciousness about such diseases is established. This study therefore tried to establish whether or not women of Kaduna North and Kaduna South Local Government Area have access to the Federal Radio Cooperation of Nigeria (FRCN's) *Living Healthy* programme on radio, and also to sought the opinion of women on the sufficiency of the time allotted for the *Living Healthy* programme.

## **IV. METHODOLOGY**

The research method for the study is the descriptive research design. Adopting the descriptive design, information concerning the current status of women access to the Federal Radio Cooperation of Nigeria (FRCN's) *Living Healthy* programme on radio and also their opinion on the sufficiency of the time allotted for the *Living Healthy* programme was obtained.

The study was carried out in two major Local Government Areas of Kaduna State, Kaduna North and Kaduna South Local Government. Kaduna North and South Local Government Areas are both local and cosmopolitan in nature. The target population for the study is 2291 women; the target population was motivated by a pre-test which was conducted and the result revealed that 1,285 women from Kaduna South and 1,006 from Kaduna North, opined that they access the FRCN station. The sample size for this study was 360 women, this was obtained using the Yamane (1967) formula for determining sample size. Similarly, a random sampling procedure was used to pick the 360 women who have access to the radio station and who were also residents of the Local Government Areas.

For the purpose of this study, closed and open ended questionnaire formed the researcher's instrument for data collection. The questionnaire administered was designed to obtain biographical details of respondents as well as their opinions on a variety of issues relating to their awareness, access and opinion on the *Living Healthy* FRCN programme. The questionnaire was validated by an expert and through a pilot study conducted. Data collected were arranged and analyzed in a descriptive form using frequency, simple percentages and charts.

## **V. DISCUSSION OF RESULTS,**

### **5.1. Socioeconomic characteristic of respondent**

#### **5.1.1 Age**

According to the Nation Newspaper of June 2014, a large percent of cervical cancer diagnosis occurs in women from ages 35-54 with a fragment of about 20% in women over 65 years of age. Thus, women within this age bracket are exposed to diseases and will be in great need of information that will improve their health such as the *Living Healthy* programme. It is not surprising to see a high percentage of these age group of women making up large chunks of women in Kaduna North and South Local Government. Table 1 indicated that 38% of the respondents were between the ages of 25- 35 years; this age range is sexually active and prone to Cervical Cancer. However, 29% of women within the ages of 35-50 were able to respond to some of the questions asked this indicated that there was a keen interest knowing about the disease with 17% and 16.1% of the women between the ages of 15-50 years of age who are also sexually active and prone to diseases such as cervical cancer.

#### **5.1.2 Location of the Respondents**

Evidences abound that 59% of the respondents reside in Kaduna South, which represents a larger fraction of the entire population while 41% resides in Kaduna North. Strasser (2003), stressed on the fact that health education is very important as rural dwellers experience challenges all over the world such as transportation and communication. However, findings in this study revealed that most respondents reside in the urban locality and were expected to take advantage of information they receive on their health.

#### **5.1.3 Locality of the Respondents**

The study revealed that 61% of the respondents reside in Kaduna South with the lower percentage 39% residing in Kaduna North. Residents in Kaduna South showed keen interest in knowing about the disease and availed themselves to sharing information about what they knew about the *Living Healthy* and Cervical cancer. Welch and Foster (2012), asserted that rural communities around the world share common traits that include high level of illiteracy, poverty, prevalence of diseases, poor infrastructural development and distance from health facilities.

#### **5.1.4 Respondents source of awareness of disease**

Table 4 indicated that 22% of the respondents, who have heard of diseases like Cervical Cancer, got their knowledge mostly from friends and relatives, while 20% from T.V and 17.0% from radio. This indicates that the radio is one of the main sources of information on accessing information on diseases. As observed by Akintayo (2013), the media has always been an agent of behavior change. When people are informed, they have the propensity to change.

### **5.2 Women Access to Radio**

#### **5.2.1 Respondents Accessibility to Various Media**

The study revealed that most of the women have access to radio 30% and Television 56%. This means that radio and television are perfect mediums by which health information should be disseminated to women. However, advantage of accessibility of the radio should be taken into consideration to create more awareness on the disease. Only 3% indicated that they do not have any of the medium mentioned however only 5% did not respond. The researcher agreed with the assertion of Onabanjo (1999) which said that radio broadcasting is one of the several means of getting messages to a large number of people at the same time because, it transcends the boundry of space and time and also leaps across literacy barriers.

### **5.2.2 Respondents Exposure to Living Healthy Programme**

52% of women listen to *Living Healthy* radio programme while 39% do not. This implies that the programme had wide listenership in Kaduna State and should be utilized to broadcast more health issues that concern not only the women, but men and children as well. Nine percent were indifferent on responding to the question. To support the findings, Sado (2011), asserted that radio is seen as the most credible means to promote and propagate health education and awareness on cervical cancer.

### **5.2.3 Frequency of Listenership**

Since 29% of the respondents listen to the programme weekly while about 27% listen to the programme monthly, this implies therefore that most of the sampled population listen to the programme frequently however, 44% did not respond. Findings on this table corroborate partly the submission of Adam and Harford (1999) that said radio is not a medium that government and health educators can afford to ignore and could be used as a vital resource that can bring about attitude change.

### **5.2.4 Radio Stations Respondents Listen to**

In addressing the popularity of radio Nigeria, it was found out that 26% of the respondents listened to FRCN. This implies that FRCN's listenership is higher than other radio stations. FRCN should therefore take advantage of its wide listenership to enlighten their listeners on different health issues that pose a threat to the general public especially women related diseases like Cervical Cancer. The rural listeners would benefit from this wide coverage and get enlightened this means that, programmes be replicated in other languages for the rural dwellers to benefit. Listeners of KSMC Radio (27%) could also get enlightened if health programmes on women's health is aired more often. However, Alheri Radio and Nagarta Radio broadcast their programmes in Hausa Language (.6% and 4% of listeners respectively) this could be a good medium for Hausa speaking women to get enlightened and informed on cervical cancer and other diseases that afflict women. The media are important stakeholders in the war against diseases; this makes the media an effective tool for health behavior change.

## **5.3 Respondent Response to time allotted for *Living Healthy* programme**

### **5.3.1 Appropriateness of Time for the Programme**

The study revealed that most of the respondents who disapproved the time allotted for the programme were 45% and, 25% who agreed, and 7% strongly disagreed. 20 minutes allotted for the programme *Living Healthy* was not adequate for the listeners to catch up on issues discussed as most of them were disposed at their various places of work, school, or businesses. One percent was undecided as to the time allotted with 22% of the women not attempting to answer the question. Onabanjo (2011) affirmed that one of the criteria for determining public acceptance of radio is the determination of what programme to put on air and at what point in the programme schedule.

### **5.3.2 Adequacy of Time Allotted for the Programme**

Available evidences also showed that 13% of the respondents were of the opinion that the time allotted for the programme was very adequate, this means that whatever message needs to pass to the women, could be done in 20 minutes. However, 29% of the respondents were satisfied with the time allotted for the programme. while 26% were of the opinion that the time be increased, reasons being that when health issues are discussed, most times phone in programmes are organized and callers given opportunities to ask questions and receive answers but due to inadequacy of time allotted, not all questions are answered leaving the callers dissatisfied and not properly enlightened. Onabanjo (2011) justified the findings in the table by asserting that; a programme should broadcast at the right time to the audience and time required be evaluated realistically even if it is eliminating some segments of production.

### **5.3.3 Reasons for Disagreement**

Majority of the respondents did not respond, however, 16% of them were of the opinion that the duration of the programme increase from 20 minutes to 1 - 2 hours on a daily basis. This would give ample time for listeners who had missed previous episodes to catch up on any issue they may have missed previously and have the opportunity to listen to programmes after work.

## **VI. CONCLUSION AND RECOMMENDATION**

Analysis culminating from the study shows that the programme duration and frequency of dissemination did not satisfy the listeners of the programme *Living Healthy*. This means that if producers and presenters do not make adjustments, the listeners can lose interest in the programme. The programme is one of the oldest existing health initiatives on FRCN Kaduna. Since the programme is recognized and popular, it must

effect corrections, modifications and suggestions to maintain its audience. Hanes (2000) states that the audience is not a blank sheet of paper on which media messages can be written.

The weakness of *Living Healthy* revolves around the circulation and frequency of broadcast. Most of the respondents believe the programme lays more emphasis on breast cancer among the female related cancers. In addition, more jingles are required on cervical cancer and screening just as in the case of Malaria, HIV/AIDS, and Tuberculosis- among others. Since most women have access to radio, producers need to ensure that their programme packages are more listener-friendly. It should be made more exciting to keep the listeners tuned in and in a livelier and enthusiastic mood.

From the findings, the following recommendations were drawn.

- The weakness of the programme “Living Healthy,” as interpreted by the listeners, have been identified, producers and presenters should take measures at meeting the needs of such listeners. This will go a long way to enhance patronage and listenership.
- Women should learn to engage in routine check-ups and screening exercises for early detection of the disease. It is sad to note that when symptoms begin to surface, it means Cervical Cancer has reached an advanced stage: hence the need for early detection.
- FRCN should identify the most appropriate period of the day to broadcast the programme as most listeners are either at work, in school or at their businesses. Broadcast days should be increased to at least twice a week.
- Since *Living Healthy* has quite a number of listeners, the programme should be replicated in other languages for the benefit of those who do not understand English.

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### Appendix

**Table 1: Age of the Respondents**

Age	Frequency	Percentage
15-25 Years	56	17.3
25-35 Years	123	38.1
35-50 Years	92	28.5
50 Years and Above	52	16.1
Total	323	100.0

Source: Field Survey 2013.

**Table 2: Location of the Respondents**

Location	Frequency	Percentage
Kaduna North	133	41.2
Kaduna South	190	58.8
Total	323	100.0

Source: Field Survey 2013.

**Table 3: Locality of the Respondents**

Locality	Frequency	Percentage
Kigo New Extension, Malali, Kawo, Angwan Rimi, Mashi Road, K/Mashi, Poly Quarters and Others	127	39.3
Barnawa, Gonin Gora, Television, Kakuri, Narayi, Nassarawa, T/Nupawa, and Others	196	60.7



Total	323	100.0
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Source: Field Survey 2013.

**Table 4: Respondents Source of Awareness of Diseases**

Source of Awareness	Frequency	Percentage
Radio	55	17.0
T.V.	66	20.4
Medical Personnel	30	9.3
Friends and Relatives	71	22.0
All of the Above	6	1.9
No Response	95	29.4
Total	323	100.0

Source: Field Survey 2013.

**Table 5: Respondents Accessibility to Various Media**

Accessibility	Frequency	Percentage
Radio	98	30.3
T.V.	18	5.6
Radio and T.V.	182	56.3
None	9	2.8
No Response	16	5.0
Total	323	100.0

Source: Field Survey 2013.

**Table 6: Respondents Exposure to Living Healthy Programme**

Exposure	Frequency	Percentage
Yes	169	52.3
No	127	39.3
No Response	27	8.4
Total	323	100.0

Source: Field Survey 2013.

**Table 7: Frequency of Listenership**

Frequency	Frequency	Percentage
Weekly	94	29.1
Monthly	87	26.9
No Response	142	44.0
Total	323	100.0

Source: Field Survey 2013.

**Table 8: Radio Stations Respondents Listen to**

Radio Stations	Frequency	Percentage
FRCN	83	25.7
KSMC	86	26.6
Alheri Radio	2	.6
Nagarta Radio	12	3.7
Others	14	4.3
No Response	126	39.0
Total	323	100.0

Source: Field Survey 2013.

**Table 9: Appropriateness of Time for the Programme**

Appropriateness	Frequency	Percentage
Very Appropriate	79	24.5
Disapprove	146	45.2
Not Appropriate	24	7.4
Undecided	4	1.2
No Response	70	21.7
Total	323	100.0

Source: Field Survey 2013.

**Table 10: Adequacy of Time Allotted for the Programme**

Adequacy of Time	Frequency	Percentage
Very Adequate	41	12.7
Adequate	92	28.5
Not Adequate	83	25.7
Undecided	15	4.6
No Response	92	28.5

Total	323	100.0
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Source: Field Survey 2013.

**Table 11: Reasons for Disagreement**

Reasons for Disagreement	Frequency	Percentage
Timing is Wrong	33	10.2
1- 2 Hours be Given	53	16.4
Programme be Broadcast Daily	33	10.2
No Response	204	63.2
Total	323	100.0

Source: Field Survey 2013.

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