




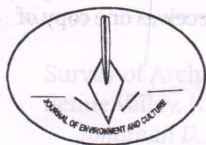
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Indigenous Media Preferences for Reproductive Health Diffusion among the Yakur of Southern Nigeria

Koblwe Obono

Introduction

The interface of indigenous channels and exogenous sources is the media preferred for reproductive health diffusion among the Yakur of Southern Nigeria. This approach bridges the gap between traditionalism and modernity, making reproductive health logic and technology easily accessible to rural dwellers. The paper examines the effective media, highlighting the role of participatory communication as well as the integration of oral media and change agents for reproductive health diffusion. This technique ensures availability, affordability, accessibility and adoption of new ideas among vulnerable groups. While sociodemographic factors influence media choice, the study found a relationship between indigenous communication and exposure to reproductive health information. Most community members are inclined to oral media because they are embedded on cultural dialectics and ideology. Despite their preference to broadcast and print media, more females (73 percent) than males (60 percent) subscribe to it. Such media have implications for promotion of knowledge and enhancement of community life in an era of global health challenges.

As a reality, the creation of a global village through the spread of western technology and information has been accompanied by the relegation of indigenous communication systems to the background. Some have described it as "backward", "outdated", "primitive", "ancient" and "local", but evidence shows its usefulness in creating opportunity for rural people to participate in



development efforts with professionals. Indigenous media is a continuous process of information dissemination, entertainment, education and community development. It involves the passing of information through familiar systems and symbols which are understood by all parties engaged in discussion. Within the discourse on globalization, the search for a common means of communication is important. However, indigenous media and their role in communicating development messages in African societies could be utilized as the most desired, respected and acceptable form of development communication.

The value of traditional communication is high. Before the introduction of modern mass media in Africa, the people had a solid communication structure through which different rural settings were mobilized. Although its effectiveness has been contested, indigenous channels and sources remain suitable for interacting with rural dwellers for sustainable development. The system reinforces and promotes a sense of nationality and nationhood. This interactive medium forms the basis for diffusion networks and maintains social cohesion through its peculiar characteristics of availability, affordability and accessibility relative to modern mass media.

In most traditional settings, community members are familiar with folk media, town crier, opinion leaders, age grade systems, village square, among others, for disseminating information. Many authors have classified indigenous channels into different categories (Wilson, 1987; Aboyade, 1987; Mundy and Compton, 1995; Odunlami, 2006). Although they differ in names, they remain similar in form and use and can be grouped as oral media (mythology, theatre drama, folk media, poetry, story telling, and proverbs), instrumental (drums, flutes, gong, whistle, gunshots), demonstrative (traditional rites, festivals and ceremonies), melo-choreographic (music, song and dance), and extra-mundane (ancestor worship, rituals and sacrifices). Diffusing reproductive health to the grassroots could therefore be most effective if appropriate communication mechanisms are identified and utilized. Most intervention and advocacy programmes in Nigeria have depended on exogenous communication channels and for this reason have made limited impact on rural dwellers. Change agents alienate the grassroots from decision making by neglecting to adopt a context-specific communication process.

Setting should determine the communication type. Participants' background should indicate whether indigenous, exogenous or both be utilized for information dissemination. Hence, new media is not synonymous with best media because the acceptable communication of a particular group may be repulsive to another due to receivers' socioeconomic background and expectations. Accordingly, Pandey and Karki (2010) found print and electronic media as major reproductive health information dissemination tools in Nepal

but observed that exposure was positively related to age, education level, income and other socioeconomic characteristics of message recipients. There is a need for contextualized media approach to diffusion as different members of the population are at diverse stages of decision-making.

Reproductive health is important. It dates back to the 1980s when it began to make appearance in the works of Christopher Tietze and was placed high on the international agenda by the Cairo Population Conference (ICPD) of 1994. Today it features prominently as one of the Millennium Development Goals (MDGs). Reproductive health is so vital and warrants the possibility of using a "happy medium" to reach highly vulnerable populations in Nigeria and sub-Saharan Africa.

For this paper, indigenous media is conceptualized as a means through which people from a particular origin communicate with one another, including visitors, for the purpose of receiving and exchanging ideas. It includes transmission of ideas, news, persuasion, announcements and social dialogues. The communication is derived from societal experiences and expectations, which may be verbal, nonverbal, oral or written. Although indigenous communication was initially limited to the activities of channels and sources of a defined society, knowledge today may be foreign, transmitted through external agents but adapted to the inner workings of the society for developmental purposes and community wellbeing.

Diffusion Strategies for African Development

The current discourse on globalization has led African governments and their development partners to use different communication models to diffuse development messages to rural communities. As a process through which an innovation spreads via certain communication channels over time among members of a particular social system (Haider and Kreps, 2004), the goal of diffusion is to bring about community development, a purposive change undertaken in a society to achieve difference in social and economic affairs. Diffusion deals with the wellbeing of a community through changing attitudes, knowledge and skills of people. Programmes should be designed to engage the grassroots in decision making processes.

Diffusion of innovation in Africa has taken different forms. The commonly used approaches are through exogenous and indigenous media. While television, radio and print have some advantages in transferring information, they eliminate a huge number of the grassroots because assessing developmental messages requires literacy and higher socioeconomic platform. Campaigns transmitted through the mass media neglect the fact that rural populations are characterized by poverty and lower literacy. Hence the influence of radio and television on rural women's participation in politics is minimal due to lack of

access to the media (Adeyokunnu, 2006). Such communication strategies often do not impact on the rural masses for which they are meant because they are not contextualized to the local settings and worldview of the people (Mushengyezi, 2003).

Hence, many government and nongovernmental organizations have consistently used communication channels requiring reading like information, communication and education (IEC) materials, bulletins, pamphlets, and billboards. International agencies design programmes that are more suitable to the elite. Similarly, development agencies also use mass literacy, printed materials (pamphlets, newspaper and magazines, manuals, journals, brochures, calendars and books) and electronic media (radio and television) to diffuse new ideas to rural people. These technological channels may deprive the grassroots of participating in development programmes because they lack the discursive and transactional nature of communication that ruralites are familiar with. While indigenous communication systems are people-oriented, mass media are technology-oriented and less culture-specific.

Traditional media in Nigeria are determined by the cultural components of the different ethnic groups but exogenous channels do not consider this. Cultural sensitivity is central to development communication because it stresses the importance of communication that will make a potential adopter decide to know more about a new idea (Satpathy, 2003; Ugboajah, 1972). Communication is therefore hinged on the cultural dialectics and ideology within the society.

Accordingly, much attention has been given to folk media to facilitate social change. Mushengyezi (2003) noted their importance for development as modern mass media remained largely inaccessible to the majority of the communities in Uganda. Folk media are forms of "endogenous communication system which by virtue of its origin from, and integration into a specific culture, serves as a channel for messages in a way and manner that requires the utilization of the values, symbols, institutions, and ethos of the host culture through its unique qualities and attributes" (Ansu-Kyeremeh, 1998:3). Interchangeably called "oramedia," "traditional media," and "informal media", folk media are often used for information sharing and discussion. Their popularity stems from their entertainment, oral nature and engagement with the target audience.

Folk media evolved as grassroots expressions of the values and lifestyles of the people. The use of local languages enhances cultural, social, and psychological thinking. Folk media are used to communicate entertainment, news, announcements, persuasion, and social exchanges. They are a means by which a culture is preserved and adapted. Their advantages are credibility, familiarity and the potential for involving the audience in performances. Utilizing folk media alone to spread development messages may however carry primarily

entertainment in the same way as the mass media. The audiences may not perceive and overlook the development messages embedded in the script. Hence, familiarity may cause resentment of these traditional forms in conveying new messages. This calls for newer models of reproductive health diffusion for rural communities.

In more recent times, organized channels and folk media are co-opted to spread exogenous information. Folk media are integrated with broadcast radio for interventions under the HIV/AIDS Behavior Change Communication (Panford et al, 2001). To what extent is this strategy useful in meeting the reproductive health information needs of Nigeria rural dwellers in an era of epileptic power supply? The spread of exogenous information in developing societies identified opinion leaders, socioeconomic status and interpersonal networks as important development communication features. According to Rogers and Shoemaker (1985), efforts have been made to identify the characteristics of key actors in order to target them for information campaigns. Diffusion of innovations theory emphasizes that influential leaders and respected individuals influence norms by disseminating information. Extensionists use traditional organizations to spread family planning messages. Peer education approach has also been used to effect change among its members because friendship groups and social networks are important routes of communication and change.

Methodology

The study was conducted through the survey method and complemented with in-depth interviews. A combination of 265 questionnaires and 10 in-depth interviews (IDIs) constituted the instruments for data collection. Persons in their reproductive ages of 15-49 years made up the quantitative sample while doctors, nurses, community health workers and indigenous opinion leaders were interviewed for in-depth understanding of reproductive health diffusion in the community. Data from 6 IDIs among health professional and 4 IDIs among opinion leaders was used to complement the survey findings on media choice for reproductive health diffusion. Results are presented in tables while cross tabulation showed the influence of sociodemographic variables on media preferences.

The Yakurr of Southern Nigeria speak Lokurr and a variation of Pidgin English. Some of the popular indigenous communication systems utilized include town crier, festivals, songs, music and dance, town halls, age grades, clan heads, cultural organizations and symbols. The Yakurr are unique because they are widely known for their double descent system. People are exposed to reproductive health challenges like HIV/AIDS, unsafe abortions, unintended pregnancies, among others (Obono, 2008). Although the people are exposed to

health information, the paper addresses the media preferred by indigenes for effective diffusion of reproductive health. The utilization of this recommended media would have implications for change in human and community health development.

Results

Communication is the basis for all social interaction and change. Identification of sources and channels of a message that could impact receivers is necessary, especially when cultural patterns have a part to play in decision-making processes of recipients. The study shows that all intelligible advocacy and intervention, and in particular, information, education and communication, utilize norms and structures that allow easy passage and acceptance of innovative ideas. To introduce new issues to indigenous people via processes developed 'outside' is to completely disregard the unique nature of their social system. This could alienate members because communication is what verbally binds them together into an abstract monolithic entity.

Effective media for reproductive health promotion

Reproductive health has been extensively debated on the international scene and most mass media in Nigeria have reported it. Choice of media plays an important role in the effectiveness and value of the message. People choose media that mostly correspond to their preexisting ideas as well as sociodemographic background. For reproductive health promotion among the Yakurr of Southern Nigeria, more than half of the respondents (56.6 percent) identified oral media as the most effective means of diffusing reproductive health information (Table 1). This indigenous form is mostly used because of the benefits associated with it.

Table 1: Effective media for reproductive health diffusion

Effective Media	Percent
Oral	56.6
Newspaper	5.3
Radio	26.0
Television	8.3
No response	3.8
Total	100
	n = 265

According to the interviewees, oral media enable communicators to engage in face-to-face interaction. As a people-centred technique, information is easily transmitted, analyzed and momentarily responded to. The feedback mechanism may be spontaneous and immediate. Oral media also create opportunity for questioning to achieve clarity and discussion. Mass media, on the other hand, require literacy, alienates the grassroots from information and has a higher propensity for delayed feedback. Respondents' preferences of effective media are oral, electronic and print. Choice of indigenous oral media stems out of their interactional, dialogical and participatory nature.

Interpersonal contact is importance in persuading people to adopt innovations. The power of oral media in changing behaviours in rural Africa results largely from the media's originality and audience's trust in the source of messages. While indigenous media are recognizable vehicle for education, mass media are cost intensive. The challenging power situation in Nigeria disposes many to own generators, which are economically demanding for the grassroots. This necessity contributes to making interpersonal oral mode the preferred effective reproductive health communication medium.

Fundamentally, mass media messages are primarily transmitted in English without the consideration of audience's abilities to read and write. Consistent use of English may distort comprehension and intelligibility of a message among receivers who are less proficient in the language. Such issues are pertinent because rural societies are characterized by low literacy and technological advancement. In-depth interviews with health professionals also showed their prescription to interpersonal oral media because they eliminate this economic concern and constraints. This communication can occur informally and under unstructured context.

For effectiveness, interpersonal oral media is preferred. As an agrarian community, people choose channels that could be easily assessed irrespective of their socioeconomic background. Oral channels could more likely bring about attitudinal change as the media enable the spread of information among closely knit community members. Information on reproductive health innovation can reach people at faster rates and with better understanding because individuals can be told and shown relevant procedures of doing things. Indigenous forms are therefore suited for communicating in largely non-literate communities. They are cheaper ways of transmitting messages among people who share cultural views.

Receivers become partakers in decision making processes. Human transaction enables active participation of both senders and receivers of reproductive messages. Both actors become 'trans-receivers' because none is passive or inferior in the communication chain. Instead, local institutions are strengthened through their collective efforts, development of action plans and

formulation of new strategies. It is thus vital to make reproductive health logic and technology accessible to indigenous dwellers through familiar and acceptable channels.

Influence and relationships with media preferences

Indigenous media preferences are influenced by sociodemographic characteristics of respondents. A cross tabulation of preferred media with age and sex of respondents shows that oral media is most desired irrespective of respondents' sex (Table 2). Although it topped the list in effectiveness and preference, the level of choice varies according to sex and age of respondents. More females (73 percent) than males (60 percent) subscribe to using oral media for reproductive health diffusion. This indicates that it is easier to affect women's reproductive health views through the face-to-face indigenous communication structure.

On the other hand, more males (30.5 percent) relative to females (18.6 percent) indicated mass media for reproductive health diffusion. None of the women aged 30-49 years chose the print media as a desired communication channel. Analysis of media by sex shows preference variations among males and females. Hence, order of choice for females is oral, television, radio and newspaper while it is oral, newspaper, television and radio for the males.

Table 2: Media preference according to Age and Sex

Media	15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 - 49		Total	Percent
	M	F	M	F	M	F	M	F	M	F	M	F		
Oral	16	18	19	12	13	22	13	19	14	18	4	9	177	66.7
Newspaper	2	5	6	2	3	1	1	0	1	0	2	0	23	8.7
Radio	2	2	3	0	3	2	1	1	1	2	1	1	19	7.2
Television	2	2	4	1	1	1	2	2	5	1	0	2	23	8.7
No response	0	1	2	5	2	5	5	2	0	2	0	0	23	8.7
Total	22	28	34	20	25	27	22	24	21	23	7	12	265	100

Irrespective of their educational level, all respondents prefer oral media for reproductive health diffusion (Table 3). This finding indicates that preference for oral media has no relationship with respondents' educational level. The analysis shows choice at all educational levels as being almost uniformly strong with the percentages of oral media ranging between 64-69 percent. Although the percentage of individuals with no formal education is high, there is no clear disparity between education and media preference.

Table 3: Media preference according to educational level

Educational level	Oral		Newspaper		Radio		TV		None		Total	%
	N	%	N	%	N	%	N	%	N	%		
No formal schooling	18	69	2	7.7	3	11.5	1	3.8	2	7.7	26	9.8
Primary	29	66	2	4.5	0	0.0	0	0.0	13	29.5	44	16.6
Secondary/TTC	71	64	14	12.7	8	7.3	10	9.1	7	6.4	110	41.5
OND/NCE	39	69	5	8.9	3	5.3	8	14.2	1	1.7	56	21.1
University/HND	20	69	0	0.0	5	17.2	4	13.8	0	0.0	29	10.9
Total	117		23		19		23		23		265	100

People with tertiary education are as strong in choice of oral media as those without schooling history. This implies that education has limited influence on oral media preference, suggesting existence of other factors. Culture is considered a possible intervening variable for media preference. It is however instructive to note that it is only those at the primary school level that did not subscribe to broadcast media as a channel for reproductive health diffusion.

Meanwhile, promotion of reproductive health among the Yakurr of southern Nigeria depends to a large extent on existing channels of communication. Table 4 reveals that most respondents that have ever heard of family planning received the information through indigenous communication. In other words, people's exposure to and probability of hearing family planning messages are related to the utilization indigenous channels. This is because most of these outlets are oral in nature, facilitating interpersonal interactions. Respondents' exposure to reproductive health information is therefore attributed to the use of indigenous communication techniques that rural dwellers are familiar with. Only a few respondents (9.8 percent) that have ever heard these messages prefer other forms of communication. Importantly, both "ever heard" and "never heard" people prefer indigenous media for information dissemination.

Table 4: Exposure to reproductive information through indigenous media

Prefer indigenous media	Ever heard		Never heard		Total	
	N	%	N	%	N	%
Yes	229	90.1	6	54.5	235	88.7
No	25	9.8	5	45.5	30	11.3
Total	254	100	11	100	265	100

To examine the relationship between exposure to reproductive health information and indigenous communication, chi-square test was performed.

The result shows a relationship between ever heard reproductive health and indigenous communication as calculated value of χ^2 (13.24) is greater than the table value (3.841) at .05 level of significance (Table 5). This means that the possibility of hearing reproductive health ideas among community members is dependent on indigenous media. This finding calls for the exploitation of indigenous communication as an appropriate technology for innovation diffusion among rural dwellers because the grassroots are familiar with and exposed to this channel as one of the most respected, trusted and acceptable forms of development communication.

Table 5: Relationship between reproductive health and indigenous communication

Cell	F _o	F _e	f _o -f _e	(f _o -f _e) ²	(f _o -f _e) ² /f _e
A	229	225.25	3.75	14.0625	0.06
b	6	9.75	-3.75	14.0625	1.44
c	25	28.75	-3.75	14.0625	0.49
d	5	1.25	3.75	1.0625	11.25
Total	265	265			13.24

$$\chi^2 = 13.24, df = 1, sig = 3.841$$

Since culture shapes the environment of the message through its traditional codes, indigenous media are mechanisms that provide better information transfer. Interviewees added the importance of language because non-use of proper language could be a barrier to understanding a message as it could hinder effective communication. Use of Lokurr and Pidgin English were recommended by majority of the respondents.

Preferred sources of reproductive health diffusion

Every new idea has attributes that make it easier or more difficult to diffuse or sustain. It has been noted that most people do not instantly welcome change and find it difficult to accept new developmental ideas. According to Schramm (1964), the villager has no reason to trust a government official, coming from far away, with suggestions of change. The attitude of indigenous Yakurr people is different because change is processual and inevitable. They are open to development ideas and are receptive to foreign change agents who they prefer to disseminate family planning information using indigenous channels.

The combination of indigenous channels and exogenous sources for the accumulation of knowledge is a triadic interface. This approach bridges the gap between traditionalism and modernity, making reproductive health logic and technology easily accessible to rural dwellers. While change agents acquire indigenous knowledge and communication techniques for diffusion, indigenes

are equipped with new health strategies. This has a double effect as the technique increases the knowledge base of grassroots and change agents in terms of innovative and indigenous knowledge respectively.

The source of a message has an important role in determining acceptability of a message. Although indigenes prefer indigenous channels to mass media, they do not subscribe to some indigenous sources for reproductive health information transfer. Table 6 shows that most respondents (63.4 percent) prefer family planning messages diffused by change agents rather than village heads. This does not suggest that the people are playing down on the importance of indigenous sources but that certain messages would be better diffused by particular individuals. Thus, opinion leaders are still much respected and utilized sources in the community but preference is dependent on the type of information needing diffusion as well as the peoples' assessment of senders at a particular point in time. The positive attitude towards change agents indicates high level acceptability and hospitality of community people.

Table 6: Sources of reproductive health diffusion

Preferred source	Percent
Change agents	63.4
Village heads	34.7
Others	1.9
Total	100
	n=265

The Yakurr are susceptible to change. Health workers noted that the people are eager to receive new ideas based on their assessment of change agents. Accordingly, they may not adopt new ideas if the sources are not trustworthy, lack credibility, deceitful and create no opportunities for interaction. Agents will be accepted if they are open-minded and respected traditional belief systems, values and norms. Thus, the behavioural disposition of foreign sources determines the level of human exposure and willingness towards innovation.

Careful communication between clients and providers is important for the adoption of ideas. Research has shown that the quality of interpersonal communication influences the attendance of family planning clinics and the initiation and continuation of all reversible contraceptive methods (Network, 1996). For innovation diffusion, agents should be equipped with traditional knowledge and communication skills for effective diffusion. This is necessary because different cultures have peculiar means of conveying information and the communication techniques of one culture will not necessarily produce similar results when utilized in another society. Hence, indigenous knowledge

and communication systems and appropriate sources are important for the attainment of reproductive health and community development.

Discussion

The United Nations and development community have increasingly recognized the importance of two-way communication. Participatory communication can build the economic, social, cultural and political strength of indigenous peoples. Traditional societies are in general characterized by a regimented system of norms, values and practices by which ideas are not only created but disseminated in a coherent and acceptable way. Hence, every society has a communication system, which is unique, peculiar and apposite to it. Culturally appropriate and community-based communication programs can influence people's decisions and create demand for increased contraceptive use (Daniel et al., 2008).

Diffusion models of communication have remained constant in development communication. Disseminating information and sending messages to specific audiences are at its core. The objective is to improve awareness, knowledge, attitude and ultimate behaviour of target groups. To redress problems of inequality and disparity require systematic social programming that are implemented by practitioners and communicated to needy populations (Dearing, 2004). Emphasis is laid on integrated application of knowledge, channels and sources.

The interface of reproductive health communication processes is a community-based diffusion strategy. It highlights the spiral nature of communication, showing the relationship among components that lead to adoption. Effective reproductive communication is derived from knowledge, resulting to improved knowledge base. The typology of Mundy and Compton (1995) used traditional forms, integrating indigenous communication with exogenous knowledge. The Yakurr study shows that change could easily occurs through the integration of indigenous knowledge and communication systems with exogenous sources.

The historical character of existing communication systems such as the age grade systems, the numerous voluntary and non-voluntary associations, and the sacerdotal council of matriclan priests - an august and powerful body that is at the nerve center of the Yakurr society - indicate that the different parts of the society cohere and are held together by common links in communication. Imposing innovative ideas through westernized means often bring about minimum results as the channels, sources, and forms are "foreign". The principal impediment of acting independently is the perception of exogenous agents as "outsiders", "meddling aliens", "foreigners" or people who may have altruistic interests at heart.

Knowledge of environmental context is important for successful diffusion of reproductive health. Greenberg (2006) observes the need to know more about the spatial and temporal diffusion of major public health-influencing innovations. This information will tell how innovators deal with the diversity of norms, values, laws, religions, ideologies, and political issues that can influence adoption and long-term prognosis of a public health-related innovation.

The paradigm shift from top-down to participatory development has serious implications. Instead of using mass media to convey development messages, face-to-face communication is implied. This approach gives communities the opportunity to enter into dialogue with development facilitators, resulting in co-ownership and sustainable development (Burger, 1999). Communities become co-partners, active receivers and key agents with their own agendas. The role of the media has not changed. It maintains its status and fulfils the watchman role. If indigenous media model is not exploited, rural people may loose out on development. According to Meier (2008) the most marginalized segments of society in Asia have seen little better lives because of the lack of participatory information and communication channels.

Rural empowerment is important. Traditional communication expresses people's behavioral practices, utterances, social conventions and context. Indigenous channels with foreign agents enhance interaction. Active participation of the community in decision making (identification of needs), formulation (planning), implementation (execution) and evaluation (assessment) of the impact of the programme on rural lives is important. Such participation makes communities know that they are a part of all the activities surrounding the adoption of new reproductive health ideologies. Agunga (1992) noted that popular participation should be such that nothing in the community is done without the involvement of those who will be affected by the outcomes of those decisions.

The interface is a behaviour change apparatus. It is part of an integrated, multilevel, interactive process aimed at developing tailored messages and approaches using specific communication channels and sources. Total participation is achieved when agents study and understand the culture of the beneficiaries as well as have adequate knowledge of traditional media. This facilitates mobilization, participation and diffusion. Behaviour change increases knowledge; stimulates community dialogue; creates demand for information and services as well as advocate for appropriate reproductive health policies and laws to improve skills and community self-efficacy.

Conclusion

Reproductive health communication was the focal point of the study. The

investigation attempted to make the "the old" relevant to "the new" as a means of facilitating development. While indigenous media systems of the Yakurr are of ancient origin and have undergone crises of mutation and modification through time, they remain functional in contemporary period because the people still find them useful. Out of the identified media of diffusion, the Yakurr prefer indigenous to exogenous channels on the one hand and exogenous to indigenous sources on the other hand. The advantages lie in their transactional and participatory nature, immediate feedback and face to face interaction which are integrated into their cultural ideology.

The interface of indigenous channels and exogenous sources with appropriate knowledge base is a more ethnic and people-oriented media recommended for health diffusion. It would foster a feeling of collective participation in government and other global issues that contribute to development. The importance of adopting this model is because they epitomize a people-oriented communication approach to programs of local and national development. It leads to the preservation of sociocultural values that ensure cultural self-determination and continuity. Innovation providers should therefore utilize communication channels and sources that would facilitate acceptance of new reproductive health ideas among rural dwellers.

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