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The failure of radio to communicate knowledge of sickle cell disorder in Nigeria

By Edidiong Umana and Ayobami Ojebode

Abstract

The study aimed to find out how much residents in Akwa Ibom knew about the sickle cell disorder. In a survey of 300 people, we discovered that only few people (32.9%) had adequate or fairly adequate knowledge of sickle cell disorder (SCD); only about 45% were definite that they would not marry a carrier if they too were carriers. Radio, the most important source of health information for about 73% of our respondents and though praised for health education and information in Nigeria, says nothing about SCD. Workers in the radio station were themselves not aware of the prevalence of, or they felt incompetent to educate their listeners about, SCD. It is our belief that these people know little or nothing about SCD because radio says nothing about it. There is need for non-media forces to call media attention to and in fact use media to educate people about SCD in Nigeria. Nigeria government also must show commitment to SCD education.

Key words: Sickle cell disorder, SCD, Nigeria, radio

Introduction:

Unknown to many, the prevalence of the sickle cell disorder (SCD) in Nigeria is greater than that of HIV/AIDS. About 40 million Nigerians have the sickle cell trait and about 4 million have the full disorder (Azolibe, 2007; Ohaeri & Shokunbi, 2001). By implication, more than 25 per cent of Nigerians carry the sickle cell trait. If any two of these carriers marry and bear children, one out of every four of their children is most likely to have the sickle cell disorder. This calls for extensive

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education and information for unmarried Nigerians. This kind of health education and information is one of the roles for which the Nigerian radio has received substantial applause (See Ojebode, 2008; Adekunle, Olaseha & Adeniyi, 2004; Atanda, 1997). Yet, the question remains as to how well radio has performed in educating and informing Nigerians with regard to SCD. In this paper, we examine first the content of radio broadcasts regarding SCD and what factors enhanced or limited the performance of radio in SCD education and information. Then the study reports how much is known by radio listeners in Akwa Ibom region of Nigeria about SCD and whether this information is likely to lead listeners to take action regarding SCD.

Health challenges in Nigeria and the response of the broadcast media

Nigeria faces tremendous health challenges. Though it is one of the leading exporters of crude oil globally, it is poorer than many other African countries in terms of health performance indices. WHO (2008a) statistics show that life expectancy at birth for Nigerian men is 48 years; for women it is 49 years. This is lower than in Ghana, Gambia, Uganda, Senegal and Cameroun. Healthy life expectancy (HLE) for Nigerian men is 41 years; it is 42 years for women. Again, this is lower than the case in several African countries. For instance, in Ghana HLE is 49 for men, 50 for women; in Gambia it is 48 for men and 51 for women (WHO, 2008a). From every 1,000 children born in Nigeria, about 191 will die before they are five years old, as against Uganda's 134, Ghana's 120, Senegal's 116, or Gambia's 114. The same body of statistics shows that 447 among every 1000 Nigerian men are likely to die before they celebrate their 60th birthday. But in Senegal, it is 307 among every 1000 men; in Benin, Nigeria's neighbor, it is 349 and in Ghana it is 350 of every 1000 men.

HIV/AIDS prevalence is high in Nigeria: in 2007, there were 170,000 deaths resulting from HIV/AIDS (WHO, 2008b). There are about a million Nigerian children orphaned by AIDS (WHO, 2008a). Among young female Nigerians, the prevalence rate is 2.3; but it is 1.3 in Ghana among the same set of people. Among young Nigerian men, HIV/AIDS prevalence is 0.8 which is higher than Ghana's 0.4 (WHO, 2008b). The general HIV/AIDS prevalence rate in Nigeria is 3.1 which again is higher than what obtains in many African countries (WHO, 2008b). Nigeria is one of the few large populations to cross the 5 per

cent prevalence threshold having the fourth largest number of people living with HIV/AIDS in the world (WHO, 2004).

Health funding in Nigeria is poor. For the year 2007, whereas the total per capita expenditure on health in Uganda was \$130, and in Ghana \$93, in Nigeria it was \$45. Even much poorer countries like Senegal spent more on health per capita (\$69) than Nigeria (WHO, 2008a). This explains why Nigeria has consistently ranked among the lowest in health performance indicators globally. For instance, in 2005, it ranked 187th among 191 countries (DFID, 2005). A comparison of the figures in the last few years shows little or no improvement (See, Gureje, 2005; DFID, 2005; WHO, 2004).

While not exonerating the Nigerian government for the obvious neglect of its responsibility, many have called attention to the point that many of the health problems in Nigeria could be prevented by the affected individuals themselves if there would be proper information and education (Soola, 1991; Omotade, 1995; Gureje, 2005). Even while acknowledging the fact that the media are not an all-powerful magic bullet, some of these scholars have challenged the media to take the lead in educating and informing their audience in matters of preventable health conditions (Soola, 1991; Adekunle et al, 2004; Ojebode & Adegbola, 2007).

In response to that challenge, most broadcast stations in Nigeria, both commercial and state, devote substantial air time and effort to health education. Their efforts come in the form of health talks, interviews with guest physicians, health jingles and testimonials. In many respects radio takes the lead over television in health education (Adekunle et al, 2004; Ojebode, 2005; Ojebode & Adegbola, 2007). Radio is particularly suited to the Nigerian situation for a number of reasons. The total adult literacy rate is only 69 per cent (UNICEF, 2008), and health messages in handbills, newspapers and books will not reach many. The electricity power supply is extremely poor which makes television viewing infrequent. Radio is mobile, cheap to own and run (Olorunnisola, 1997). Radio jingles are especially potent educational formats in Nigeria (Ojebode, 2005). They are easily memorized and remembered by listeners, and when the facilities permit, they are applied.

Studies have been conducted that evaluate the performance of the media in disseminating health information in Nigeria in the areas of family planning (e.g Adekunle et al, 2004); HIV/AIDS (Onyechi, 2007;

Ojebode and Adegbola, 2007); malaria prevention (Greer et al, 2004; Goodman, Brieger, Unwin, Mills, Meek and Greer, 2007), oral polio vaccination (Makanju, 2006), cancer (Ojebode and Adegbola, 2007) and even in fighting schistosomiasis (Olaseha and Sridhar, 2006). We searched for a study on the use of mass media for educating Nigerians about the sickle cell disorder but, surprisingly, could not find any.

The magnitude of the sickle cell problem in Nigeria

The evaluation of the use of media in addressing the need for information regarding sickle cell disorders is important because of the enormity of the problem in Nigeria. According to Ohaeri and Shokunbi (2001), sickle cell disorder (SCD) afflicts about 100 million people worldwide. Of these, four million are in Nigeria. The magnitude of the disorder in Nigeria is best appreciated when one considers that more than one in four, or 40 million Nigerians, are carriers of the sickle cell trait and that, annually, 20 per 1,000 babies are born with the disease, translating to over 150,000 babies born annually with sickle cell anaemia (Sickle Cell Foundation, 2008; Akinyanju, 2007). If this is compared to other affected African countries, and indeed several others put together, it is evident that Nigeria has the largest sickle cell gene pool in the world (Akinyanju, 2001; Adeyemi, Adeniran, Kuti, Owolabi & Durosinmi, 2006). One newspaper has tagged Nigeria the "capital or headquarters of sickle cell disorder in the whole world" (*The Nation*, 2008, p. 18).

Certain socio-cultural and infrastructural factors contribute to the spread of the SCD in Nigeria. Many intending couples do not conduct genotype tests because insisting that a partner conduct blood tests is an implicit expression of distrust in their moral chastity. In many traditional Nigerian communities, this casts a slur not only on the intending spouses but, especially, on their parents. In some parts of Nigeria the parents, under the cloak of religion, literally "force" their daughters into marriage in their early teens. Such parents do not bother to find out the genotype of the intending husband nor are the girls given the right to question this.

The third possible reason for the spread of SCD is the poor state of the laboratories and the incompetence of laboratory staff in Nigeria. In our preliminary investigations for the study, we came across a middle-aged man who conducted his genotype test twice in the laboratories of different secondary health facilities and got two different results. Not

only this, it costs substantial money and waiting time to conduct any test in Nigeria (Greer et al, 2004; Goodman et al, 2007). In many villages, travelling to the city where the health facilities are, waiting in line for hours or days, and having to return on a later date for the results, costs a lot of money and time, and can be generally discouraging.

We strongly suspected that, added to all the reasons above, is ignorance. How much do Nigerians know about SCD, its causes, prevention and management? What are the sources of their information on SCD? How much and what quality of information do these sources of information offer? These were the questions that motivated this study.

The Study

The study began as a simple small-scale survey to ascertain what Nigerians know or believe about SCD, but our findings kept pushing the original boundaries of the study further. Our survey showed that radio was a major source of health information for our sample, so we decided to examine what SCD messages there were on radio. The findings of the content analysis led us to interview the radio station staff and health workers. The survey was conducted in Akwa Ibom state. By the 2006 census, Akwa Ibom has a population of 3.9 million, mostly fishing and farming families. The SCD prevalence rate in Akwa Ibom is unknown but there are no grounds to suggest that it is better than the national average. Akwa Ibom is among the few states in the country that do not have sickle cell clubs or centres.

To draw respondents for our small-scale survey, we adopted cluster and convenience sampling techniques. Each of the three senatorial districts in the state constituted a cluster, and from each of these we chose a hundred respondents giving a total of 300 respondents. Attempts were made to ensure that the selection cut across age, educational, marital, gender, religious and rural-urban categories in the society. The 90 per cent response to the questionnaire is very acceptable.

We interviewed 15 community health workers in three hospitals, and six staff of Akwa Ibom Broadcasting Corporation (AKBC) radio who were involved in producing and presenting health programs. We collected and analysed all the jingles and health talks that AKBC radio had aired in the previous twelve months and interviewed six members of staff with a 23-item interview guide.

The Findings

As Table 1 indicates, the knowledge of SCD in this sample of respondents is poor. We had three points of test: questions about the nature of SCD, about the causes of SCD and about the consequences of SCD. Only 32.9 per cent gave correct information on at least two of these three points of test. We rated such respondents as having adequate to fairly adequate knowledge of SCD. Eighty-one of them (30.0 per cent) gave correct information on just one of the three points. We considered these to have inadequate knowledge of SCD. A hundred respondents (37.0 per cent) had no idea at all or got it all wrong.

Table 1: Knowledge about sickle cell disorder

Knowledge of SCD	Adequate/fairly adequate	89	32.9%
	Inadequate	81	30.0%
	No idea/wrong idea	100	37.0%
	Total	270	100%
Which factor would you consider in choosing whom to marry?	Religion/Spirituality	103	38.2%
	Character	102	38.0%
	HIV	64	24.0%
	Beauty	53	20.0%
	Genotype	47	18.0%
	Family background	41	15.0%
	Education	39	14.5%
	Wealth	14	5.2%
	Health	14	5.2%
	Age	7	3.0%
Employment	9	3.3%	
Would you marry someone you loved even if both of you were sickle cell carriers?	Would marry	56	29.2%
	Would not marry	86	44.8%
	Undecided yet	50	26.0%
	Total	192	100%

The knowledge of behavior relating to SCD was also poor. We asked our unmarried respondents to state the factors they would consider before choosing a marriage partner. About 38.2 per cent would consider the intending spouse's religion and spirituality, 24 per cent would consider HIV status; but only 18 per cent would consider the genotype. In fact, beauty was considered more important than genotype. Not only this, 29 per cent of unmarried respondents would marry someone whom they loved even if both of them were sickle cell carriers. Fifty-six per cent of our married respondents did not check their genotype before marriage, and 63 per cent of unmarried respondents would not check their genotype before marriage.

Radio was the most important source of health information for 73.2 per cent of our respondents but 65.4 per cent could not remember ever hearing any SCD information on radio. Most (66.8 per cent) listen to radio daily, and 85.5 per cent had control over at least a radio set.

The health workers we interviewed confirmed the sickle cell ignorance in Nigeria, and some blamed the media, the government and health advocacy groups for it. A doctor said:

Awareness is really low especially in the rural areas. People are ignorant of SCD...The urban dwellers who get information about SCD are the ones influenced by the information...they are the ones that might go to carry out blood tests.

According to him, urban dwellers receive information through such other means as public health campaigns in schools, and IEC materials distributed in cities. These materials do not get to the rural areas. Another respondent put the task squarely on radio, which, according to her, is the only way of reaching rural and non-literate people. Health workers claimed that people with higher levels of education knew more about SCD. Said a nurse:

Most of the people who come here for ante-natal do not know their genotype. But those who are privileged to have education go for their genotype tests even before marriage.

We felt this was to be expected. After all, educated people could access information on SCD from other sources such as magazines and books. Of the 89 respondents (33 per cent) who gave correct information on SCD, 71 (80 per cent of the correct answers) had secondary school education and above. Health workers had educated

or enlightened their patients on SCD when such patients, especially women, attend ante-natal clinics. Health workers claimed that they did not use radio to educate people about SCD because the stations did not invite them to give SCD talk or interviews.

Our analysis of AKBC radio health talks and jingles showed that the station did not give any talk or air any jingle on SCD in the one-year period that we examined. Seventeen (73.9 per cent) of the health pieces were on HIV/AIDS; 4 (17.3 per cent) were on tuberculosis while 2 (8.7 per cent) were on malaria. Why did AKBC have nothing on SCD? All our interviewees at AKBC Radio believed that it was the emphasis on HIV/AIDS that dwarfed attention to other conditions including SCD. One of them said:

Everyone, everywhere is talking about HIV/AIDS. Wherever you turn to it is AIDS. So we think of HIV more than we think of SCD. That informs the kind of counsel and education we give our listeners. I don't think we ever talked about SCD in this station; I'm not sure.

Another reason advanced for the absence of sickle cell information on radio was lack of sponsorship. Interviewees informed us that there are several groups which sponsored health talks on HIV/AIDS, tuberculosis and malaria. These groups paid some money to the stations and some of them bring recorded messages which the radio simply aired. There was no such support for SCD. An interviewee ventured the argument that "because SCD is an African problem, Western donors do not see the need to support its eradication". Another but more implicating reason given was that the staff and management of the station were not aware of SCD as a major health challenge, and the State Ministry of Health has not alerted them. Or otherwise, there would have been more SCD information on radio.

I know there is SCD but I did not know its prevalence. We in the media do not know everything. Someone has to alert us, maybe the Ministry [of Health] or the management or an NGO. If someone told us that one quarter of Nigerians have SCD, we too would have been alarmed and would have cried out to the young [unmarried] ones.

The government lacks commitment to people's welfare, and the station tends to emphasize programs that will generate revenue. A radio worker put it in more damning terms:

We lack the technical skills to give enlightenment and education on this matter. But that is a minor problem. We lack initiative. We don't do things unless someone else is doing it (sic) or someone asks us to do it (sic). We are not, I'm sorry to say, we are not smart. Our management lacks commitment. We have all these programs on AIDS because they bring money to the station. AIDS is a money-spinning machine. And our government is not interested in people's welfare. All they do is politics to make them richer and keep them in power.

Another one said that being government employees, they are meant to please government. "It doesn't matter if you do not serve the people or enlighten them. Just be sure you do not say what offends government and you will be fine".

Discussion

Discussants of news selection criteria (Boyd, 1997; Folarin, 1998; Yopp and Haller, 2005) have suggested that when a problem is of a great magnitude and impact, it attracts media attention. Our study shows this not to be true in the case of SCD in Nigeria. It is true that the HIV/AIDS situation in Nigeria is severe, but it is also true that many more people are likely to suffer from SCD issues than from HIV. The sickle cell disorder threat is actually of greater magnitude and its potential impact has extremely serious consequences for the health of the nation. Despite this, the attention of radio workers is not sufficiently drawn to SCD to the point that they could begin to enlighten their listeners about it. Even if they lack the technical skills, they could invite health workers for informative interviews and talks.

The lack of commitment to the SCD cause by government is perhaps the strongest explanation for sickle cell ignorance in Nigeria. If government were committed, it would have mandated radio stations to mount a campaign with or without sponsorships. Adoption of neoliberal economic policies by government in Nigeria is taking a severe toll on the commitment of broadcast media to public service and development programming. Following the deregulation of broadcasting in Nigeria in 1992, state-owned broadcasting stations were asked to become fiscally self-sustaining. This gave ascendance to profit over social responsibility, and resulted in a continual drop in development and public service programs (Ojebode, 1998).

In media studies circles, the debate on whether or not the media have effects on people is no longer an issue. What is in question is how

much effect and under what conditions (Littlejohn, 1999). Our study does quite indirectly suggest that the media might have influence on their listeners, at least at the cognitive level (Hybels and Weaver, 2001). Lack of SCD information on radio seems to correlate with SCD ignorance among listeners and this seems to suggest, though not conclusively, that the presence of SCD information might correlate with reduction of SCD ignorance among listeners.

The question of who sets the media agenda has been engaged almost only in political communication circles (See Olorunnisola, 2006). Health communication researchers have not paid enough attention to this.

Recommendations

In many cases, the media do not just set agenda and prime an issue just because it is there. Often, some external subtle and implicit pressure brings the media searchlight to beam on an issue. Our study suggests that media must be primed in order for it to set the social agenda with health in its proper position on the agenda. It appears that the overwhelming attention given to HIV/AIDS is setting media agenda in a way not favorable for SCD and other health conditions that may be as critical as, if not more critical than, HIV/AIDS.

The question of who sets the media agenda has been engaged almost only in political communication circles (See Olorunnisola, 2006). Health communication researchers have not paid enough attention to this. In many cases, the media do not just set agenda and prime an issue, just as Atanda(1996, pp 3-34) has indicated.

A nexus of political and economic factors combine to make radio fail to contribute to sickle cell knowledge in Nigeria. Government is not committed to SCD education, SCD programs are not sponsored and so yield no profit for stations, radio workers are ill-prepared and station management puts money first. The place to begin is with a change of attitude by the ministries of health and information and station management.

SCD advocacy groups in Nigeria (such as the Sickle Cell Foundation) need to refocus their advocacy. Rather than simply providing care and support for those suffering from SCD, they should be more proactive and more focused on informing the public. They should make efforts to educate carriers on the need to choose their spouses wisely. They should also be more active in media advocacy. They are in a good position to prime the media pump. National and international donor agencies should support SCD education and

intervention. Nigeria government at various levels must create awareness about SCD, and make efforts to carefully discourage, and possibly outlaw cultural and other practices that provide a fertile ground for the spread of SCD or stigmatize those suffering from SCD. The blame for SCD ignorance is beyond radio.

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