



COMMUNITY PERCEPTION OF THE IMPACT OF RADIO MESSAGES ON VESICO VAGINAL FISTULA DISEASE IN NORTH-WEST NIGERIA

P.T. Marcus

Department of Mass Communication
Plateau State University, Boko, Plateau State, Nigeria

ABSTRACT

A communication intervention in Vesico Vaginal Fistula (VVF) is a core eradication agenda strategy and exposure to intervention messages could help to achieve the goal of preventing and controlling VVF in Nigeria. This study was designed to assess community perception of the impact of radio messages on Vesico Vaginal Fistula Disease in North-west Nigeria. To achieve the objectives of the study, survey research design was adopted while; interview and Focus Group Discussions were used as the research instruments for data collection. The data was analyzed using content analysis by adopting the six-step model of Bryman. The findings shows that awareness of VVF was through other radio programmes where friendly health issues are also discussed, but there was no specific programme devoted to the campaign on the disease. The radio provided the needed information on VVF and, for those that heard the messages, they used such information to enhance their knowledge of the disease, but its impact were not significant because the messages do not reach majority of people in the study area and was not the major source of information about the disease. All health personnel and the media houses covered concurred that radio messages on VVF have not been conducted regularly and there is no specific day for reporting on the disease. Media practitioners have encountered many problems in their involvement in campaign against VVF in North West Nigeria. Some of the challenges identified included shortage of staff, lack of modern equipment, technical knowledge about VVF and health reporting, competition from other programmes, and short duration for VVF related stories. The study concluded that despite the fact that radio mass media have enormous potential to influence health-related behaviours and perceptions, the use of media for health development is not without hitches or challenges. The study recommended that Messages on life repulsive health condition, such as VVF should be frequently aired, possibly, broadcast on a daily basis so that people in the study area can be well informed about the disease. Also, for the radio to achieve the desired results on VVF, it should use the appropriate channels that are people oriented and also increase their campaigns by dedicating programmes to the campaign

Keywords: Vesico Vaginal Fistula; Radio; Radio messages; Perception; North-west Nigeria

INTRODUCTION

Vesico Vaginal Fistula (VVF) disease, an abnormal opening between a woman's genital tract and her urinary tract or rectum is a major cause of severe morbidity and potential mortality. Women who experience VVF suffer constant incontinence, marital disruption, destitution, shame, social segregation and health problems. Early marriage and early pregnancy are major causes of fistulae that lead to the social rejection of many young women (UNFPA,2012). The exact magnitude of VVF worldwide is unknown. However, the World Health Organization (WHO, 2018) estimated that over 20 million women are living with this condition, with 50,000 to 100,000 new cases per annum. Each year between 50 000 to 100 000 women worldwide are affected by obstetric fistula. Fortunately, VVF is preventable; it can largely be avoided by delaying the age of first pregnancy, the cessation of harmful traditional practices; and timely access to obstetric care.

Global attention was drawn to the problem of VVF in Nigeria in 2003 when UNFPA launched the landmark Campaign to End fistula. The initiative largely focused on improving treatment supplies and supporting existing fistula care centers. Since the campaign, Nigeria has been taking measures to address maternal health problems associated with the disease, but the implemented interventions have not reach optimum coverage to obtain the desired impact (NDHS, 2008). This is because VVF is still currently one of the maternal morbidities and mortality problem in Nigeria. The situation is being more evidence in the Northern part of the country, with prevalence estimate ranging from as low as 400,000 to as much as 800,000 cases; 5% of these cases are from the Northern region (NDHS, 2008). The last two decades have witnessed quantum of studies on issue on VVF with diverse research interests. A significant proportion of researchers have worked on treatment and possible solution to the disease, addressing the possibility of providing access to adequate medical care for already infected females (UNFPA (2012). Also, researchers in the social sciences have concentrated on the implications of the disease on the society. Particular emphasis has been on the behavioral adjuncts associated with the disease and the demographic characteristics of women who develop VVF. However, there are very few studies that focus on the role of the media on VVF, and this concern is important because the responsibility of the mass media in reporting health issues is premised on the fact that the media are important sources of information. Its role in health promotion for sustainable health development throughout the world remains vital (Li, 2008).

Among the mass media that exist in the society, the radio is the most influential medium for raising awareness and health campaign support messages particularly in developing countries where no mass medium reaches more people. VVF information from radio in form of advertisements, news, and live show constitutes the major ways through which females gain VVF information. This is because the radio is cheaper to use and it can reinforce the advice that health workers give and deliver information to families who have difficulties in accessing a health worker (Dentzer, 2009). It has been empirically proven that radio the can be effectively used to promote health related issues (Centre for International Media Assistance, 2007).

In order to achieve the goal of preventing and controlling VVF in Nigeria, government and other stakeholders which included international bodies and donors agencies have supported and implement a number of enlightenment programs among women in North-west Nigeria and the mass media, particularly the radio tends to be the major carriers of the VVF campaign messages. Currently, VVF is considered a major public health problem in North-West Nigeria, requiring effective media campaigns to reduce the prevalence of its occurrence. The radio has ensured success to VVF through the communications and sensitization of the citizenry in Nigeria (Agu, 2013; Christian & Uche, 2015). With appropriate messages and effective communication services, the radio can bring about attitudinal and behavioural change towards preventing and controlling VVF



disease. And, journalist over the years, has continuously given attention to its coverage. As such, news coverage of health issues has become more prevalent in the media (Ahmed and Bates, 2013).

The focus of this study is to examine how radio stations responded to the dissemination of the information on VVF disease in North-West Nigeria and what females, health workers and reporters perceive as the value of such information, which is unexplored in the region. This is important because preventing and managing VVF fistula contribute to the Sustainable Development Goal 3 of improving maternal health. The specific purpose of this paper is to: 1) assess community awareness and the perception of the influence of radio messages on VVF, 2) health workers perception of radio messages on VVF and, 3) radio staff knowledge of VVF and challenges of reporting on the disease. It is hoped that the outcome of this study helps to generate information that could serve as inputs into the design and implementation of programmes by radio stations to educate women and reduce the incidence of VVF in the states.

METHODOLOGY

Study Area

Kano and Katsina States are located in the North-west geopolitical zone of Nigeria. The zone has been noted to have a high prevalence of obstetric fistula due largely to early marriage and failure to utilize modern maternity services during pregnancy and delivery (Ijaiya, Rahman & Abayebi, 2010). Maternity services are provided in both states by orthodox public and privately-owned health facilities as well as unlicensed Traditional Birth Attendants (TBAs) using their homes or the woman's home for their practice (Umoyoho & Inyang-Etoh, 2012). The National Population Commission estimated the population of females to be 6,100,781 in Kano State and 3,781,640 in Katsina State in 2016. Both states share the same culture and Hausa people (sometimes grouped with the Fulani as Hausa-Fulani) are the largest ethnic group. The local people engage in peasant farming, petty trading and cattle rearing. There are thirteen radio stations in Kano State while Katsina State has four. The availability of these radio stations implies that the population of the study area has access to a broad variety of health care information.

Study Design and Population of the Study

This study adopted survey design using Focus Group Discussions (FGDs) and In-depth Interviews (IDIs) tools for data collection. The study focused on two groups of females, namely, healthy women attending antenatal care at Aminu Kano Teaching Hospital, Kano and Federal Medical Centre, Katsina; and women receiving treatment at Laure Fistula Centre, Kano and National Obstetric Fistula Centre, Katsina. This classification was carried out to eliminate any stigmatization of affected women and to allow the participants to express themselves freely without any bias. The selection of participants for FGD was done to ensure broad representation of the participants in terms of age, ethnicity and educational status. The number of discussants for each session ranges

from 8-12. A total of 8 FGDs sessions with 61 participants took part in the focus-group discussion sessions, 28 in Katsina State and 33 in Kano State. Two sessions were conducted in each selected health Centre. The FGD sessions were conducted after counselling the participants on the purpose of the study assuring them that there would be no penalty for any opinions and comments made. The discussions were tape-recorded in addition to note-taking by trained research assistants. A brief pre-coded questionnaire that had been pre-tested successfully was administered to each participant in order to obtain their age, VVF status, religion, occupation, marital status, and their level of education.

The study population also consisted of health personnel and programme officers in the selected media outfits. In-depth were conducted with 10 health care providers on VVF and 7 programme officers in the selected media outfits. Purposive sampling technique was also used to select a public and private radio outfit in each state. The purposive selection resulted in the selection of Companion FM (public radio station) and Vision FM (private radio station) in Katsina State, while Radio Kano (public radio station) and Wazobia FM (private radio station) were selected in Kano State. Two reporters each were selected from Programme Department in Companion FM, Radio Kano and Wazobia, while one was selected from Vision FM. Two nurses were each interviewed at National Obstetric Fistula Centre, Katsina, Federal Medical Centre, Katsina and Laure Fistula Centre Kano, while four were interviewed in Aminu Kano Teaching Hospital Kano.

Data Analysis

The textual data generated in the FGDs and Key Informant interviews were analyzed manually by contents analysis. The data was qualitatively analyzed by adopting the six-step model of Bryman (2012). This model comprises: (1) careful reading of the transcript (2) coding or indexing by labelling relevant pieces such as words, phrases, sentences, actions, concepts (thematic analysis) (3) deciding the most important codes, and create categories (4) labelling categories and decide the most relevant ones and how they connect to one another (5) decide whether hierarchy could be created in the categories in order of importance or not and (6) presentation, interpretation and discussion of results. This six-step model was performed on the textual data in order to qualitatively achieve the study objective.

RESULTS

Characteristics of the Sampled FGD and In-depth Interview Participants

Table 1 shows the breakdown of the state, VVF status, age groups, educational level, religion, occupation and marital status of the participants. All the participants gave their informed consent to take part in the study and expressed themselves freely without any reservations. A total of 61 participants took part in the focus-group discussion sessions, 28 in Katsina State and 33 in Kano State. Forty (65.6%) of the women were VVF patients, while nineteen (31.1%) were non-VVF. The



majority (68.9%) of the participants were in their active phase of life and belonged to the 15-35 years age group. Most (49.2%) of them had no formal education and a vast majority (80.3%) were Moslems. The majority (81.9%) of the participants were married at the time of the study.

Table 1: Characteristics of the Sampled Population for FGD and Interviews

Characteristics	Variable	FGD Participants		Health workers
		Frequency	Percentage	Frequency
State	Katsina	28	45.9	04
	Kano	33	54.1	06
VVF Status	VVF patients	42	68.9	00
	Non-VVF	19	31.1	10
Age group	< 15	05	8.2	00
	15-25	22	36.1	00
	26-35	20	32.8	04
	36-45	14	22.9	06
Educational status	No formal education	30	49.2	00
	Primary	15	24.7	00
	Secondary	08	13.1	00
	Tertiary	06	9.8	10
	Others	02	3.2	00
Religion	Islam	49	80.3	07
	Christianity	12	19.7	03
Occupation	Housewife	22	36.1	00
	Farming	15	24.6	00
	Civil servant	09	14.7	10
	Trading/business	14	22.9	00
	Student	01	1.6	00
	Marital status	Married	50	81.9
	Divorced	04	6.5	00
	Separated	01	1.5	00
	Widowed	02	3.2	00
	Single	03	4.9	00

Source: Author's fieldwork, 2016

A total of ten health workers participated in the interview aspect of the study. Six were from Kano State and four from Katsina State. Four of the participants were between the age group 26-35 years while eight were between the age group 35 years and above. All were married, had attained tertiary level of education, nine were Muslims and three were of the Christian faith.

Awareness of Radio Communication Campaign(s) Programme/organization for VVF

Most discussants were not aware of radio communication campaign programme for VVF conducted in their community. Most could not remember such radio spots or messages. Those that could remember mentioned the name of the most popular radio campaign programme to include, *Ya takene*, *Likita Radio*, *Lafiya Jari*, *Domin Iyalinku*, *Health is Wealth*, while the programmes in Kano State are: *Mai Lafiya*, *Alincika Lafiya* and *Mutamlayi Likita*. Some heard about VVF only in the

hospital, yet could not remember the topic of information even though it was between VVF and a doctor. For those that heard of the radio programme on VVF, they reported that it was based on everything (causes, symptoms, prevention and treatment of VVF in the radio campaign). The knowledge was consistently higher among VVF patients and particularly among those that have heard about the disease. The general feeling of respondent's awareness of radio programmes on VVF is low as a majority of them could not give a specific name of a programme they had heard either recently or in the past about the disease. The general assumption or conclusion being that programmes targeted against VVF are not adequate.

Some discussants reported that in several ways, their knowledge of VVF as well as prevention practices, has improved, as a result of the radio messages. They pointed out that, as a result of the radio programmes, they claim that their renewed consciousness, awareness and caution about this disease is now informing their conduct. The programme also broadened the scope of knowledge of the discussants who before then had some misconceptions and doubts about the disease. The finding support Keating, Meekers and Adewuyi (2006) assertion that exposure to radio messages on health related matters helped youths to dismissed myths and misconceptions about diseases. The habit of listening to programmes on VVF on the radio stations is an important factor in changing or including positive attitudes on the disease.

Impact of VVF Radio Spots or Messages

Discussants who had listened to radio spots or messages on VVF were asked to evaluate the influence of the information they heard from the radio on their behaviour towards VVF prevention and treatment. All the discussants reported that in several ways, their knowledge of VVF as well as prevention and treatment practices, has improved tremendously, as a result of the radio messages. In fact, all of them said it improved their attitude towards prevention and treatment. They rated the information as relevant and have significantly impacted on their life. A discussant who had listened to radio message on VVF was optimistic that exposure to radio messages on VVF has largely impacted them. She reported thus:

The radio message tremendously increased my knowledge about the disease and life building skills which have empowered me to talk to other women about the disease. This information has not only help me but my community as a whole, I am now capable of talking about the causes, prevention and treatment of the disease. Now I have a lot of information because of the radio program(Katsina discussant).

Another discussant, commenting on the impact of the radio information on VVF prevention and treatment, affirmed that:



We had more enlightenment after exposure to the radio programme because, we use to think that it is only prolonged labour that causes VVF disease. We now know that there are other causes like early marriage and rape can also cause it"(FGD, Kano state).

One discussant reported how radio messages on VVF have influenced her knowledge and the community about the disease in the following way:

The programme really enlightened us not to stay at home during child delivery. It also created awareness in us that going to the hospital is the best place to seek for medical care when pregnant (FGD, Katsina).

Women that were receiving treatment pointed out that radio discussion about VVF and prevention messages has impacted positively on them and extended to other women that were not exposed to the programme. They reported that the programme has changed their views about VVF and were able to influence others positively. They said they discuss it among themselves and in some cases; it lasted for long hours at night in form of jokes and debates. As a result, they claim that their renewed consciousness, awareness and caution about this disease is now informing their conduct and preventive behavior. The radio messages also broadened the scope of knowledge of some women who before then had some misconceptions and doubts about the disease. Discussants agreed that their knowledge has been deepened, misconceptions cleared and life style positively impacted. About half of the participants convincingly said; "then People living with VVF should be taken care of". This is obvious against the background of acute stigmatization and discrimination fanned by a high degree of ignorance concerning the disease.

Most of the participants also confirm that the radio messages has impacted on them because they gained confidence in seeking information on VVF as a result of the information they got from the radio campaigns. All discussants agreed that new information were gained from the radio messages. Some of the new reported information gained was that:

"Antenatal care is important"

"It is not only early marriage that is the cause of VVF"

"Girls should be ripe for marriage before given them out in marriage"

"Not to stay at home during labour"

"Gishiri cut and Yan Wanzami are also predisposing factors.

"Obstructed labour is not the cause of VVF.

In addition, the knowledge of the discussants were broadened in the area of early marriage, to the effect that it became clear that early marriage and rape were potent predisposing factors to VVF infection. Similarly, most participants realized from the radio message that rape could also increase the chances of VVF infection. The need and advantage of going for antenatal care was better

appreciated by all discussants. Some other misconceptions about the causes of VVF were cleared. About one-quarter of the participants in the FGD reported that their long held belief that VVF patients were suffering for their wrong-doings attributing their condition to punishment from the gods for their infidelity was finally and scientifically debunked as a result of the radio message. This was summarized by a discussant that:

"Before I heard the radio message, I use to argue this point with some of my friends, I was having a different view that any woman with VVF was suffering for her wrong-doings and a punishment from the gods for her infidelity"(FGD, Katsina state).

Views of participants were sought on whether the radio messages on VVF contained information on their susceptibility to VVF disease, severity of the disease, benefits of prevention and seeking treatment for the disease. All the participants reported that the radio programme did. They reported that they gained confidence in seeking information on prevention and seeking treatment as a result of the information gotten from the radio campaigns. A discussant summarized it this way:

"The radio campaign message on VVF contained information on everything about the disease and even more. This is because it also it also talked about some other health habits we did not know before such as *Gishiri cut* and *Yankan Wanzami*" (FGD, Katsina).

Discussants were asked whether radio messages have reached people and what it has achieved in their community. Most of them reported that VVF radio messages have not reached people and have not achieved much in their community. This probably could be because some of them do not own radio. However, few participants who acknowledged that the messages have achieved a little, perceived the value of the radio programmes as informative. It discusses all they need to know about the disease ranging from causes, symptoms, prevention and treatment. Discussants were unanimous that despite the fact the radio messages have not reached many people and have not achieved much in their community, they were of the opinion that the radio is an effective instrument of information and education about VVF especially when the messages are in a language the people understand. This is because all discussants that have listened to any of the VVF programmes agreed that the programmes increased their awareness about the disease. A discussant who opined that the radio is effective in disseminating information on VVF explained that:

Radio messages are effective, and we believe that if VVF is mentioned, it will be effective in creating awareness about the disease. There should be more messages on radio on VVF especially for the rural dwellers" (FGD, Kano State).

Most of the participants who had listened to radio spots on VVF expressed the views that the content of the information was adequate though it could still be improved upon. The findings confirm the contention by Obukoadata and Aluab (2014) that the media in Nigeria are alive to their surveillance functions in campaigning for efficiency in disease control and prevention. The



campaigns have empowered the discussants to understand and make informed decisions on VVF. That if only they are more frequent, it will help because information is power.

Participants were asked to make suggestions on how information through radio could help in educating people on VVF. Some suggested that the messages should be designed like advertisements just like they do for family planning and malaria and be given prominence. The messages should be short (brief) and dramatized so that people especially women will understand it better. They also suggested that the campaigns should be more frequent and more time allocated to address questions arising from the presentation. More messages should be designed for radio, and the disease is mentioned during health talk at antenatal care.

The FGD findings show that information through the radio had considerable influence on respondents in the prevention and treatment of VVF in the study area. The general response from the discussants on the impact of radio on VVF is that if only the media can use the radio to design messages in and in language that people understand (Hausa language for the study area), the women will have more awareness and thus learn to attend ANC services which will help them prevent the disease. However, in the event that they already have been affected by the disease, the radio messages will educate them on where they can get help for their condition.

Health Workers Perception of Radio Messages on VVF

The general response from hospital personnel about VVF is that if only the media can use the radio to design messages in Hausa language, the women will have much awareness and thus learn to attend ANC services and avoid the disease. They opined that even if they already have been affected by the disease, the radio messages will educate them on where they can get help for their condition. All health personnel interviewed concurred that radio messages on VVF have not been conducted regularly. They said that the campaigns in the clinics and hospitals when women come for antenatal services. All the nurses interviewed were in agreement that the campaigns should be conducted regularly and they should use the radio to reach more people. To do these, they all said that funding from government and donors was needed. In addition, the health workers argued that they need to be involved more in these campaigns, especially in preparing messages for the campaigns and taking the campaigns to people in different places. They opined that radio messages on VVF in the study area and Nigeria generally are not conducted regularly and even it is done, it is for very short periods, not more than once a week. This cannot be effective since many people are not reached and there is also lack of the element of repetition. However, all the health workers interviewed said that they had never been involved in a VVF radio programme targeting women. On whether the nurses participated in the writing of the programmes, all the nurses interviewed said they had not. One of the nurses said:

Our views are not sought when writing those programmes. Yet, we have a lot of information from what we have seen by interacting with patients, caregivers, other health workers and the general public, that is extremely important in increasing knowledge and reducing stigma.

Regarding perceived susceptibility, all the health workers said it is a key message in the campaigns. They reported that even though they have never taken part in the campaigns, they said that they always explain to their patients and caregivers who is susceptible to VVF disease. All the nurses interviewed agreed that the radio messages do not reach many people. They all agreed that knowledge levels were still very low and stigma high. The responses obtained show that communication campaigns for VVF should be held more regularly, use language that people understand and not in hospitals alone in order to be more effective. Regarding the element of the regularity of radio messages on VVF in the study area, all those interviewed said that they were not regularly aired. One of the health workers who had been involved in the treatment of the patients said: 'If these radio campaigns are aired regularly, most of us could have known and could have been actively involved. They are aired rarely and lack coverage. They concluded that since the programmes are rarely aired, most women are unaware of the programmes. This makes them highly susceptible to VVF since they lack knowledge about the disease.

When asked whether the radio programmes on VVF aired in their area have been effective in enhancing knowledge, all the of them were in agreement that for those that attend antenatal care, their knowledge levels had been raised. They said that this was because more VVF patients are being brought to hospital, more VVF patients were bringing themselves, cases of abandonment of the VVF patients were significantly reducing, patients and caregivers were following treatment instructions carefully and there have been increased cases of recovery from VVF. However, they all agreed that this may not be the case for rural residents. They said that many parts of the study area had not been reached by the radio campaigns.

When asked whether the radio messages have impacted on the community and effective in enhancing knowledge, one of the health workers said:

The radio messages often contain information about the causes of VVF during the programme. They also said that it contain information on the causes of the disease which are preventable and those which are not.

The implication of this finding is that once people know the causes of VVF, stigma will be reduced and all the VVF patients will be taken to hospitals for treatment. The general response from hospital personnel about VVF is that if only the media can use the radio to design messages in Hausa language the women will have more awareness and thus, learn to attend ante-natal care services and



avoid the disease. However in the event that they already have been affected by the disease, the radio messages will educate them on where they can get help for their condition.

Radio Staff Views on Radio Messages on VVF

Four media houses were sampled in both Katsina State and Kano State with the following breakdown, one government owned radio station and one private owned radio station in each state. The justification for this is for the basis of comparing if all radio stations considered vesico vaginal fistula disease to be a phenomenon of concern to the citizens and the country in general. Most of the media houses where journalists were interviewed had a basic qualification to work in a media organization with the highest qualification of a master's degree, though not necessarily a basic training in mass communication. Two journalists were interviewed in each radio station from the programmes Department with the exception of Vision FM which is a private media house and had just one journalist in charge of health programmes. Years of working experience also vary but one particularly had worked for 15 years which also indicates that the reporter had worked for longer years covering health related issues and, therefore, probably has a flair and vast knowledge of trending health issues.

Interviews with radio staff revealed that all of them were aware of VVF in Nigeria and that the disease is common in the northern part of the country. The opinions expressed by the radio staff interviewed are an indication that they were quite aware of the disease. Radio staff confirms their most common sources of information about VVF to be medical experts followed by radio and mobile phones. Radio staff equally reported that the women do not always have access to radio messages because some do not have the financial freedom to own or purchase a radio however some had access to radio their husbands owned but only listened to BBC Hausa service.

It is a general occurrence in all the four media houses covered that there is no specific date for reporting on VVF. However, for Radio Kano it is a yearly tradition that whenever it is the world day for VVF, they bring in medical experts to educate the audience on symptoms, signs, causes, prevention and management of the disease. For the other three media stations, namely, WAZOBIA FM, Kano, VISION FM, Katsina and Companion FM, all interviewed reporters agree that they do not have a specific programme on VVF but any time there is a need, the issue is reported using their various health communication programme as a platform.

Companion FM Katsina has the following health programmes: *Kula da lafiya iyali*, *Lafiya Jari* and *Domim Iyale Ku*. All these are health programmes that talk on various health issues ranging from cervical cancer, HIV/AIDS, Cholera, VVF and many other health issues. The language of communication is mostly in Hausa language and the justification is that the majority of the audience understands Hausa language. The programmes are aired on Wednesday by 12noon.

VISION FM Kastina on the other hand has one health communication programme titled "Health is Wealth", and it is aired on Saturday at 12 noon with a repeat package on Wednesday at 9pm and they occasionally discuss VVF disease especially when the government wants to create awareness for women living in rural areas to access free medical attention. They depend on sponsors to keep the programme afloat. The language of communication here is in English language.

WAZOBIA FM, Kano, also has aired a programme on VVF twice, while playing host to the country project manager of United States Agency for International Development (USAID) at 3:30pm to commemorate the world VVF day and another instance sensitization for women to avail themselves for corrective surgery organized by USAID. The language of communication on this station is English and Hausa is translated later in the week.

Findings from the interview also reveal that for the times programmes have been aired on VVF disease, it has created a lot of impact in the sense that a lot of misconceptions about the disease have been dispelled and women are more aware that corrective surgery is a solution where hitherto they had given up hope of getting to live normal and happy lives. What this means is that the timing of the programme is key because, when prime time is targeted at programming, there is every tendency that the programme will have more audience and the message passed across will have a greater impact.

The findings also indicate that from the four radio stations that were studied, the message or content of messages was targeted at both females and males although emphasis was more on the female gender since they are the one affected by the disease. Findings further reveal that out of the seven journalists who were interviewed, only one had encountered problems, while reporting or anchoring a programme on VVF, and that was the unwillingness of the patients to cooperate mainly because they feared stigmatization by their immediate community if they speak up. He however, reassured them of anonymity before they unwillingly granted the interview.

Sponsorship of the programme by concerned bodies still leave a lot to be desired because the frequency of airing the programme will enhance or pave way for more awareness and eliminate the disease or curb the frequency of the yearly occurrence of the disease. It therefore, means that more efforts should be made by both medical experts in collaboration with non-governmental agencies and government agencies to design effective radio messages that will reach rural dwellers on the signs, symptoms, causes, treatment and prevention of vesico vaginal fistula disease.

Further findings reveal that all media organizations interviewed agreed that spot messages will be effective in creating awareness on the disease. They agreed that malaria has received much awareness because of spot messages that radio has carried over the years and if only VVF can also get sponsors to do a similar thing, less women will become victims.



Challenges Involved in VVF Reporting by Health Reporters.

Most health reporters were of the opinion that willingness on the part of health workers was not very encouraging as a lot of protocol was involved especially for doctors who always have a busy schedule to grant interviews.

Another challenge reported was the response from affected women who want incentives before they can relate their life experiences on living with VVF to media reporters, while in the same vein, access to the hospital wards to interview the women was difficult as the women carry along potty for the urine. Thus, it became difficult talking to them. A reporter from companion FM related as he is the only male who reports on health from his media house.

A health reporter from Vision FM has this to say:

I would really love that nongovernmental organizations partner with government to sponsor campaigns on VVF. This will create more awareness and people will become conscious and learn better habits to prevent VVF just like messages on malaria prevention and HIV/AIDS prevention.

A health reporter from WAZOBIA FM Kano is of the opinion that media organizations should do more training and refresher courses on health reporting so that they can be well equipped to report health issues.

The absence of an identifiable sponsor for VVF campaign on radio is a big challenge. This means that the frequency with which messages on the disease could be aired was limited and the only respite was to use the general health programmes on their stations to talk about VVF with a willing health expert. This explains why messages are inadequate as reported by FGD participants.

Findings from media practitioners reveal that broadcasters have encountered many problems in their involvement in campaign against VVF in North West Nigeria. Some of the challenges identified included shortage of staff, lack of modern equipment, technical knowledge about VVF and health reporting, competition from other programmes, and short duration for VVF related stories. These results support Semiu (2015) where the challenges the media faced in reporting health in Nigeria were listed to include the use of English language by the electronic media, multiplicity of language in Nigeria, lack of audience feedback, ownership problem, dearth of qualified personnel, urban-centred development journalism, dearth of community based or vernacular radio/telecommunication, illiteracy.

CONCLUSION

The study reveals how the radio has been reporting about VVF and calls for support to increase media exposure as part of the fight against the disease. Awareness of VVF was through other radio

programmes where friendly health issues are also discussed, but there was no specific programme devoted to the campaign on the disease either recently or in the past. The general assumption or conclusion being that programmes targeted against VVF are not adequate. The radio provided the needed information on VVF and, for those that heard the messages, they used such information to enhance their knowledge of the disease. The content of the messages impacted and expanded the knowledge base of most respondents such that they could identify causes, symptoms, prevention and treatment issues raised in the radio campaigns. Even though radio had messages on VVF, their impacts on majority of the people were not significant because the messages do not reach majority of people in the study area and was not the major source of information about the disease. The study concluded that despite the fact that radio mass media have enormous potential to influence health-related behaviours and perceptions; the use of media for health development is not without hitches or challenges.

The study recommended that Messages on life repulsive health condition, such as Vesico Vaginal Fistula should be frequently aired, possibly, broadcast on a daily basis. This will help to sensitize the public on the seriousness of the condition and prevent them from those practices and attitudes that lead to it. This is because radio programmes that are aired more often have been found to achieve the best outcomes when it comes to the scope of message dissemination. Thus, it is necessary for radio programmes on VVF to be aired more frequently so that people in the study area can be well informed about the disease. Also, for the radio to achieve the desired results on Vesico Vagina Fistula campaign, it should use the appropriate channels that are people oriented and also increase their campaigns by dedicating programmes to the campaign.

REFERENCES

- Agu, C.U(2015). *The influence of broadcast campaigns on vesicovaginal fistula prevention and control in north east Nigeria*. An unpublished M.A dissertation, Department of Mass Communication, University of Nigeria, Nsukka.
- Ahmed, R. & Bates, B. R. (2013). *Health communication and mass media: An Integrated Approach to Policy and Practice*. Farnham: Ashgate Publishing Ltd.
- Center for International Media Assistance (2007). *Community radio: Its impact and Challenges to its Development, Working Group Report*. Washington, D.C: Center for International Media Assistance National, Endowment for Democracy, October 9
- Christian C. & Uche, V.E. (2015). *Patterns of exposure to communication interventions on obstetric fistula among men in Ebonyi State, Nigeria*. *New Media and Mass Communication*, 33:49-60.



- Dentzer, S. (2009). Communicating medical news. Pitfalls of health care journalism. *The New England Journal of Medicine*, 360(1), 1-3.
- Ijaiya M.A, Rahman A.G, Aboyeji A.P(2010). Vesico Vaginal Fistula: a review of Nigerian experience. *West Africa Journal of Medicine*;29:293-298.
- Li, M. (2008). Can even minimal news coverage influence consumer health-related behaviour? A case study of iodized salt sales, Australia. *Health Education Research*, 23(3), 543-548.
- National Demographic Health Survey (NDHS). Religion, Gender and Educational level of Nigerians. National Demographic Health Survey 2008.
- Obukoadata, P. O. and Abuah, F. A. (2014) Media Surveillance Function within the Context of the Ebola Outbreak in Nigeria: Influences and Perceptual Frames, *International Journal of Scientific Research and Innovative Technology*, Vol. 1 No. 5, 53-66
- Umoiyoho, A. J., & Inyang-Etoh, E. C. (2012). Community misconception about the aetiopathogenesis and treatment of vesico vaginal fistula in Northern Nigeria. *International Journal of Medicine and Biomedical Research*, 1(3): 193 - 198.
- Semin, M. B.(2015).Newspaper coverage of health issues in Nigeria: The frequency of Reporting Malaria, HIV/AIDS and Polio and the effect of seeking health information on the health behaviours of newspaper readers. An unpublished thesis, Department of Media and Communication, University of Canterbury.
- United Nations Population Fund (2012). Campaign to end fistula: The Maternal Health Thematic Fund Annual Report.
- United Nations Population Fund (2018). Campaign to end fistula: The Maternal Health Thematic Fund Annual Report
- World Health Organization (2018). Obstetric Fistula: Newsletter: WHP Press