

Programmes used by the Radio to Create Awareness and Sustain the Fight Against Vesico Vagina Fistula Disease among Females in North-west Nigeria.

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Abstract

This study was conducted to find out Programmes used by the Radio to create awareness and sustain the fight against Vesico Vagina Fistula disease among females in Kano and Katsina States, Nigeria. Data was gathered through structured questionnaire and 389 healthy women attending antenatal care and those receiving treatment at designated VVF centres were recruited into the study. Descriptive statistics was used to analyze data. The findings showed that most of the participants indicated that they had been listening to the radio for the past three months and heard about VVF (73.8%), but only 27% were exposed to any radio spots messages on VVF. While radio utilized different programme strategies to disseminate information on VVF, discussions and interviews featuring experts on the disease remained the most recurrent format for disseminating information on VVF and updating listeners' knowledge about the disease. However, in spite of the high exposure to discussions and interviews, most listeners (84.7%) preferred radio drama programmes as the most recurrent formats for disseminating information on VVF and promoting listeners' awareness. The study concludes that, of all programmes used in disseminating information on VVF in the study area, radio drama was the most commonly preferred programme among the female audience about the disease. Therefore, more drama series should be produced in Hausa language and aired by radio stations to create awareness about the disease and other public health problems in the study area.

Keywords: Vesico Vaginal Fistula; Radio; Awareness; Programme formats; North-west Nigeria.

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I. INTRODUCTION

Vesico Vaginal Fistula (VVF) disease is a public health issue of concern that still persists despite the availability of VVF repair facilities in some hospitals. Though the magnitude of the VVF problem worldwide is unknown, it is believed to be immense and the frequency of the disease is largely underreported in developing countries. However, World Health Organization (WHO, 2018) estimates that at least two million girls and women live with VVF and that an additional 50,000 to 100,000 are affected each year and majority are in Sub-Saharan Africa and South Asia.

Like many African countries, VVF is a serious concern in Nigeria. Many Nigerian women are living with the disease. The United Nations Population Fund (UNFPA, 2018) estimated the annual VVF incidence at 2.11 per 1000 births. The country has the highest prevalence of the disease in the world, with between 400,000 and 800,000 women living with the problem and about 20,000 new cases occurring annually; 90 percent of the cases go untreated. This implies that about 55 women are infected by the disease and 18,000 cases are untreated daily. The disease is more prevalent in northern Nigeria than southern Nigeria. The identified predisposing factors are early marriage and pregnancy, which is rampant in northern Nigeria, while unskilled birth attendance and late presentation to the health facilities is common nationwide. Among the significant contributory factors are poverty, illiteracy, ignorance, restriction of women's movement, non-permission from husband and transportation while stigmatization, divorce and social exclusion are common complications (Ijaiya and Aboyeji, 2004; Raji, Mairo, Yusuf, Rukayya and AbdulHamid, 2018).

Because of the prevalence of VVF disease in Nigeria, the Federal Government through the Federal Ministry of Health in conjunction with United Nations Population Fund (UNFPA, 2012) recognized that VVF cannot be addressed in isolation, but as part of an integrated effort to improve sexual and reproductive health, including the aim of reducing maternal mortality and, as morbidity and as such, National Strategic Frame Work for Eradication of fistula in Nigeria was developed to ensure a holistic approach for fistula intervention, prevention, treatment and care as well as rehabilitation and reintegration campaign to end fistula (Lawrence,

2010). In order to address this issue, a lot of awareness campaigns have been initiated by the government, International organizations, Non-Governmental Organizations (NGOs), private individuals and organizations. These bodies overtime have sponsored campaigns geared toward controlling and preventing VVF among women in North-west Nigeria and the mass media, particularly the radio tends to be the major carriers of the VVF campaign messages. However, despite all the campaigns going on in the country, Nigerian Federal Ministry for Women Affairs and Youth Development (2014) reported that the problem of VVF is still at an alarming rate and the country has been identified as the country with the highest number of VesicoVaginalFistula. The Ministry also stated that, since these factors are behavioural, communication intervention will be more appropriate in influencing exposure to VVF issues. This is an indication that health communication in the media is becoming an instrument for sustainable health development, as the information they share is providing knowledge to the people on ways of combating diseases.

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. The radio has been used extensively in developing countries and studies have also indicated that the radio is a mass medium for health education and enlightenment (Hutchings and Matthews, 2008; Nasari and Hasbullah, 2010; Kazaura, Kazima and Mangi, 2011; Kadira, Ahmad and Mustapha, 2014). It has been empirically proven that the radio can be effectively used to promote health related issues (Centre for International Media Assistance, 2007). This has made the Population Media Centre to rely on the radio as the most appropriate and cost-effective medium to reach its target audiences (Centre for International Media Assistance, 2007). Also, United Nation Children Fund (UNICEF, 2014) acknowledges that people get information on disease through different channels but most especially from the radio.

At present, VVF is considered a major public health problem in North-West Nigeria, requiring effective media campaigns to reduce the prevalence of its occurrence. Broadcasting can achieve this because the availability, accessibility and affordability factors which formerly narrowed the reach of the media or restricted them to urban areas no longer constitute any hindrance at least with regards to the radio (Nwabueze, 2009). The radio is an influential behavioural change medium of mass communication and has ensured success to VVF through the communications and sensitization of the citizenry in Nigeria (Agu, 2013; Christian and Uche, 2015). Thus, with appropriate messages and effective communication services, the radio can bring about attitudinal and behavioural change towards preventing and controlling VVF disease. This is more so that the radio presents health information to the people using different strategies that could raise awareness and change behaviour among community members (BBC World Service Trust, 2006). Exposure to radio messages broadcast through a variety of programme formats is currently considered the most effective way to change knowledge, attitudes, and behaviour. It is also considered the best strategy for extending the reach of a message to a larger audience and for reinforcing its effect (BBC World Service Trust, 2006).

While there are corpus of studies that have examined VVF disease, radio coverage of the phenomenon is scanty and poorly documented in Nigeria. Also, the communication formats used in VVF eradication messages has remained undocumented empirically. This study was design to gain insight into the programmes used by the radio to create awareness and sustain the fight against Vesico Vagina Fistula disease among females in North-west Nigeria. The study set to achieve three specific objectives: First, is to ascertain exposure and awareness of females to radio campaigns/messages on VVF disease. Second, to describe the radio programmes used in communicating information on VVF disease; and finally, to find out programme the radio adopted in disseminating information on Vesicovaginal Fistula disease in North-west Nigeria.

II. THEORETICAL FRAMEWORK

The study is anchored on the Diffusion of Innovation Theory (DIT). This is because the theory has a stepwise approach of introducing new ideas, new policies, new programmes or new strategies to tackle a long overdue problem in human society such as VVF. The theory was originally published in 1962, building particularly on rural sociology research into the uptake of agricultural technology in the US (Ryan and Gross 1943). The theory has subsequently been very widely applied to issues including marketing, development and health (Greenhalgh, Robert, Macfarlane, Bate & Kyriakidou, 2004). DIT posits four 'main elements' of behaviour change: innovation, communication channels, time and social systems (Rogers 2003). According to DIT, behaviour will change more rapidly if innovations are perceived as being better than previous options (relative advantage) and consistent with the existing values, experiences and needs of potential adopters (compatibility), if they are easy to understand (complexity), testable via limited trials (trialability) and their results are visible (observability). Different information exchange relationships (communication channels) have specific impacts in terms of innovation diffusion. This theory particularly highlights the different roles of 'mass media' and 'interpersonal' channels, with the former especially useful for creating awareness amongst potential adopters and the latter being more effective in terms of persuading actual adoption.

The diffusion of innovation theory holds that the mass media can be a crucial component in influencing beliefs and attitude that will eventually lead to a behaviour. Even, observation clearly shows that, some of the health related programmes on radio such as discussion programmes, jingles and speeches amongst others, whereby various ailments are discussed such as malaria, tuberculosis, diarrhea etc, this theory usually comes into play and has been found very useful. As such, this study further emphasises the relevance of diffusion of innovation theory in the process of introducing new ideas, technologies, policies and programmes for the benefits of the masses.

From this theoretical foundation and in relation to the scourge of VVF in North-west Nigeria, radio has the needed potentials to champion and diffuse any new idea and innovation towards combating the disease. Over the years, ideas and different innovations have flourished on how to prevent or reduce the menace of VVF and observations show that radio has always been a good channel for reaching the masses. Thus, in diffusing these various innovations, health communication researchers have identified information, education and communication (IEC) as basic techniques (Thomas, 2006). Radio as a channel of mass communication would conveniently achieve this owing to its multifarious prospects in reaching far and wide as well as its portable nature.

III. METHODOLOGY

Study Area

The study was conducted in Kano and Katsina States, located in the North-West geopolitical zone of Nigeria. The zone has been noted to have a high prevalence of VVF due largely to early marriage and failure to utilize modern maternity services during pregnancy and delivery (Ijaiya and Aboyeji, 2004). 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.

Research Design and Population of the study

The study adopted survey design using questionnaire as an instrument for data collection. The design was used because of its three basic characteristics. First, survey research is used to quantitatively describe specific aspects of a given population. Second, the data required for survey research are collected from people and are, therefore, subjective. Finally, survey research uses a selected portion of the population from which the findings can be used to generalize for the entire population.

The population of this study comprised females in Kano State and Katsina States. The study focused on two groups of females, namely, healthy women attending antenatal care and women receiving treatment at designated VVF centres. 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 record departments of the selected health centres provided information on the number of women attending antenatal care and those receiving treatment.

Sample Size Determination

The sample size for this study is made up of 389 women, comprising of 210 VVF patients receiving treatment in the selected health facilities and 179 non VVF respondents attending antenatal care in the selected health facilities. All women receiving treatment at Laure Fistula Centre, Kano (112) and National Obstetric Fistula Centre, Katsina (98) were enumerated. The sampling frame used for the selection of non VVF respondents from Aminu Kano Teaching Hospital, Kano and Federal Medical Centre, Katsina was the total number of women attending antenatal care in the hospitals. A total of 106 women from the 140 and 71 from a total of 85 that were registered at the antenatal clinic of Aminu Kano Teaching Hospital, Kano and Federal Medical Centre, Katsina respectively were chosen. Krejcie and Morgan (1970) table for determining sample size was used to determine the proportion of questionnaire administered to women attending antenatal care in the two hospitals. They simplify the process of determining the sample size for a finite population with a table using sample size formula as:

Where:

S = Required Sample size

X = Z value (1.96 for 95% confidence level)

N = Population Size

P = Population proportion (assumed to be 50%)

d = Degree of accuracy (5%), it is margin of error

Thus, with a known population of 140 for women attending antenatal care in Aminu Kano

Teaching Hospital:

$$S = \frac{1.96^2(140)(0.5)(1 - 0.5)}{(0.005^2)(140 - 1) + 1.96^2(0.5)(1 - 0.5)}$$

$$S = \frac{(3.8416)(140)(0.5)(0.5)}{(0.0025)(139) + (3.8416)(0.5)(0.5)}$$

=107.802, which is approximately 108

For a known population of 85 women attending antenatal care at Federal medical centre Katsina:

$$S = \frac{1.96^2(85)(0.5)(1 - 0.5)}{(0.005^2)(84 - 1) + 1.96^2(0.5)(1 - 0.5)}$$

$$S = \frac{(3.8416)(85)(0.5)(0.5)}{(0.0025)(84) + (3.8416)(0.5)(0.5)}$$

=70.75, which is approximately 71.

Sampling Technique and Procedure

Kano and Katsina States were used in this study because they have designated health centres for the treatment of VVF in the North-West geo-political zone. In each state, two hospitals, a VVF treatment hospital and a tertiary health centre were selected. In Kano State, Laure Fistula Centre and Aminu Kano Teaching Hospital were selected while National Obstetric Fistula Centre and Federal Medical Centre Katsina were selected in Katsina State. Laure Fistula Centre was selected because it the largest VVF treatment Centre with the highest VVF patients in Kano and is a referral hospital in the North-West Nigeria and neighboring country, Niger. The hospital has been consistently used as the venue of communication campaigns for VVF held in Kano state since 1990. The choice of Aminu Kano Teaching Hospital, Kano is informed by the fact that it is a tertiary health centre and communication campaigns for VVF have over the years been conducted in the hospital. In Katsina State, the Federal Medical Centre Katsina was chosen because it a tertiary health centre, while the National Obstetric Fistula Centre was chosen because it is a key fistula repair and referral site in the state.

At Federal Medical Centre Katsina and Aminu Kano Teaching hospital, Kano, an eligible respondent for selection was a woman receiving antenatal care services within the period of data collection. They were contacted through a systematic random sampling procedure. On each antenatal clinic day, the total of women registered in the clinic was obtained and thereafter, in each hospital at specified intervals of either every third or fifth woman was selected; depending on the number of women that attend clinic. Where there is any resistance or unwillingness by respondent, other women who were willing to divulge information were contacted. In all, a total of 389 females participated in the study. The data generated from the questionnaire were subjected to descriptive analysis.

Ethical approval was obtained from the Aminu Kano University Teaching hospital and National Obstetric Fistula Centre Babbar-Ruga Katsina Research and Ethics Committee, while verbal informed consent was obtained from the individual respondents.

IV. RESULTS

Table 1: Awareness of Radio campaigns and Name of Radio Programmes on VVF Disease

Variable	Characteristics	Frequency	Percentage
Listen to radio in the last three months	Yes	323	83.0
	No	66	17.0
Frequency of Listening to radio	Very often	174	44.7
	Often	39	10.1
	Rarely	30	7.7
	Not at all	146	37.5
Ever heard of VVF	Yes	87	73.8
	No	99	26.2
Awareness of any VVF radio programme	Yes	105	27.0
	No	284	73.0
Heard radio spots/messages last 3 months	Yes	75	19.2
	No	314	80.8
Heard radio spots/messages last 3 months	Yes	75	71.4
	No	30	28.6

Exposure to Radio and Awareness of Campaigns on VVF Disease.

Table 1 shows that most (83%) of the participants indicated that they had been listening to the radio for the past three months. This could mean that they have had the opportunity to listen to radio spots/messages with regards to VVF. Less than half (44.7%) said they usually listened to the radio very often. Only 10.1% and 7.7% listened often and rarely respectively, while 37.5% did not listen at all. Table 2 also revealed that majority (73.8%) of the respondents heard about VVF. This is not surprising as some of the respondents were already on admission in the treatment facility, and would have interacted both among themselves and also with the health workers who are likely to have discussed the disease with them. This number (26.2%) of women without information on VVF is high and has not been reached by media campaigns. But when asked whether they have heard any radio programme on VVF, over two thirds (73%) reported that they were not aware of any radio programme on VVF while only 27% said that they were aware. This is an indication that radio messages on VVF in the study area are not conducted regularly. Respondents that were aware of a radio programme on VVF were further asked if they had heard any radio spots (short messages given through radios) or messages with regard to VVF in the previous three months and how often. A total of 71.4% of the respondents that were aware of VVF radio programme indicated that they heard a radio spots (short messages given through radios) or messages with regard to the disease in the previous three months, 28.6% were not exposed to any radio spots messages on VVF in the last three months. However, overall, only 19.2% of all participants in this study were exposed to it in the last three months. This means also that some females were listening to the radio and paying some attention to media campaigns messages. Listening to radio by the respondents were found to be significantly associated with awareness of VVF disease ($\chi^2=19.485$, $df= 1$, $p=0.000$). This is an indication that respondents that listened to the radio more frequently are more likely to have ever heard about the disease. It also means that listening to the radio has a positive impact on awareness of the disease.

Radio Programmes on VVF Disease.

Table 2: Name of Radio Programmes on VVF Disease

Variable	Characteristics	Frequency	Percentage	
Popular VVF radio programme	Katsina State	<i>Ya take ne</i>	80	76.2
		<i>Likita radio</i>	25	23.8
		<i>LafiyaJari</i>	42	40.0
	Kano State	<i>DominIyalinku</i>	24	22.8
		Health is wealth	43	40.9
		<i>AbincikaLafiyaka</i>	22	20.9
		<i>Mutanbayilikita</i>	65	61.9
		<i>Mai lafiya</i>	30	28.6

To ascertain respondents knowledge of programmes the radio used to disseminate information on VVF disease in the study area, information was sought on radio campaign programmes that were available in the study area and they have listened to it (Table 2). They listed the programmes as: *ya Take Ne* (76.2%), *Likita Radio* (23.8%), *LafiyaJari* (40%), *DominIyalinku* (22.8%), Health is Wealth (40.9%), while the programmes in Kano State are *Mai Lafiya* (28.6%), *AbincikaLafiyarka* (20.9%) and *MutambayiLikita* (61.9%). The programmes are not necessarily for VVF, but other trending health issues are also discussed. However, some of the programmes are every day, others are aired once a week while others are broadcast once a month. The most popular programme in Katsina State is *ya TakeNe* (76.2%) while it is *MutambayiLikita* in Kano State (61.9%). *Yayatakene* is a drama series and aired once a week by Freedom FM, Katsina. *LikitaRadio* is a phone in programme and is aired twice a week also by Freedom FM, Katsina. Health is Wealth is a discussion programme aired twice a week by Vision FM Katsina. *LafiyaJari* is a discussion programme aired everyday by Companion FM, Katsina. *DominIyalinka* is a discussion programme aired once a week by Freedom FM, Kasina. Health is Wealth is a discussion programme aired twice a week by Vision FM, Katsina. *Mai Lafiya* is a documentary programme aired once a week by Wazobia FM Kano. *MutambayiLikita* is a phone in and is aired by Radio Kano and *AbincikaLafiyaka* is a spot message aired everyday by Companion FM.

Programmes Radio Used to Disseminate Information on VVF Disease

Table 3: Programmes Radio used to Disseminate Information on VVF

Programme	Frequency	Percentage
News	38	36.2
Discussions	69	65.7
Interviews	64	60.9

Programmes used by the Radio to Create Awareness and Sustain the Fight ..

Live phone-ins	16	15.2
Documentaries	00	00
Drama	10	9.2
All of the above	24	22.8

Radio used different communication programmes to create awareness and sustain the fight against VVF disease in North-West Nigeria (Table 3). The programmes used were news, discussions, interviews, live phone-ins, documentaries and drama to educate residents of the study area on VVF. The table revealed that 36.2% of the respondents reported news as the most prevalent of all programmes on VVF. Most of the respondents were exposed to discussions (65.7%) and interviews (60.9%) featuring experts on the disease. Also, 15.2% and 9.2% of the listeners were exposed to live phone-in programmes and drama on radio discussing VVF respectively. In addition, 22.8% were exposed to all the programmes, while none was exposed to documentaries on the disease. The implication of Table 3 is that radio stations used discussions and interviews most in providing needed information to members of the public on VVF. This also indicates that even though radio utilized different programme strategies to disseminate information on VVF, discussions and interviews featuring experts on the disease remained the most recurrent format for disseminating information on VVF and updating listeners' knowledge about the disease.

Respondents Preference of Radio Programmes on VVF

Table 4: Respondents Preference of Radio Programmes on VVF

Programme	Frequency	Percentage
News	70	66.7
Discussions	50	47.6
Interviews	52	49.5
Live phone-ins	60	57.1
Documentaries	43	40.9
Drama	89	84.7
Jingles	30	33.4
PSAs	20	28.6
All of the above	46	43.8

Table 4 shows the preference of respondents according to the different types of programmes used by radio to create awareness on VVF disease in the study area. The table revealed that in spite of the high exposure to discussions and interviews, most listeners (89) representing 84.7% preferred radio drama programmes on VVF. This was followed by news (66.7%) and live phone-in discussions (57.1%) in order of preference. Also, 47.6% expressed preference for discussion, 49.5% for interviews, 40.9% for documentaries while 45.3% of listeners enjoyed all the programmes. The least preferred programme on VVF were jingles (33.4%) and public service announcements (28.6%).

The implication of Table 4 is that, of all programmes used in disseminating information on VVF in the study area, radio drama appeared most entertaining and popular programme among the respondents about the disease. This means that, while discussions and interviews are the most recurrent formats for disseminating information on VVF and promoting listeners' awareness, radio drama had high potential and was also most widely acclaimed among most respondents because it has helped them to retain much of the information they accessed on VVF from the radio. It also means that drama programme was most preferred because it is more captivating and the audience can relate with the characters more.

Table 5: Language Used in programme format to educate audience about VVF

Language used	Frequency	Percentage
English	16	16.2
Hausa	87	82.9
Fulfude	02	1.9
Others	00	00
Total	105	100

Table 5 presents the most common language used in radio messages on VVF disease. The table revealed that 82.9%, 1.9% and none reported the use of Hausa, Fulfulde and other languages respectively by the radio to educate people about VVF in their communities. Only 16.2% identify use of English language by the radio to educate the public about the disease. The table also shows that Hausa is the most used language by the radio in disseminating information on VVF.

V. DISCUSSION

Most of the participants in this study were familiar with the term VVF disease. Findings of this study contrast with Kazaura, Kamazima and Mangi (2011) who found, in a study using focus group discussion among men and women in Southern Tanzania that majority of the participants were not aware of the term fistula; which showed that they were never exposed to the intervention campaigns. It also contrasts with the findings of Sambo (2008) who found that even though obstetric fistula was a major maternal health problem confronting families in Nigeria, the level of its awareness among men remain scanty.

Even though over two thirds reported that they were not aware of any VVF radio programme, this study confirmed that some of the participants in this study heard radio spots/messages with regards to VVF in the previous three months. However, even those who reported ever heard of VVF radio messages did not get it frequently since 31.4% were exposed only once a month. The finding means also that some females were listening to the radio and paying some attention to media campaigns messages. However, 28.6% of those that ever heard about the campaigns were not exposed to any radio spots messages on VVF in the last three months.

Participants in this study demonstrated that some of them were listening to the radio and paying some attention to media campaigns messages. They were aware of radioprogrammes that talked on health issues where sometimes VVF disease issues are discussed by mentioning the names of the programmes, such as *Ya take ne*, *Likitaradio*, *LafiyaJari*, *DominIyalinku* and *Health is Wealth* in Katsina State, while in Kano State the popular programmes are: *AbincikaLafiyarka*, *MutambayiLikita* and *Mai Lafiya*. These programmes are not necessarily for VVF, but other friendly health issues are also discussed. None of the programmes was devoted for VVF disease campaign.

Radio stations in North-west Nigeria used different programme strategies, such as news, discussions, interviews, live phone-ins, documentaries and drama to educate residents of the study area about the disease. This finding aligns with Rice (2013) who found that health communication campaigns use various media formats to encourage people to improve their health behaviour. It also agrees with Kente(2016) that radio utilized different programme strategies for war against Ebola disease during outbreak of the virus in Nigeria in 2014. In their exposure to these programmes, most respondents rated discussions featuring experts on the disease as the most enduring programme strategy radio adopted in disseminating VVF messages to the people in the study area. This does not agree with the findings of Christian and Uche (2015) that songs came out as the highest among formats in which respondents heard or saw issues on obstetric fistula. The findings does not also agree with Kente(2016) that radio stations in all the geo-political zones used news programme most in providing needed information to members of the public during the 2014 Ebola outbreak in Nigeria.

In this study, even though discussion remained the most recurrent format for disseminating information and updating listeners' knowledge on VVF disease, radio drama (84.7%) was the most commonly preferred and admired programme among the people for helping them to retain much of the information they accessed on VVF from radio. The information they received through the different programme formats from these radio stations were communicated mostly in Hausa as reported by 76.8% of the respondents. The use of Hausa (common language in the study area) as local language to disseminate information on VVF is appropriate to ensure that the correct message is given, received, interpreted correctly, understood and implemented to enhance change among people. This finding is in tandem with the positions of Nigerian Urban Reproductive Health Initiative (NURHI,2012), Population Media Centre (2003) and Kente(2016) that among all programmes used in disseminating health information in Nigeria, radio drama appeared most preferred and popular among the study participants.

VI. CONCLUSION

This study has helped to unveil the extent to which the radio responded to VVF in North-west, Nigeria. Radio as a medium of mass communication undoubtedly has seemingly inexhaustible potentials and values which are germane in the process of reducing the menace of VVF in the study area. This study shows that there are health programmes on different radio stations in the study area which feature various health issues, but none was dedicated to VVF campaign. The use of radio should be emphasized in communicating VVF messages. This is more so that the radio allows for the use of any language including various mother tongues. The study concludes that the radio disseminate information on VVF in North-west Nigeria through the use of different programme formats but, the format mostly used frequently was discussion which was at variance with the drama format preferred by the audience.

VII. RECOMMENDATIONS

The following recommendations were made in the light of the major findings for policy formulation and implementation on the use of radio for VVF disease management and prevention:

- i. Radio disseminate information on VVF in North-west Nigeria through the use of different programme formats but the format mostly used frequently was discussion which was at variance with the drama format

preferred by the audience. Therefore, radio broadcast programmers should ensure that drama programme is largely employed since it is a highly influential programme format to many people.

ii. Messages on life repulsive health condition, such as Vesicoaginal 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.

iii. The awareness campaigns should be in the form of community mobilization in which the communities will be made to know the consequences of early marriage, the importance of attending antenatal care, and traditional childbirth delivery should be discouraged. The campaign should strive also to renew the hopes and dreams of those who suffer from VVF. It should further aim at reducing the stigma associated with the disease.

iv. 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.

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