

AUDIOVISUAL MEDIA CAPABILITIES AND THE DISSEMINATION OF HEALTH INFORMATION.

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ABSTRACT

This paper examines the potential of audiovisual media in the dissemination of health information. The use and effectiveness of each medium in health communication and information dissemination was extensively discussed. Lesson from an African country – Tanzania was highlighted and the Nigeria experience assessed. The paper advocates teaming up of medical and information professionals as well as planned and sustained multimedia campaigns as means of improving health information dissemination in Nigeria.

INTRODUCTION

Despite increased professionalism, and accelerated information and communication technologies, and freedom of information campaigns at international and national levels health information dissemination in Nigeria is still at its lowest ebb.

This is evident in the paucity of health information flow, health education and health promotion campaigns in the urban centers and worse still in the rural areas. The effect is that many Nigerians are wallowing in ignorance, superstition, fear and diseases and a lot more restricted to the sidelines of world's affairs. To change this unhealthy lifestyle there is need to create awareness, sensitize, motivate, mobilize and educate the citizens for healthful living through audiovisual media.

According to Moonie (1994) health promotion and education should aimed at:

- self empowerment – giving the individual the knowledge and understanding to be able to make an informed choice about something.
- change of behaviour/attitude – the aim might be to bring about change in some way.

- providing knowledge – increasing the understanding of a group on a topic.
- raising awareness – This might not involve a behavioural change as such but attempt to increase someone's perception of a topic.

Invariably, the power of audiovisual media in achieving the above aims and executing successful and effective health promotion, health awareness and health education programmes is certainly not in doubt.

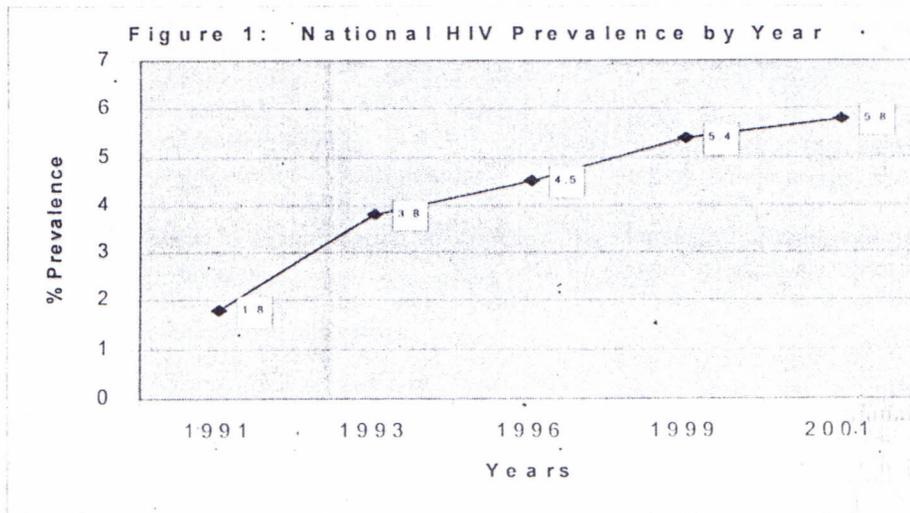
THE URGENT NEED FOR HEALTH INFORMATION DISSEMINATION IN NIGERIA.

Research findings and health statistics reveal progressive decline in the health condition and survival chances of Nigerians. The depressing picture shows that many Nigerians are vulnerable to dreadful HIV/AIDS scourge, tuberculosis and upper respiratory tract diseases, incessant malaria and typhoid attacks, hypertension and diabetes affliction, high infant and child mortality rate, high maternal mortality and morbidity rate, etc. For example, in 1990 Tuluhungwa (1990) declared that over 500,000 infants die during their first year of life and about 350,000 die before reaching the age of five. Also, the Guardian (1996) wrote that "millions die from malaria yearly. Malnutrition and other mass killers cause nearly eight million deaths among children annually. Cases of hypertension, diabetes and coronary heart diseases are increasing at an astronomical rate".

Yet in 2001, Center for the Right to Health (2001) reported that maternal mortality rate is estimated to be more than 1,000 per 100,000 live births while infant mortality escalated from 85 per 1,000 live births in 1990 to 206 per 1,000 live births in 1999. Also, immunization against the six child killer diseases, dropped precipitously from 80 per cent in 1990 to 15 per cent in 1999 and life expectancy fell from 54 years in 1990 to 43 years in 1999. Presently, Nigeria is on the

precipice of an HIV/AIDS disaster. The result of 2001 National HIV prevalent trend indicate a growing epidemics from 1.8 per cent in 1990 to 4.5 per cent in 1995, from 5.4 per cent in 1999 to

5.8 per cent in 2001. Precisely, about 3.1 million Nigerians are living with HIV/AIDS and it is estimated that 4.9 million people will be infected with the HIV Virus in year 2004.



Source: Federal Ministry of Health

Therefore to reverse this distressing and crisis-ridden situation there is need to intensify effort at health enlightenment campaigns, health promotion and education campaigns and health information dissemination through audiovisual media.

WHAT IS AUDIOVISUAL AID

The word 'audiovisual' is derived from two latin words 'audio' and 'video'. Audio means to hear while video – from where visual is derived – means to see. Audiovisual, therefore, is connected to hearing and seeing. It supplies both audible and visual simulations to the learner, Nnolim, (1988). Ugonabo (1988) citing Pautler (1971) classified audiovisual aids into four groups. These are:

A. Visual Instructional materials:

This group consist of such things as demonstration boards, chalkboards, charts, bulletin boards, models, silent films, slides, projected materials of a silent nature, and filmstrips, these have one thing in common in that no sound is provided with them.

B. Auditory Instructional Materials:

These include Am and Fm radio, all types of tape recordings or records. They have one thing in common in that only sound is provided to the learner.

C. Audiovisual:

This area includes sound motion pictures, television, combination of record with filmstrips, or tape with slide series and all types of video recordings. Such aids include sound with visual display of one sort or another.

D. Simulation Instructional Materials:

This category includes all instructional devices used to stimulate the real life situation. Classroom driver trainers, classroom fire fighting trainers, are examples. Simulators are typical examples of simulation type instructional materials.

AUDIOVISUAL AIDS USE AND POTENTIALS IN DISSEMINATION OF HEALTH INFORMATION

Research findings according to Fashade (1992) indicate that 83 per cent of our knowledge and experiences are acquired through seeing, 14 per cent through hearing and the remaining 3 per cent through the senses of smelling, tasting and feeling put together. This means that 97 per cent

of learning experiences are acquired through the eyes and the ears. Ebo (1988) articulating the views of Weaver and Bollinger (1949) and Kemp (1963) on the potency of audiovisual aids when properly utilized stated that audiovisual aids can:

- attract and hold attention
- increase understanding of a topic and proper relationships of its component parts.
- add interest in a course and cause concentration of attention thereby accelerating learning.
- contribute to desirable attitudes
- stimulate people to action
- assist in the formation of correct images and
- offer experiences not easily obtainable in other ways.

Thus the place and potency of audiovisual aids in effective health communication and promotion cannot be overstressed. The use and potentials of each medium in dissemination of health information will be discussed below.

THE NEWSPAPERS AND MAGAZINES.

These are print media. Their main function is to spread news on different subjects including health. Some newspapers published in local languages are effectively used for the dissemination of health information especially in the rural areas. Aboyade (1987) stressed that a lot of information gets to people in the rural areas through popular magazines, daily and weekly newspapers. Examples of such include 'Udoka' published by Concord press, Gaskia' published by New Nigerian Newspapers, 'Iroyin' published by Herald Newspapers, Alfiijir and Albishir published by Triumph publishers. Also, most daily newspapers such as Guardian, Vanguard, Punch, Comet, etc have columns where issues on health are discussed by professionals. Similarly, Magazines such as 'Home Doctor', and 'Your Health' have been extensively used to disseminate health information to the public.

Also, pamphlets and leaflets provide factual information on health matters and are usually distributed freely to the public. Smolensky (1977) asserted that most health educators and health committees are often faced with the task of preparing pamphlets for distribution to the public. These pamphlets are useful instruments

used to inculcate the right health habits to the public especially the literate ones.

RADIO

This is an electronic medium which has unique advantage of relaying information to its audience immediately. Radio has become part of our daily lives and exerts a strong influence in the society. Lettenmaier (1993) asserted that radio reaches more people in rural areas than any other medium. Also that there are an estimated two billion radios around the world, one for every five persons in developing countries. Thus, the popularity of radio cuts across all economic and social classes, age groups and genders. Radio signals do not have problems with the condition of the roads or the topography of a place. It is easily accessible to a large population. Commenting on its advantages, Lettenmaier (1993) said that radio offers health promoters many advantages over other media. Unlike television sets, radio receivers are relatively inexpensive and can run on batteries, rather than being plugged into an electric grids. Unlike print media radio does not require its audience to be literate in fact, it does not even require their undivided attention. Unlike outreach workers, radio broadcasts are not hampered by difficult terrain, bad roads or unreliable transportation. Like other mass media, radio helps shape popular opinions and attitude and can spur listeners to take action.

In many African countries radio has been utilized as a means of promoting health since a greater majority of the population reside in rural areas. For instance in Gambia, Egbe (1987) reported that from May 1982 to April 1984 Radio Gambia started a campaign to publicise Oral Rehydration Therapy (ORT). The campaign lasted for two years and was split into two phases. Within the period, Radio Gambia continuously broadcast programmes on Oral Rehydration Therapy at the rate of 30 to 40 programmes a week on an average of 3 or 4 programmes a day. With this programme Gambia was able to almost eradicate the high incidence of child death through diarrhoea. In Sierra Leone, M'Jamtu-sie (1996) revealed that the Sierra Leone Broadcasting service produces various health information programmes on a wide range of subjects including diabetes, stroke, infertility, sickle cell anaemia, oral hygiene, abortion and drug abuse. One of these programmes captioned 'what the doctor says' was produced in Krio language and

had a phone-in-facility. The programme became very successful and popular among the listeners.

Equally, in Zimbabwe, Gambia and Ghana the radio soap operas, according to Babalola (1993) have motivated men and women to seek and use family planning services. Similarly, in Afghanistan, Gebreel and Butt (1997) stated that the radio soap opera called 'New Home, New Life' was used to promote immunization programmes in 1994 and 1995. The effect was that over 2.3 million children under five years of age and some 700,000 women of child bearing age were vaccinated between November 1994 and June 1995 for eight months.

Again in Colombia, Ojeda (1990) wrote that a private non-profit making organization used radio advertising campaigns to promote the use of condoms. Five different announcements were transmitted by seven radio stations at a rate of ten slots a day on five days each week for a period of about five months. After the campaigns the number of respondents who heard the radio advertisement on the use of condoms greatly rose from seventeen per cent to almost eighty per cent. After two years, 76 per cent of them indicated that they learnt something from the spots while 36 per cent said the spots motivated them to use condoms.

TELEVISION

The word television originated from a Greek word meaning "Far Seeing". It is an electronic medium. On its potentials Hancock (1977) expressed that television has potentially a great coverage and can be used both in schools and at homes. It involves aural and visual senses and utilizes a wide range of presentation techniques. As such it is good for the presentation of unfamiliar experiences, places and processes to the viewer. It also employs demonstration and dramatic presentation of events. Supporting this view, Wallack (1990) stated that "television also helps to sharpen views of health and disease through dramas that explore particular diseases". He also added that programmes covered by television in the United States of America include AIDS, alcoholism, breast cancer, drugs, and many other related subjects or areas. Such programmes are well intentioned, and often stimulate public discussion, which help to reduce the stigma associated with some diseases and at the end, enabled people acquire an improved understanding of some personal and technical aspects of disease.

FILMS, VIDEO AND TAPE RECORDINGS

Films, video and audio recordings are valuable media in health education programme. Expressing this view, Schwartz (1975) stressed that "films can be an extremely valuable vehicle to put over a health educational message...." And that tape recording is helpful in the presentation of a talk, a case history, a play or an interview on health educational programme. Tape recordings can be played back many times within the programme without changing the quality of the sound.

In addition, Kenney (1982) stated that in mental health field, film, video and audio recordings have found wide acceptance as a means of enhancing research, teaching, patient treatment and education. Video, in particular, is useful because of its flexibility and ease of production. In Burkina Faso, Sombie (1990) wrote that the Health and Sanitation Education Board produced six films. These films were used in Primary health care programmes with great success. In France, Ferron and Deschamps (1990) observed that official organizations specializing in HIV/AIDS control and groups of professionals concerned with AIDS produced sixteen films on AIDS prevention. Such films were used to bring home in a clear and precise manner the message about 'AIDS' and the need for individuals to take effective precautions to avoid the disease. They emphasized that films should be sufficiently lively and aesthetically appealing to the audience and that an audience may not be "won over by a dreary film, a harrowing tale, or an over dramatic presentation with ugly and violent images, discordant and inappropriate music, and a mawkish tone". Thus, good films if well presented are capable of motivating a large audience into action. Besides poor readers and illiterates can grasp materials presented in films far more readily than material in print media.

GRAPHICS

Graphics include charts, tables, diagrams, cartoons, posters, graphs, maps and globes. Graphic media carry powerful messages designed to improve health and affect living habits. Brown, Lewis, and Harelroad (1983) asserted that graphic materials "serve as a universal shorthand to help readers understand the torrent of information with which they are deluged".

Strip cartoons which are comic strips are often used in presenting health messages. Videlier and Piras (1990) wrote that strip cartoons are not an American or European phenomenon, it has spread to many parts of the globe including Algiers, Dakar, Bangui, Madagascar, etc. They maintained that strip cartoon "images is more imperious than written text in that it imposes its meaning at once, without analysis or dispersion". Cartoon video is also making great impact in health information dissemination. In Canada, Lowry (1995) observed that Karate Kids which is the first cartoon video produced by Street Kids International was used for outreach and counseling street youths by youth workers with great success. It deals with AIDS and Sexual health. It has been dubbed into twenty-five languages and accepted by educators in over hundred countries as a useful and powerful tool for sex education, youth counseling and outreach.

STILL PICTURES

It is said that "a picture is worth more than a thousand words". Stimulating pictures can bring ideas to life and make them convincing. For instance, a picture of a pregnant woman and a nurse touching the different parts of her body can reinforce learning. Filmstrips and slides are examples of still pictures which bring people into contact with the real world. Brown, Lewis and Hareleroad (1983) explained that filmstrips present pictures in a fixed sequence thereby providing a structure for a topic. While slides can be arranged and re arranged at the discretion of the instructor; some may be dropped and others added. This flexibility makes slides appropriate for the presentation of health information by health workers.

Equally, picture codes which are poster-sized illustrations with clear drawings can be used to present a real life problem about which a community or a group is concerned. Picture codes, according Laver (1994) have been used successfully in Zimbabwe as a means of stimulating discussion on AIDS control among women and adolescent girls. It helped people to focus on AIDS, think critically about it, and seek new solutions through discussion.

SONGS AND DANCE

Local songs accompanied with dancing are often employed in health education. Such songs help to reinforce health teachings. In Sierra Leone, the Maria Stopes Society according to M'Jantu-sic (1996) used music as a means of communicating health messages to more than 5,000 Liberian refugees. He expressed that the strong oral tradition in many rural communities encouraged health workers to present health messages in form of songs which are highly entertaining and hold people's attention. Clinics attended by women often times resound with the chanting of songs.

In Philippines in 1987, The Population Center Foundation became concerned with the increase in teenage pregnancies especially illegitimate ones. This resulted in the production of two songs "I still believe" and "That situation" which were used as background music for four television commercial programmes and three radio spots aimed at promoting abstinence and sexual responsibility among youths. A post campaign survey revealed that one of the songs "I still believe" had great impact on 56 per cent of 561 respondents. Others said that the songs stimulated them to seek more information on how to maintain a relationship, and discuss issues such as caution in choosing a friend, exercise of self control, preparation for marriage and giving priority to one's studies (Silayan - Go, 1990).

STORY TELLING AND FOLKTALE

Real life or imaginary stories are excellent instrument for communicating health information. Health workers can make up stories using characters from the local folk lore. Such familiar characters make stories interesting for the people. While true stories based on personal experience bring learning closer to life and inculcate the right type of habits into the listeners. In many countries, WHO/UNICEF (1989) attested that stories have been utilized to impart right skills and attitudes in children. They can also be used to teach adults good health habits and practices with success. Stories may be adapted or dramatized using members of the group as actors or by using home-made puppets or simple drawing or pictures.

ROLE PLAY AND DRAMA

Festivals are an integral part of life in the rural communities. During such festivals, drama and role play are used not only as a means of entertainment, but also a means of imparting socially accepted norms and values. WHO (1988) stated that role playing consists of the acting - out of real life situation and problems and by so doing people can better understand the causes of their problems and the results of their own behaviour. It is, therefore, an excellent way of inculcating health habits to a group.

DEMONSTRATIONS AND LECTURES

Demonstrations and lectures are pleasant way of sharing knowledge and skills. They involve a mixture of didactic teaching and of practical work which make the lecture lively. (WHO 1988). Lapido, et al (1990) echoed that lectures and demonstration are effective means of passing new information to a group. For examples, a lecture on Oral Rehydration Therapy (ORT) may be combined with the demonstration on how to prepare the sugar-salt solution for the treatment of diarrhoea. This practical illustration of what is taught makes learning effective and permanent.

GAMES AND SIMULATIONS

Games and Simulations can be used as aids in health education. Brown, Lewis and Harclerod (1983) said that game is a structured activity in which two or more people interact to reach defined objectives. While simulation is a model of a real world. Games such as puzzles, riddles etc. can be used as aids in health education and information dissemination.

MODELS, REALIA AND EXHIBITS

Models, according to Jones (1987), are replicas which may be full size or miniature size of items such as anatomy of a man. While realia are real objects kept for display such as specimens. A collection of models and realia could be displayed as exhibits. Asiedu and Oyedeji (1985) expressed that "besides the immediate knowledge gained, visits to exhibits can generate intense curiosity among learners, and can stimulate them to want to know more.

COMPUTERS AND TELEPHONES

A computer is a modern electronic device. Presently, computers are playing a great role in health care delivery in developed countries. Hu, Toref and Kim - Farley (1994) wrote that in 1990 computer - based telecommunication (electronic bulletin board) was used to provide current and up-to-date information on Expanded Programme on Immunization. Also, the development and maintenance of Expanded Programme on Immunization research was facilitated through computer based telecommunication.

In addition, computer generated cartoons could serve as a vehicle for health education among youths. Rajam (1990) observed that in Malaysia, the Health Committee of the Malaysian Medical Association in conjunction with the Ministry of Education organized the first national "healthy living" computer graphics competition for youths with the theme "A family is healthy without smoking". The competition helped to create awareness of the hazards of smoking and to promote creativity through computer programming.

THE LESSON FROM TANZANIA'S MULTIMEDIA HEALTH EDUCATION CAMPAIGN

A country that has tapped the potentials of audiovisual media in promoting healthy living is Tanzania. According to Hall (1981) the Tanzania's multimedia health education campaign started in April 1973. About two million adults participated in the campaign through 75,000 Radio Study Groups. The campaign which was dubbed "Mtu ni Afya - (Man is health) was geared towards providing the citizens with preventive practices against diseases. The target population composed mainly of people living in the Ujamaa (cooperative) villages, who are vulnerable to communicable diseases.

One thing that made this campaign very successful was the commitment of the government. The Prime Minister Hon. Rashidi Kawawa made two national speeches stressing the importance of full participation of all in the campaign there by motivating and sensitizing the citizen. Secondly, about 1.48 million shillings

(approximately US \$210,000) was spent on the campaign. Out of this over 800,000 shillings (approximately US \$140,000) was spent on printing materials including posters and manuals. This means that a greater percentage of fund was allocated for dissemination of information through posters and manuals.

Thirdly, every opportunity was utilized for the publicity of the campaign. A series of publicity programmes and short announcements were prepared for the national and commercial radio services. Battery and radio companies helped in the publicity and a number of advertisements appeared in the popular national magazine – Film Tanzania. All newspapers including the national Daily News and Kiswahili Daily Uhuru publicized the campaign. Also, a series of twelve poems written by different people about the campaign in general and the prevention of specific disease appeared in the national newspapers. Similarly, the Cooperative Education Centre through their weekly radio programmes advertised the campaign. Also, Health Education and the Ministry of Agriculture made announcements about the programme on their radio time. More so, posters were produced and distributed through more than 2,000 training seminars. In addition, the Friendship Textile Mill Dar es Salam made three designs of cloth (wrappers, shirts, dresses) in several colours stressing aspects of the campaign. Of all, the cloth provided the most attractive advertising space.

As a result of the Mtu ni Afya Campaign the mean health practices index for all houses in the eight villages (2,084) which was 3.0 became 4.8, a 15 per cent gain. In real terms, this implies that each house in the entire sample had improved their health environment by changing nearly two negative health habits into positive ones.

THE NIGERIAN EXPERIENCE

In Nigeria, television has been used for the dissemination of health information to wider population so as to influence their health attitudes and habits. The Nigerian Television Authority (NTA) presents 'Family Doctor' on screen while City Television Kano presents in vernacular language "Riga Kafin Yafi Magani"-meaning prevention is better than cure. Babalola (1993) citing Onakomaiya agreed that in Nigeria television campaigns have helped to increase contraceptive use in several urban areas.

In 1988 the Anambra State Ministry of Health according to Lettenmaier (1993) used radio program such as 'Dibia Ezi na ulo'(Family Doctor) to promote family planning. Presently, Metro 97.6 FM presents a weekly programme dubbed 'AIDS on-line'. It is a "phone-in" programme aimed at disseminating health information on AIDS prevention as well as counseling and rehabilitation of people living with HIV/AIDS.

In Ogun State, Babalola(1993) stated that the State Ministry of Health adopted mobile drama as a means of increasing family planning use. After the drama presentation, 97.3 per cent of the people indicated interest in seeking more information on family planning while the number of the new clients rose by nearly two thirds.

In Northern Nigeria, Hilton (1983) observed the extensive use of stories in the training of village health worker (VHWS) who on returning to their communities use the same method to effectively teach and motivate local people to take more responsibility for preventing diseases and promoting health. He also stressed that immunization coverage of children has been increased by using story which incorporates traditional knowledge and beliefs which though not medically effective, are harmless to the children's health. Aboyade (1986) affirmed that familiar oral narratives were used to inculcate modern family planning information to people in Rivers State in Nigeria with huge success. The stories heightened the interest of the people and affected their attitude.

In Oyo State, the Fertility Research Unit of University College Hospital in collaboration with the Oyo State Ministry of Health and Ibadan Municipal Government used wide range of audiovisual media such as lectures, role plays, demonstrations, storytelling, games, pictographs, songs and dancing in training and retraining of village health workers. (Lapido, et al 1990). Aboyade (1986) stressed that in Nigeria health instructors on clinic days use group singing to impress essential health precautions on their audience.

In 1988, the Federal Ministry of Health through the National Expert Advisory Committee on AIDS (NEACA) organized seminars for various interest groups. To boost its mass campaign

effort, the committee distributed posters, bill boards, and pamphlets containing health information to the general public. (Daily Times, 1988). The same year, the Nigerian Bottling Company (NBC) carried out a nationwide Health week programme in 16 NBC Plants. During the programme, drama presentations, lectures, demonstrations, documentary shows, discussion groups, posters and public interactions were used to disseminate health information to the employees. (Adeloye, 2002).

However, a critical look at the magnitude of health problems in our communities and the level of health information dissemination indicates that a lot still need to be done. At present, the degree of health information dissemination in the urban slums and rural communities in Nigeria is grossly unsatisfactory. The Nigerian government has not deemed it necessary to carry out extensive and effective multimedia campaign against some of the preventable diseases ravaging our rural areas and urban slums rather it continues to spend huge amount of money on building gigantic structure and procuring expensive curative medications.

In the same vein, the television, which is a very powerful channel for information dissemination is highly used for televising programmes imported from developed countries, reflecting life styles and inducing responses which are quite unrealistic. Many of the television advertisements and films depict frequent alcohol drinking and cigarette smoking which encourage all that destroys the moral fibre of the society and applaud models of living that are contrary to the development of healthy communities. Commenting on this, Egbe (1987) warned that "a developing country such as ours cannot afford the precious television time being consumed and wasted by frivolous local and foreign drama and comedy programmes that we see on our screens almost 'daily'". Supporting this view, Popoola (2003) opined that NTA network programmes such as Super Story, Masquerade, Today's woman and AIT's programme - Our Time should be used in disseminating health information on AIDS rather than for mere entertainment. Likewise, the home videos is engrossed in production of films that are dotted with sensuality, violent, horrific and occultic scenes at the expense of disseminating health messages. Worse still, Jimoh (1992) alleged that government owned media are demanding money before carrying jingles on AIDS because they are

mandated to generate funds to sustain themselves - this is the negative side of commercialisation.

Many non-governmental organizations (NGOs) propagating health and health related programmes execute their activities in isolation and as such are not making visible impact in the health sector. Also, their operations start and end in the cities, they hardly get to the villages where according to Akinfeleye (1987) over eighty per cent of the populace resides. While some others exist solely for self propaganda and self-gratification. Jimoh (1992) affirmed that "most (NGOs) are interested in money and the so called founders run it on a full time basis soliciting for funds which are diverted for private use".

However, the Planned Parenthood Federation of Nigeria (PPFN) has been doing fairly well perhaps because of the support it receives from the International Planned Parenthood Federation (IPPF) and other international organisations. The Annual report (2001) reveals that PPFN received in 2000 a total cash grant amounting to N91,824,173.75 from IPPF. The report also shows that Planned Parenthood Federation of Nigeria (PPFN) organized 5,695 motivational and promotional lectures, 585 FLE lectures, and through various participation of young people in radio and TV programmes reached 345,319 young persons with adolescent sexual and reproductive health information. Another non-governmental organisation whose activities are having great influence on Nigerian youths is the Action Health Incorporation (AHI). It organizes annual Teenage Festival of Life for adolescents all over Lagos State and runs in-school outreach programmes in Lagos State. The Teenage Festival of Life is a forum for educating adolescents by providing them with basic information and adolescent reproductive health and life planning issues in an informal way using drama, songs and poetry (Action Health Incorporated, 1997).

In addition, the incessant outage caused by the inefficient and lackluster performance of National Electric Power Authority (NEPA) further compounds the situation since most audiovisual equipment cannot function without electricity.

Akinfeleye (1987) lamented that even though 80 per cent of Nigerians live in the rural areas while 20 per cent live in urban centers, communication network in Nigeria is oriented towards the

urbanities more than the ruralites. He postulated that "if greater population of Nigeria is to benefit from television potentials in promoting healthful living, there is the need for the establishment of rural television or community television (RTVS) system.

Unfortunately, the vigorous, intensive and persuasive manner in which the political parties, the tobacco companies and the coca cola company carry out their advertisement and promotion campaigns is grossly lacking when it comes to health campaigns. The huge sums of money pumped into printing of posters, leaflets, pamphlets, construction of bill boards and sponsoring of public announcement with jingles in radio and television by political parties and tobacco companies cannot be compare with the meager sum spent in health campaigns. In fact, the general neglect and apathy suffered by public health delivery system best describe the situation of health information dissemination in Nigeria. Popoola (2003) advised that multinational companies such as Unilever, UAC, PZ, Nestle foods etc should sponsor radio and television programmes designed to enlighten people on ways to prevent HIV/AIDS virus. Also leading international Tobacco manufacturing companies such as Rothmans, Benson and Hedges rather than spending millions of dollars advertising products that are linked to cancer, Tuberculosis, heart and lung damage should use such funds to support AIDS prevention campaigns.

EVALUATION OF MEDIA

It is pertinent to point out that the comparative advantages of each medium over the others as well as reliable evaluation of the effectiveness of each medium is very difficult to obtain. The reason according to Holmes (1968) is that not enough is known about the best method and techniques to meet certain objectives. Lawal (2003) citing Uyo (1982) added that it is difficult to arrive at the one that is more important than the others since each has distinct advantages and limitations, strengths and weaknesses, based on certain characteristics, some inherent, others acquired or imposed. Thus a number of factors determine which media should be used. The key factors are availability and accessibility. Again, these media are not used independently rather they are integrated into health campaign programmes to elaborate certain concepts. Also rather than using a single medium, multimedia

approach is best if the Programme Planners can afford it.

CONCLUSION

There is no gain saying the fact that audiovisual media hold the key to effective health information dissemination in Nigeria. Public health should no longer be treated as a medical issue which should be left in the hands of medical professionals but one of public lifestyle, as such both medical professionals and information professionals should come together as a team to fashion out the best way to propagate health information through multimedia approach. There is the need for a deliberate planned and sustained health multi-media campaigns aimed at improving the health status of the citizens at all levels. People must be aware of the devastating diseases in our environment and they must be willing to talk responsibly about them. With the large pool of HIV infections in the country the need to redesign a comprehensive health care policy with emphasis on preventive measures that will educate people about basic precautions to take to avoid the diseases is very important. We are already in a state of emergency and therefore all tools of enlightenment and campaign must be mobilized and utilized to remove the barriers to information and advocate behavioural change.

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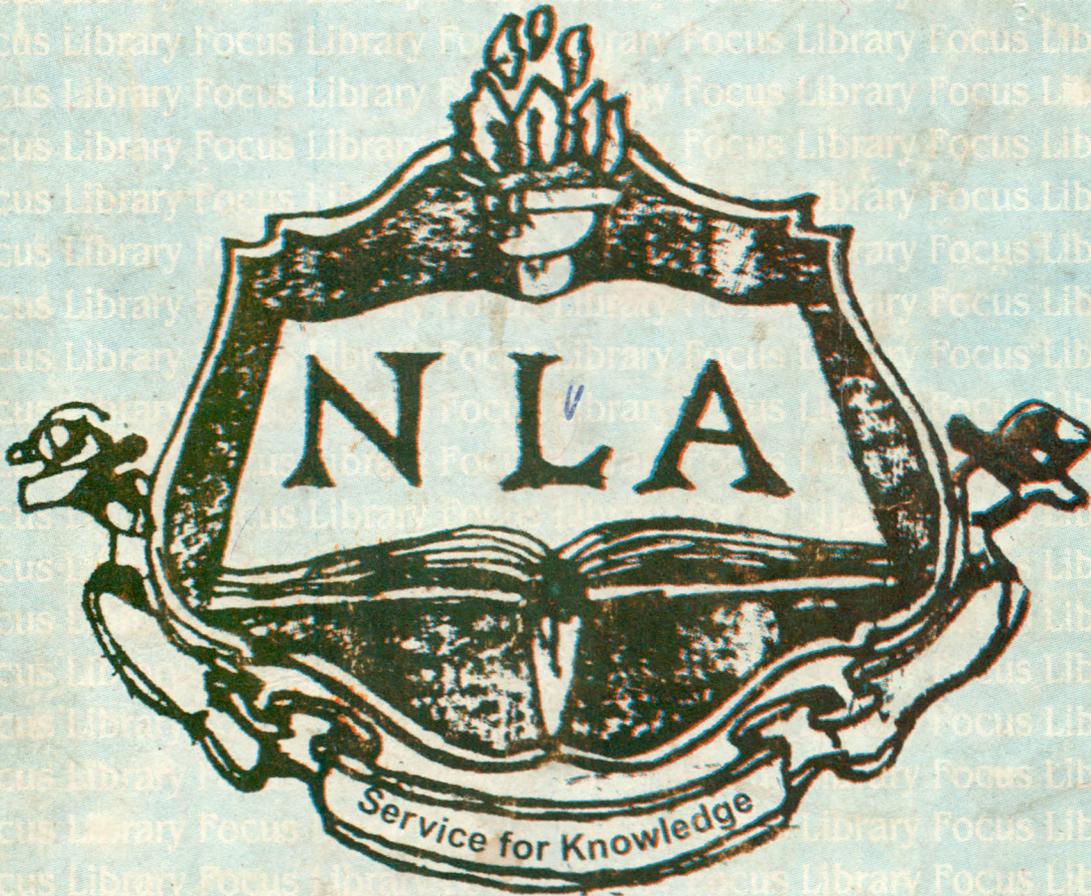
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