

**INFLUENCE OF NIGERIAN TELEVISION AUTHORITY (N.T.A.)
ENUGU IN IMPROVING RURAL HEALTH CARE SERVICES: A
STUDY OF UGWUAJI COMMUNITY OF ENUGU SOUTH
LOCAL GOVERNMENT AREA, ENUGU STATE**

BY

**DIKE CHIAMAKA H.
MC/2010/468**

**DEPARTMENT OF MASS COMMUNICATION
FACULTY OF MANAGEMENT & SOCIAL SCIENCES
CARITAS UNIVERSITY AMORJI-NIKE ENUGU**

AUGUST, 2014.

Title Page

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Approval Page

This research work has been duly studied and approved by the undersigned meeting the requirements of the Department of Mass Communication of Caritas University, Enugu

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Dedication

This research work is absolutely dedicated to God Almighty.

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A research of this nature could not have been completed without the grace of God Almighty and contributions of a number of persons and from other numerous sources.

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Abstract

This study examines the influence of N.T.A Enugu in improving rural health care services in Ugwuaji community in carrying out this research both primary and secondary data were used and the researcher made use of sample size of 360 respondents across the local government area. Descriptive statistics were used and the findings showed that N.T.A play notable roles in improving rural health care services by informing the government on the poor state of health services on Ugwuaji community as noted by 27.8% of respondents sensitizing, the rural populace (Ugwuaji community to appreciate and participate on government health programmes as noted by 47.22% of respondents mobilizing the masses for positive actions towards health improvement e.g environmental sanitation nutrition e.t.c as noted by 100% of respondents. This research therefore builds its foundation on the affirmation of the diffusion of innovation theory which shows the ability of the media to sensitize the audience on the existence of some diseases and mobilizing them towards accepting some decisions or strategies that will help to improve the general health of the rural dwellers. This research thereby recommends that government should regularly sponsor health programmes in N.T.A. The government should provide infrastructural facilities such as good roads, electricity, and telecommunications and also government should improve literacy level of rural dwellers in order for them to participate on health programmes.

CHAPTER ONE

Introduction

1.1 Background of the Study

Health is the most essential ingredient of life, deny man of that, he remains impotent in life. People do not value their good state of health until they have experienced one form of sickness or another.

However, as it is being said that health is wealth, issues of health has overwhelmed our daily comments since revolution of science.

According to records, sickness of various kinds has endangered the life of various citizens of Nigeria before, during and after the reign of colonial masters. Even at present people of Nigeria among other developing countries sign our detriment of sickness especially communication diseases like syphilis, AIDS etc.

On the other hand, communication system during the era was at its functional stage. The people of the third world countries rely on local communication for their exchange of ideas. The use of metal and wooden gong gun shots and smokes do not impact much information to people and some knew they are selective in nature and health messages are retarded.

Communication came and persisted in its function to enthrone philosophers and scientists quest to standardize the health welfare of people, communication has modernized people of the Third World and made their embrace changes in their health environment. One would say that since the advent of modern communication system, health issues have embraced a new and prosperous era in the society.

Communication functions to educate, inform and enculturete the people on the novel Medicare. Since then, the policy of health has been a dynamic ongoing process, less academia would ask mullion question on the immunization programmes since

sickness has been pervasive, government, non-governmental organization and individual are to fight it to a stop through the media.

Just as communication is indispensable in any human activity, Nigerian Television Authority as a broadcasting medium nearest to Ugwuoji community is very vital to the sensitization of the rural areas or a large, heterogeneous people for any activity that is of interest to them.

The importance of communication in our daily lives cannot be over-emphasized. Communication is central to human existence and all human activities that it will be hard for any person, group, institution or any nation to neglect it in their economic, political, health and social lives. It is the most essential factor for building or developing an organized, united, healthy or progressive nation or society.

If N.T.A. Enugu does not play any role on improving rural health care services, there will be no effective solution to rural health problems especially on preventing the most rampant sickness which is malaria in the rural area.

Based on the facts above, one can say that in any communication through television should occupy a key position in the interest of this research. The improvement of the rural health care services is one of the cardinal objectives of the Nigerian government since the nation's independence. In suggesting a plan or a design for a health care system of the rural area in Nigeria, government planners are ever conscious of a feeling that they are working in "in vacuo". This is due to the lack of extensive and detailed factual information as regards the state of the existing health care services which also have relevance to the needs of the communities. They are designed to serve, but should also be with the resources of the states of the nation concerned. Hence it would be to assume the existence of adequate financial support, manpower of various kinds and physical facilities, including equipment and suppliers.

In addition it would be illogical to ignore the existence of administrative and operational structures, which will be to ensure adequate and timely logistic support.

It is almost impossible to design a system of health care service which is applicable to every rural area in Nigeria in view of the different socio-economic conditions. Each state or local government thus have to assess the available alternatives, consider its own problems and then decide on priorities and organization. This assessment may result in changing or modifying an existing system or even involving new concepts. It is, however, important to state that Nigeria is developing rapidly and modernizing at the same time, and it should be realized fully that health care can help or hinder such process. Health care services in Nigeria are very inadequate and disease is treat to the efficiency of the population. This threat is nowhere more glaring than on rural areas, where very little has been done to ascertain the rural needs of the people and to plan to meet them with available resources. Expenditure on health in Nigeria has therefore, so far failed to cover the essential actions necessary to provide for the basic health needs of the greater proportion of the people.

The objective of any system is usually to provide basic health care to the rural areas of Nigeria where more than 70 percent of the people live, so that care is available to all the people all the time and as near as possible to their homes. This is done within the resources available to the state and local governments of Nigeria and in their socio-economic context, with a view to promoting the principles on which the World Health Organization (W.H.O) is founded. These principles, according to Nzewi (2001) are as follows:

Health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmities.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states. The achievement of any state on the promotion and protection of health is of value to all unequal development in different countries in the promotion of health and control of disease, especially communicable disease. The absence of this is a common danger.

Health development of the child is of basic importance, the ability to live harmoniously in a changing total environment is essential to such development. The extension to all people of the benefits of medical psychological and related knowledge to the fullest attainable standard of health informed opinion and active co-operation on the part of the public are of utmost importance in the improvement of the health of the people.

Governments have a responsibility of the health of their people which can be fulfilled only by the provision of adequate health and social measures. The desire to improve the health care services as well as to disseminate the information to the mass as on the attitudes that guarantee health living in Nigeria had made the government to recognize the importance of N.T.A. on the promotion of health care services.

In this regard, the media had been widely used in health campaigns across the country. Some of the most popular of such campaigns were successfully carried out through the media (N.T.A.). Some of the most popular campaign are Roll Back malaria programme, immunization programme in addition, during these campaigns, Nigerian Television Authority (N.T.A.) was used for highlighting major health hazard

and to suggest the strategies for ameliorating the health conditions of the rural peoples.

In other words, Nigerian Television Authority (N.T.A.) was used to present the health problems of the rural people and possible solution is easily understood in terms and forms. Besides, in the 1960's and 1970's Nigeria; the ignorance on health issues were tortured by the epidemic of child diseases especially in early 70's and late 60's.

Also epidemic sexual transmitted diseases like Gonorrhoea peppered the youths, married men and women. During this period, over 20,000 citizens especially the children between the ages of one to ten years lost their lives. This is because people in the rural areas dwell more on roots and herbs with little or no precautions. These threatened the health of the nation and then pushed the country for campaign relieved people from these predicaments.

Furthermore, acquired immune deficiency syndrome (AIDS) is a recent recognized disease throughout the world. First it is caused by infection with the human immune deficiency virus (HIV) which attack selected cells in the immune system and produces defects in function.

AIDS cases were first reported in 1981 in U.S.A. because it was common among homosexual then it was originally termed "Gay related immune deficiency virus (HIV). Nigerian Television Authority (NTA) which compares as channel of mass communication has been empowered by recent technological innovations to disseminate relevant information to the rural areas on the hazard of this endless sickness, such sickness is like measles, tetanus and whooping cough have reduced its victimization to the members of the society in the recent days.

Consequently the benefits of immunization programme cannot be over emphasized. At present, children, youths and even adults of age are relieved from contaminating diseases. The Nigerian Television Authority was chosen as a case study in determining the role it plays as a broadcast medium in improving rural health because it is the most effective and nearer to people of Ugwuaji community.

1.2 Statement of the Problem

The problem to investigate the extent to which television stations have influenced or have helped to improve rural health care services in Ugwuaji community. Since it is necessary to accomplish the objectives of this study, therefore it is imperative to make the information flow across the whole community. Hence the problem on this research work are:

1. The primary problem of the study is to evaluate the role of Nigerian Television Authority in terms of packaging rural health care programmes that will enable them function more efficiently, accurately in improving rural health care services
2. To find out the problem of religion and culture value of the community. If it can make them not to accept rural health programmes based on television messages.
3. To find out the effort of television coverage in various health programmes and to see if it can influence or improve rural health care services and the initiatives of Ugwuaji people.

1.3 Objective of the Study

The objectives of this research are as follows:

1. To examine the role of the Nigerian Television Authority in the improvement of rural health care services in Ugwuoji community.
2. To identify those factors that prevent Nigerian Television Authority from fulfilling these roles
3. To suggest the strategies for enhancing the efforts of Nigerian Television Authority on the crusade for the improving of rural health care services.

1.4 Research Questions

This study will be guided by the following research questions

1. How does television information (NTA) help the people of Ugwuaji community to develop interest in rural health care programme?
2. How does Ugwuaji community embrace N.T.A. health programmes on prevention of common diseases?
3. To what extent does N.T.A. encourage health development on Ugwuaji community?
4. What are those factors that prevent Nigerian Television Authority from fulfilling these roles?

1.5 Significance of the Study

The findings and recommendations to be made on this study if implemented will improve the activities of the media in the area of improvement programmes of rural health care services. This Nigerian Television Authority will do by attracting health improvement programmes to the rural areas through the dissemination of vital health information to both the government and the masses.

Nigerians in general will also benefit from this research. This is because the improvement of the health care services at the rural areas will make positive impact in their lives since more than 80 percent of them live in the rural areas. A healthy nation

is a wealthy nation, the implementation of the findings of this study will help to build a strong verile and self-reliant nation that would be emulated by other nations.

Through this study, Ugwuaji community will learn some strategies on how to prevent some rampant disease that are common in rural areas, for example malaria.

1.6 Scope and Delimitation of the Study

The study borders on the media and its contributions to the improvement of rural health care services. It equally extended the border line to include the characteristics of the rural areas. The study is limited to the staff of the Nigerian Television Authority (NTA) Enugu. The work is also expected to evaluate the health coverage on Ugwuaji community by Nigerian Television Authority (NTA), but we would not in all expectation claim hundred percent (100%) success, as a result of the problems that may crop during the research.

However, the study as to a reasonable extent affected by unavailability of human resources, incredible return of our shared questionnaire, which jeopardized our explanation on some necessary aspects of the topic.

1.7 Definition of Terms: Operational Definition

Rural

This can be seen as the interior part of the country side that is not developed. Rural is also a non-urbanized or village community which could be located in a city, adjacent to the city or far away from the city.

Rural Health

It is the study of health and health care delivery in rural environments. The health of the rural dwellers are critically examined and analyzed.

1.8 Assumption of the Study

It is assumed that, majority of the rural dwellers though has been threatened by one sickness or another has not actually adhered to instructions and warning for health, victimization. The implication of health hazards to individual life and the society in general, considering the destructive tendencies it passes on our nearest future with its promise and aspiration, need a re-addressing to improve the living standard.

Equally, we assume that the mass media is not versatile in health campaign unless it is a bad announcement, that mass messages on health do not create a powerful effect on the public.

CHAPTER TWO

Literature Review

2.1 Sources of Literature

Literature on the role of (NTA) in improving rural health care services in Ugwuaji community has not received the blessing of most authors. That is to say that virtually little or nothing has been written on this topic under study in the community and even across the state in order to carry out the research work effectively. The researcher resolved to the utilization of secondary and mainly primary source. The secondary sources were printed materials such as books, journals, community newspapers documentaries on the area under study while primary sources were interviews conducted by the researcher personally and the distribution of questionnaires in order to collect data from the respondents.

2.2 Review of Related Literature

It will be totally unfair to claim that mass communication scholars have neglected the study of the role of television in improving rural health and mobilization. But the case remains that enough study has not been done and there are still enormous fresh areas like that of this study that need to be effectively studied to appreciate the role of broadcast media especially television in rural sensitization.

Based on this, Nwosu (1990:119)states that the role of broadcasters and the broadcast media as agents of rural and national development, especially at the information dissemination level, is now generally recognized and accepted by experts and policy makers alike. What seems quiet unresolved in many developing countries is how best to utilize the potentials of the broadcaster and the media to achieve development objectives.

2.2.1 Information Dissemination as a Strategy for Improving rural Health Care Services

The process of integrated rural sensitization requires the interaction of people, rural institutions and governments at all levels. Its success to a larger extent depends on the availability of information to the people and the degree to which these people are able to participate in the planning and decision making processes for their well being. This is because sensitization cannot be achieved when television cannot reach these rural areas that need change. After all, television cuts through the three barriers of communication.

Okenwa (1999:117) notes that the mass media encourages and gingers people to achieve the goals of the society by promoting such goals in the media and stimulating the aspirations and activities of people towards achieving such goals. Research evidence on the other hand has shown that the broadcast media, especially TV are very effective on reading and positively influencing rural and urban audience in Africa as elsewhere.

According to Nwuneli (1985:103) after a degree of research on the relationship between various media of mass communication and socio economic variables generally held believe among development communication scholars that broadcasting. T.V. particularly could be the most effective media for transferring information on various social change programmes from government and other institutions to the masses living in the developing nations of the world.

This is to say that the positive and far reaching role of the mass media, particularly T.V. on improving rural health care services is not in doubt. What remains is for the communication agents to apply various media particularly T.V on

actualizing the communication goal of sensitizing the rural dwellers for sustainable development on the communities.

2.2.2 Television and Rural Improvement an Overview

To achieve rural mobilization in Nigeria for instance, there must be a proper sensitization of the masses living in rural areas under this type of rural improvement, there is every need to use both the localized and the integrated media system of communication. This will help to a large extent to achieve changes in people's orientation, their attitudes and behaviours.

We must try as much as possible to use television to convey messages to these rural areas using their native languages (dialect) as the case may be. The need to introduce Nigerian Television Authority is because it is most nearer to the people of Ugwuaji community and also its ability to make impacts on a heterogeneous audience within a limited stipulated time frame.

The Nigerian Television Authority (NTA) uses this medium to make the rural dwellers in Ugwuaji community to understand that for effective prevention of killer diseases certain behavioral patterns must be changed and new ones adopted in order to gear towards the enhancement of their well being. To get the rural dwellers sensitized through television, appropriate assessment of the power of the medium is imperative.

Hanson (2005:157) contributed to the importance of the effectiveness of Television when he stated that a major reason for the popularity of this medium is that television is a format designed to appeal to almost any audience member, be it the ranchy humours of shock focks, politics on talk T.V., contemporary pop music or news from journalist like Hockenberry on public television.

On the hand, the television has been described by experts as a good medium of rural sensitization. Through television, ideas, experiences, values or messages are relayed to a large, heterogeneous and scattered audience.

Nwabueze (2005:1) stated that, “mobilization entails convincing and organizing people to support a cause, project or any change inducing issues. It is an effort aimed at carrying people along especially in accomplishing projects or programmes that are in their best interest”.

2.2.3 The Concept of Broadcasting

Concisely put, broadcasting is a society wide type of message dissemination which involves the transmission of ideas, words, sounds pictures and values in the form of signal through the airwaves to a target audience. Broadcasting is an activity of a branch of the media of mass communication called electronic media.

The electronic broadcast media include radio and television stations. They use transmitters and airwaves in the transmission of news and information of their heterogeneous audience. This is the main distinguishing factors between television and film. What is broadcasting to an audience is the content or message sent out by a source through a medium to a designation. This is the broadcast communication process. The message consist of the aggregate of the major occurrences in larger society. There are distinguishing attributes of broadcasting according to (Nwoagbo, 1995:78).

Broadcasting uses electro-magnetic radiation. Broadcasting uses voices, not code, broadcast signals are intended for direct reception by the general public. Broadcasting programmes are transmitted on some kind of regular schedule and broadcast operations are usually licensed or authorized by government.

2.2.4 The Effect of Media on rural Development

The part of the study examines the use of media effects with a view to ascertaining the fact that mass communication can actually play a significant role on rural development situations.

The issue of media effect is one of the most controversial area in communication research. Okogbo (1990:343) noted that notwithstanding the available points of effects many scholars still doubt the impact of mass media. Fewer concerns in mass communication research are less controversial, than the issues of media effects, especially at the level of individual analysis, many scholars still make bold to deny any systematic impact of the media may not be unlimited but for the media to make any impact at all is sufficient enough to make a good case. Okogbo argued further that through the effect of the media to make any impact at all is sufficient enough to make a good case. Taking a broad view of the communication fields, it is easy to see that the effect of the media are limited.

Okigbo also brought in two aspects of communication. Communication theories agenda setting and gate keeping theories to drive home his contention that the media actually achieves some effects. The way a country is reported in the media can influence the kind of image the audience, public will have of the particular country because the media do sometimes set the agenda for the audience, these media agenda are arrived at following gate keeping operation.

2.2.5 Media In Relation to Rural Development

The urban dwellers, semi urban dwellers and rural dwellers are the three social economic groups that make up a society of all these groups. The rural dwellers is the most populated and form the heart beat of a nation, but the same rural communities are being neglected in the course of things with developmental programmes.

This has subsequently thrown the rural areas into serious problem such as high rate of illiteracy, inadequate development of modern mass media facilities, high population growth rate, and ever increasing inability of government.

Edeani (1993:3) makes this point when he says that “rural development holds the key to national development. He gives the following reasons why this is so. Because of the enormous size of the population as compared to the small percentage living in cities. Because of the very large size of the country, national resources located in the rural areas, and because of the disproportionate role which the rural populations play in the economic, social and political life of the nation. It was this opinion that he considered and concluded that change was imperative. Collaborative communication according to Opubor, seeks to share information attitude, skills etc in a context where all the participants contribute some initiative. In collaborative communication situation everyone generates information everyone receives information.

2.2.6 The Media, a Potential Tool for Encouraging Rural Development

Despite the fact that television has some disadvantages (for instance it is costly in nature) it still remains quiet a relevant means of communication in the rural areas of the African society.

Packaging development communication campaign messages through the modern mass media is not a bad idea at all. But the fact still remains that the rural areas should also be developed. Once the rural development is involved, the very potent tool of sensitizing the rural people in development and active participation in its process cannot be down played. The strength of television in development communication is buried in the statement made by Ugboaja cited in Ojo (2003:15). They can involve all the poorest group and classes who are often left out of

development activities because of illiteracy or lack of understanding of English or French.

This is why change agents should not overlook this media (TV) in packaging campaign geared towards stimulating the participation of rural dwellers in the development of rural areas. A conceptual overview of development communication is the process of reaching the target audience of a development plan and empowering them information wise so as to enable them willingly participate or contribute in actualizing the development plan.

Nwodu and Fab-Ukozor (2003:27) posit that, the primary motive of embarking on development communication is to create adequate awareness about the development project meant to achieve the well being of the adoption of the project.

In the words of Edeani (1993:30), development communication is “the use of all forms of communication in reporting, publicizing and promotion of development at all levels of society”. This goes a long way to show that development at any level relates heavily on communication for mobilization of the masses through the mass media. The communication being referred to here is developmental communication.

Adopting the right media for this purpose ensures that communication objective is result oriented. Development plans or programmes must therefore be designed to have their greatest positive impact in the rural areas. Edeani (1993) adduces reasons why national development must focus more on rural areas as follows:

- a) Due to the enormous size of the rural population compared with the small percentage living in the cities.
- b) Because of the country’s abundant natural resources located in the rural areas.

- c) Because of the misappropriate role which the rural population play in economic, social and political life of the entire nation.

Development plans of programmes must therefore be designed to have their greatest impact on the rural areas. This implies that development efforts should not just focus on urban areas but also in the rural areas especially in a developing country like Nigeria where a good number of the population of the country still dwell in the rural areas.

Based on the aforementioned reasons for rural development, it is pertinent to reach the rural dwellers through the media for communication which are accessible and readily available to them (the television) which they are most familiar with.

2.3 Theoretical Framework: Diffusion of Innovation Theory

The researcher employed the diffusion of innovation theory as it is the most suitable foundation upon this research work will be based.

The theory was propounded by Rogers in 1983. It was out to stamina how new ideas are spread among groups of people through the media. Kottz et al (1963) cited in Kunna (2002) stated that “Diffusion is the process of spreading a given idea or channels through a social structure such as neighbourhood factory or a tribe”. The work on the diffusion of innovation records that for a new idea or innovation of diffuse, there must be awareness stage, interest stage, evaluation stage, tribal and adoption stages. They added that different types of innovation requires different winds of adoption units. This theory is quiet relevant to the problem understudy as NTA is geared towards improving rural health care services in Ugwuaji community of Enugu state which has helped the community to use the anti-mosquito treated nets which is a

new and modified bed net as against the previously used untreated bed nets in the case of mosquito.

In addition, Bitner (1989) recognizes that the media can lead someone into getting aware of the existence of an item. From there, he gets interested and makes an attempt to evaluate it, gives it a trial touch before making up his mind to acquire it. Based on the principles of the theory, the researcher is of the opinion that television as a broadcast media is always at the fore front of improving rural health care services in Ugwuaji community.

The study determines the extent in which Nigerian Television Authority (NTA) are geared towards improving health care services in Ugwuaji community. This research therefore builds its foundation on the affirmation of the diffusion of innovation theory which shows the ability of the media to sensitize the audience on the existence of some diseases and mobilizing them towards accepting some decisions or strategies that will help to improve the general health of the rural dwellers.

Geography

Geographically, the Nigerian nation lies within the tropics and the vegetation ranges from tropical rain forest in the southern part of the savanna and semi-desert region in the northern part of the country. The greatest part of these areas is hostile to man since there is a prevalence of disease vectors in these areas identified (Goga, 1999).

Demography and Vital Statistics

A conservative estimate, as regards the population structure and movement in the rural areas, is that 90 percent of the people live in the rural areas of the country and of these, probably 45 percent to 50 percent are below the age of 15 years (Okafor, 2000). The morbidity rate in the rural areas of Nigeria is extremely high in view of the

prevalence of nutritional deficiencies. According to Onwuka (2000) some preventable causes of morbidity and mortality in the rural areas are the following:

Malaria, Measles, Upper respiratory tract infection, Mal nutrition, Schistosomiasis, Typhoid fever, Tuberculosis, Cholera, Whooping cough, Cerebrospinal meningitis, Chronic ulcer, Guinea worm infection, trachoma, roundworm infestation, anaemia, phenomena among others.

The incidence of some of these diseases in the rural areas of Nigeria is illustrated by the following table (table 2.1) which was extracted from health survey, conducted by the World Health Organization in Nigeria. Mortality rates from preventable diseases in the rural areas of Nigeria (1995-1999).

Year	Disease	Mortality Rate (per 1000 population)
1995	Malaria	37
	Schistosomosis	21
	Mal-nutrition	29
	Roundworm	24
	Anaemia	24
	Guinea worm	21
	Polio myelities	35
	Meningitis	31
	Tuberculosis	22
1996	Malaria	39
	Roundworm	28
	Anaemia	21
	Guinea worm	17

	Polio myelities	22
	Measles	23
	Cholera	24
1997	Malaria	34
	Anaemia	12
	Guinea worm	15
	Polio myelities	19
	Meningitis	27
	Tuberculosis	30
	Cholera	34
1998	Malaria	41
	Mal-nutrition	37
	Guinea worm	22
	Polio myelities	25
	Tuberculosis	16
	Cholera	21
1999	Malaria	45
	Guinea worm	12
	Polio myelities	19
	Tuberculosis	20
	Cholera	33

World Health Organization Pact Sheet (1999)

Chief cause of death being communicable disease and malnutrition in the presence of inadequate health services as illustrated by the following examples:

- still birth rate is between 46 to 45p – 1000

- infant mortality rate is around 150 per – 1000
- crude death rate in the total population is probably 25 percent

Socio-Economic Characteristics

The economy of the rural areas of Nigeria is predominantly agricultural and to some extent pastoral out-moded and primitive agrarian practices have resulted to low standards of productivity earnings and living which have formed a vicious cycle (Ibegbu 2000). Among the states particularly affected include the following: Benue, Kaduna, Gombe, Imo, Edo, Delta, Abia, Cross River and Oyo states.

Education is considered an important factor in the promotion of health in many ways. It affects the people's concept of health and diseases and their utilization of whatever health services which are made available to them. It is one of the determinant for community participation and their ability to pay for health care. It is crucial in producing young men and women who would be trained as health workers. In most rural areas of Nigeria, it is extremely difficult to get citizens with adequate educational background to train as health team, it is almost impossible to provide adequate care to the rural areas (Gofe 1999).

Environmental Characteristics

Housing conditions on the rural areas of Nigeria are poor and there is a considerable amount of over-crowding with whole family sleeping in one room.

Water supplies are totally inadequate on quantity and quality. The people spend a lot of their time and energy collecting water from rivers, streams, canals and wells. These sources are almost invariably contaminated with human and animal wastes, giving rise to a high incidence of water born disease (Okonkwo 1999).

Waste collection and disposal remain unsolved so that indiscriminate defecation and handling of faeces exist resulting in soil, water and food contamination. Consequent upon which there is a high incidence of gastro-intestinal infection and infestation with intestinal helminths (Lawal, 2000) food hygiene is almost unheard of in the rural areas of Nigeria so that infection with salmonella and other food-borne organisms on common vector control activities are almost non-existent such vectors (as the anopheles, glossina, and simulium) breed and thrive so that diseases like malaria, yellow fever, anochocerciasis and trypanosomiasis are rampant.

An Overview of Health Services in the Rural Areas of Nigeria

Most hospitals are found in the urban areas so that the ratio of hospital bed to head of population in the rural areas of Nigeria may be high as 1:1000 (Nwuche, 1998). In other words, the rural area population is probably ten times worse off than the urban dwellers.

Admittedly, some health care of a palliative and curative nature does reach some of the rural areas through the use of such static posts as the use of mobile units. The acute shortage of manpower in the rural areas is due not only to the general shortage but also to two other important factors.

The first is the maldistribution of available manpower which has led to over concentration and over specialization in urban areas and their shortage in rural localities. The second is the dearth of suitably qualified candidates from the rural areas for training as health workers (Ucheagwu, 2000). The few unwilling professional workers who find themselves in the rural areas soon discover that they are completely ill-prepared to face the peculiar problems of their communities because their training programmes have been based on European patterns and cured

out in a few institutions which are situated in urban areas. They work under poor conditions and often lack proper guidance and supervision (Asari, 1998).

The immobility of staff posted to the rural areas is a serious handicap in trying to reach as many as possible. According to Ojih (2000) the health service in the rural areas of Nigeria had failed to meet the need of the rural people as:

- they have failed to provide total coverage of the population.
- They have failed to close the gap in health status between the urban and rural areas population
- They have failed to meet the expectation of the rural people/communities.

Imperatives for the Provision of Health Care Services in Rural areas of Nigeria

From the discussions made in this chapter, it is clear that the governments need to take urgent steps to strengthen the existing health schemes in the country (such as expanded programme on immunisation, oral dehydration therapy, primary health care schemes and family support programme) in order to alleviate the sufferings of the rural dwellers.

Efforts towards providing more personnel in diverse areas of medicare would ensure further boost to the health care of rural dwellers. To meet this role efficiently, both the states and local governments should contribute financially and towards the training of rural health workers for rural health care schemes (Anyamele, 1999).

Government should as a matter of urgency, reappraise its primary health care programme with a view to ascertain its effectiveness and make reasonable allocations for the regeneration of the drug revolving scheme for hospital and clinics in the rural areas (Ndu, 2001).

2.4 Summary of Literature Review

The media has been identified as the vehicle for facilitating the improvement of rural health care services. This is because the mass media could be used to inform the government of the poor state of health of the rural dwellers. This will induce the

government to initiate policies and programmes that would improve the health status of the rural areas of the country.

No government or organization can thrive without adequate information flow within its hierarchy in addition; no health programme can work effectively without the media. This is because TV is used for creating awareness of existing health services and NTA is also used for mobilizing the masses for positive actions towards health improvement, especially in the areas of environmental sanitation, nutrition, and so on (Chime, 2000).

CHAPTER THREE

3.1 Research Design

This research is a cross-sectional study of all the staff of Nigeria Television Authority (NTA) Enugu. A cross sectional study is a development research in which data are collected at one point at a time but different sub-groups are sampled at the same time. This method of study is survey method and it was adopted by the researcher because it has the following advantages:

It provides data for research very quickly, it eliminates the problems of looking for the same respondents at different times. Test weakness of respondent is eliminated.

3.2 Population of Study

The study population consists of all the 16,400 citizens that make up the Ugwuaji community of Enugu South Local Government Area. This population is gotten from the 2006 population census.

3.3 Sample Size and Sampling

The sample method adopted in this research is Taro Yamane formula

Procedure

$$\begin{aligned}n &= \frac{n}{1 + N(e)^2} \\&= \frac{16,400}{1 + 16400 (0.05)^2} \\&= \frac{16,400}{1 + 16400 (0.0025)} \\&= \frac{16400}{42} \\n &= 390\end{aligned}$$

3.4 Instrument for Data Collection

The instrument for data collection is a structured questionnaire. This questionnaire consists of a list of questions relating to the objectives of the study. The questionnaires used for this study possess the following features.

- The questions are short and clear
- Questions that are not relevant to the study are avoided
- The questions are easy to answer
- The questionnaires are set out in a logical sequence
- The questionnaire contains a covering letter in which the object of the investigation is explained from the respondents and his co-operation solicited.

The questionnaire is made up of two sections. Sections A and B. Section A contain the personal data of the respondent (e.g. sex, age etc) while section B contain the general question on the focus of the study.

3.5 Validity of The Instrument

Both face and content validity of the instrument were determined by submitting the initial draft of the questionnaire to the project supervisor. The professionals were requested to vet the instrument in terms of sentence construction, relatedness of the questions to the research questions, and appropriateness of the questions/items in relations to the topic. Their useful comments were incorporated in the final draft of the questionnaires before they were used to collect relevant data needed in this research.

3.6 Method of Data Collection

The researcher distributed 390 copies of the questionnaires to the three categories of respondents. The respondents were given three days to complete the questionnaire before they (the questionnaires) were collected back by the researcher.

3.7 Method of Data Analysis

The data collected for this study was analysed using simple frequency counts and percentages. The percentages were estimated using the following formula

$$\% \text{ respondent} = \frac{F}{N} \times 100\%$$

Where F = Percentage of positive/negative response

N = Total frequency

CHAPTER FOUR

Data Analysis and Results

This chapter deals with data generation and analysis. 390 questionnaire were distributed to the indigenes of Ugwuaji community after which 20 were wrongly filled and 10 were not returned. This shows 80% adequate information of the research carried out.

4.1 Data Analysis

4.1 Table 1

What is your sex?

Responses	Frequency	Percentage
Male	160	44.44%
Female	200	55.56%
Total	360	100%

Table 4.1 showed that 44.44% of the respondent are male while 55.56% are female

Table 2

4.2 What is your age range

Responses	Frequency	Percentage
18-25	80	22.22%
26-33	80	22.22%
34-41	100	27.78%
41-above	100	27.78%
Total	360	100%

Table 4.2 showed that 22.22 of respondents are between 18-25 years, 22.22 of them are between 26-33 years 27-28 of them are between 34-41 and 27-78% of them are between 41-above.

Table 3

Table 4.3: What is your occupation?

Responses	Frequency	Percentage
Student	120	33.33%
Civil servant	80	22.22%
Business	60	16.67%
Farmer	50	13.89%
Artisan	50	13.89%
Total	360	100%

Table 4.3 showed that 33.33% of them are students, while 22.22% of them are civil students, 16.67% of them are business men while 13.89 of them are farmers and also 13.89 of them are artisans.

Table 4.4

What is your educational attainment?

Responses	Frequency	Percentage
OND	100	27.78%
HND	80	22.22%
B.Sc	60	16.67%
O'LEVEL	120	33.33%
Total	360	100%

Table 4.4 shows that 27.78% of respondent have OND, 22.22% of them have H.N.D, 16.67% of them have B.Sc. while 3.33 of them have O'Level.

Table 4.5: What is your job/work experience?

Responses	Frequency	Percentage
1-6	40	11.11%
7-12	60	16.69%
13-18	80	22.22%
19-24	80	22.22%
24-above	100	27.78%
Total	360	100%

Table 4.5 showed that 11.11% of the respondents create 1-6 years job experience, 16.69% of them have between 7-12 years job experience, 22.22% of them have between 13-18 years job experience, 22.22% of them have between 19-24 years job experience while 27.78% of them have 24-above.

Table 6

4.6 General Question

4.6 Does NTA Enugu play notable roles in the improvement of rural health care services in Ugwuaji?

Responses	Frequency	Percentage
Yes	200	55.56%
No	160	44.44%
Total	360	100%

Table 4.6 showed that 55.56% of the respondent agreed that NTA Enugu play notable roles in the improvement of rural health care services in Ugwuaji community while 44.44% of them disagreed.

Table 7

Table 4.7 if yes, what are the major roles of NTA Enugu on this regard?

	Response	Frequency	Percentage
a.	Informing the government on the poor state of health services in Ugwuaji community	100	27.78%
b.	Sensitizing the rural populace (Ugwuaji community) to appreciate and participate in government health programmes	170	47.22%
c.	Mobilizing the masses for positive actions towards health improvement e.g. environmental sanitation nutrition etc.	90	25
Total		360	100%

Table 4.7 showed that the role of NTA in the improvement of rural health care services include the following information:

- Informing the government on the poor state of health services in Ugwuaji community (as noted by 27.78% of respondents).
- Sensitizing the rural populace to appreciate and participate in government health programmes (as noted by 47.22% of the respondents).
- Mobilizing the masses for positive actions towards health improvement e.g. environmental sanitation nutrition etc (as noted by 25% of the respondents)

Table 8

Table 4.8 Does NTA (Enugu) help the people of Ugwuaji community to develop interest in rural health care programme?

Response	Frequency	Occupation
Yes	200	55.56%
No	160	44.44%
Total	360	100%

Table 4.8 showed that 55.56% of respondent agreed that NTA Enugu help the people of Ugwuaji community to develop interest in rural health care programme while 44.44 of them disagree.

Table 9

Does NTA (Enugu) encourage health development in Ugwuaji community?

Response	Frequency	Occupation
Yes	190	52.78%
No	170	47.22%
Total	360	100%

Table 4.9 showed that 52.78% of respondent agree that NTA Enugu encourage health development in Ugwuaji community while 47.22% of them disagree.

Table 10

If yes how?

	Response	Frequency	Percentage
a.	By carrying with campaign in rural health development	190	52.78%
b.	By enlightening them on the consequences of some common disease	90	25
c.	By education them on the preventive measure of some common disease	80	100%
	Total	360	100%

Table 4.10 shows that NTA Enugu encourage health development in Ugwuaji community by carrying out campaign on rural health development (as noted by 52.78% of respondent).

By enlightening them on the consequences of some common disease (as noted by 25% of respondent).

By educating them on the preventive measure of some common disease (as noted by 22.22% of respondent)

Table 11

Does Ugwuaji community embrace NTA Enugu health programmes on prevention of common diseases?

Response	Frequency	Occupation
Yes	170	47.22%
No	190	52.78%
Total	360	100%

Table 4.11 showed that 47.22% of respondents agree that Ugwuaji community embrace NTA Enugu health programmes on prevention of common disease while 52.78% of respondent disagree.

Table 12

How often does NTA Enugu carry out programmes on the improvement of rural health care services in Ugwuaji community?

Table 4.12

Response	Frequency	Occupation
Once a week	120	33.33% %
Once a month	60	16.67%
Twice a week	80	22.22%
Twice a month	100	27%

Table 4.12 showed that NTA Enugu carry out programmes on the improvement of rural health care services in Ugwuaji community once in a week (as noted by 33.3% of respondent) NTA Enugu carry out programmes in the improvement of rural health care services in Ugwuaji community once in a month (as noted by 16.67% of respondents) NTA Enugu carry out programmes on the improvement of rural health care services twice in a week (as noted by 22.2% of respondent)

Table 13

Is it possible to improve the work of NTA Enugu in the area of rural health care improvement in Ugwuaji community?

Response	Frequency	Percentage
Yes	200	55.56%
No	160	44.44%
Total	360	100%

Table 4.13 showed that 55.56% of respondent agree that it is possible to improve the work of NTA Enugu in the area of rural health care improvement in Ugwuaji community while 44.44% of respondent disagree.

Table 14

Do you believe that certain constraints/problems that frustrate the effort of NTA Enugu in crusading for the improvement of rural health care services in Ugwuaji community?

Response	Frequency	Percentage
Yes	230	63.89%
No	130	36.11%
Total	360	100%

Table 4.14 showed that 63.89% of respondent agree or believe that certain constraints/problems that frustrate the effort of NTA Enugu in crusading for the improvement of rural health care services in Ugwuaji community while 36.11% of them do not agree.

Table 15

Table 4.15: what actually are those constraints problems that frustrate the effort of NTA Enugu in their health improvement crusade in Ugwuaji Community?

	Response	Frequency	Percentage
a.	Lack of government support for the activities in the area of health campaigns.	120	33.33%
b.	High cost of mobilizing the rural populace (ugwuaji community) for positive health action	40	11.11%
c.	Other of illiteracy and high cost of producing health programmes	210	55.55%
	Total	360	100%

Table 4.15 showed that constraint/problems that frustrate the effort of NTA Enugu in their health improvement crusade in Ugwuaji community include the following:

- a) Lack of government support for the activities in the area of health campaigns (as noted by 33.33% of respondent)
- b) High cost of mobilizing the rural populace (ugwuaji community) for positive health action (as noted by 11.11% of respondent)
- c) Other of illiteracy and high cost of producing health programmes (as noted by 55.55% of respondent)

Table 16

Table 4.16: What are the strategies for enhancing the efforts of NTA Enugu in their crusade for the improvement of rural health care services in Ugwuaji community?

	Response	Frequency	Percentage
a.	Regular sponsorship of health programme on NTA by the government	190	52.78%
b.	Provision of infrastructures in the rural areas to enhance the activities of NTA in Ugwuaji community	90	25%
c.	Improvement of the literacy level of the rural dwellers to make them appreciate health programmes/projects	80	22.22%
	Total	360	100%

The strategies for enhancing the efforts of NTA Enugu in their crusade for the improvement of rural health care services in Ugwuaji community include:

- a) Regular sponsorship of health programme on NTA by the government (as noted by 52.78% of respondent)
- b) Provision of infrastructures in the rural areas to enhance the activities of NTA in Ugwuaji community (as noted by 25% of respondent)
- c) Improvement of the literacy level of the rural dwellers to make them appreciate health programmes/projects (as noted by 22.22% of respondent)

Table 17

In your opinion, will the eradication of these constraints make NTA Enugu more efficient in their crusade?

Response	Frequency	Percentage
Yes	190	52.78%
No	170	47.22%
Total	360	100%

Table 4.17 showed that 52.78% of respondent agree that eradication of these constraints make NTA Enugu more efficient in their crusade while 47.2% of respondent disagree.

Table 18

Will provision of infrastructural facilities e.g. electricity in the rural areas (Ugwuaji community) enhance the activities of NTA Enugu

Response	Frequency	Percentage
Yes	200	55.56%
No	160	44.44%
Total	360	100%

Table 4.18 shows that 55.56% of respondent agree that provision of infrastructural facilities e.g. electricity in the rural areas (Ugwuaji community) will enhance the activities of NTA Enugu while 44.44% of respondent disagree.

Table 19

Will regular sponsorship of health programme in NTA Enugu by the government help to eradicate this problem

Response	Frequency	Percentage
Yes	190	52.78%
No	170	47.22%
Total	360	100%

Table 4.19 showed that 52.78% of respondent agree that regular sponsorship of health programme in NTA Enugu by the government will help to eradicate this problem while 47.22% disagree.

Table 20

Will improvement of the literacy level of rural dwellers (Ugwuaji community) make them appreciate health programmes?

Response	Frequency	Percentage
Yes	200	5.56%
No	160	44.44%
Total	360	100%

Table 4.20 shows that 55.56 of respondent agreed that improvement of the literacy level of rural dwellers (Ugwuaji community) will make the appreciate health programmes while 44.44% disagree.

Table 21

Do you think that NTA Enugu is the best medium for improving rural health care services in Ugwuaji community?

Response	Frequency	Percentage
Yes	190	52.78%
No	170	47.22%
Total	360	100%

Table 4.21 showed that 52.78% of respondent agreed that NTA Enugu is the best medium for improving rural health care services in Ugwuaji community while 47.22% of respondent disagree.

CHAPTER FIVE

5.1 Discussions of Findings, Conclusion and Recommendations

Data analysis done in this project revealed that majority of the respondent (33.56%) agreed that the NTA Enugu play notable roles on the improvement of rural health care services in Ugwuaji community. Some of the roles of NTA in this regard include the following:

- Informing the government on the poor state of health in Ugwuaji community as noted by 27.78% of the respondents)
- Sensitizing the rural populace (Ugwuaji community) to appreciate and participate in government health programme (as noted by 47.22% of respondent)
- Mobilizing the masses for positive actions towards health improvement e.g. environmental sanitation, nutrition e.t.c. (as noted by 100% of the respondent)

A large percentage of the respondents (63.89%) agreed that certain constraints/problems frustrate the effort of NTA Enugu in crusading for the improvement of rural health care services in Ugwuaji community.

(32.78%) agreed that the eradication of these constraints make NTA Enugu more efficient in their crusade. Some of these factors or constraints include the following:

- a) Lack of government support for NTA Enugu in the area of health campaigns (as noted by 33.33% of respondents.
- b) High cost of mobilizing the rural populace (Ugwuaji community for positive health actions (as noted by 11.11% of respondents)

- c) Others of illiteracy and high cost of producing health programmes (as noted by 55.55% of respondents)

Some of the strategies for improving the activities of NTA on the areas of health improvement for Ugwuaji include the following:

- a) regular sponsorship of health programme on NTA Enugu by the government (as noted by 52.78% of respondent)
- b) provision of infrastructural facilities e.g. electricity in the rural areas (as noted by 55.56% of respondents)
- c) Improvement of the literacy level of rural dwellers (Ugwuaji community) makes them appreciate health programmes.

5.2 Conclusion

On the basis of the findings of this research, the researcher concluded that NTA Enugu plays notable roles in the improvement of rural health care services in Ugwuaji community. Some of these roles include the following:

- They inform the government on the poor state of health in the rural areas. Armed with this information, the government plans and implement health programmes that would benefit the rural dwellers.
- They sensitizing the rural populace to participate actively on government health programmes such as the immunization programmes, environmental sanitation programmes etc.
- They mobilize the masses to take positive actions towards health improvement

While fulfilling these roles, NTA encounter some problems. Some of these problems include:

- a) lack of government support for the NTA activities in the area of health campaigns.
- b) High cost of producing health programmes
- c) High cost of mobilizing the rural populace and illiteracy.

5.3 Recommendations

The researcher hereby recommends the following:

1. There must be a change of heart on the part of government so as to tackle the problem of the health care delivery, in this regard, the government should regularly sponsor health programmes in NTA.
2. The government should provide infrastructural facilities (such as good roads, electricity, tele-communications facilities) in the rural areas so as to enhance the activities of NTA in these areas.
3. The government should improve the literacy level of the rural dwellers so as to make them appreciate and participate activity in health programmes/projects

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Appendix

Department of Mass Comm.
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Emene, Enugu State.

Dear Respondent,

I am a final year student of the Department of Mass Communication currently undertaking a research on the topic Influence of NTA Enugu on Improving rural health care services: a study of Ugwuaji Community of Enugu South.

You have been carefully selected as one of the respondents and are expected to kindly respond to the items on the attached questionnaire as honestly as possible.

Your responses/information shall be used for academic purpose only and would be treated as strictly confidential.

Thanks for your anticipated co-operation and understanding.

Yours faithfully,

Dike Chiamaka

Questionnaire

Section A

Personal Data:

1. Sex:

a) Male b) Female

2. Age Range

a) 18-25 (b) 26-33

c) 34-41 (d) 41- above

3. Occupation

a) Student (b) Civil Servant

c) Business (d) Farmer (e) Artisan

4. Educational Attainment

a) OND (b) HND (c) B.Sc

d) O'level

5. Job/Work experience

a) 1-6yrs b) 7-12yrs

c) 14-18yrs (d) 19-24yrs

Section B

General Questions

6. Does NTA Enugu play notable roles in the improvement of rural health care services in Uguwaji Community?
- a) Yes (b) No
7. If yes, what are the major roles of NTA Enugu in this regard?
- a) Informing the government on the poor state of health services in Uguwaji community
- b) Sensitizing the rural populace (Uguwaji community) to appreciate and participate in government health programmes
- c) Mobilizing the masses for positive actions towards health improvement e.g. environmental sanitation, nutrition etc.
8. Do NTA (Enugu) health the people of Uguwaji community to develop interest on rural health care programme?
- a) Yes (b) No
9. Do NTA (Enugu) encourage health development in Uguwaji community?
- a) Yes (b) No
10. If yes how?
- a) by carrying out campaign on rural health development
- b) by enlightening them on the consequences of some common diseases.
- c) by educating them on the preventive measures of some common diseases
11. Do Uguwaji community embrace NTA Enugu health programmes on prevention of common diseases?
- a) Yes (b) No
12. How often do NTA Enugu carry out programmes on the improvement of rural health care services in Uguwaji community?

- a) once in a week
- b) once in a month
- c) twice in a week
- d) twice in a month
13. Is it possible to improve the work of NTA Enugu in the area of rural health care improvement in Ugwuaji community?
- a) Yes (b) No
14. Do you believe that certain constraints/problems frustrate the effort of NTA Engu in crusading for the improvement of rural health care services in Ugwuaji community?
- a) Yes (b) No
15. What actually are those constraints/problem that frustrate the effort of NTA Enugu in their health improvement crusade in Ugwuaji community?
- a) lack of government support for the activities in the area of health campaigns
- b) high cost of mobilizing the rural populace (ugwuaji community) for positive health action
- c) Other of illiteracy and high cost of producing health programmes
16. In your opinion, will the eradication of these constraints make NTA Enugu more efficient in their crusade?
- a) Yes (b) No
17. Will regular sponsorship of health programmes in NTA Enugu by the government help to eradicate this problem?
- a) Yes (b) No

18. Will provision of infrastructural facilities e.g. electricity in the rural areas (Ugwuaji community) enhance the activities of NTA (Enugu) in those areas?
- a) Yes (b) No
19. Will improvement of the literacy level of the rural dwellers (Ugwuaji community) make them appreciate health programmes?
- a) Yes (b) No
20. Do you think NTA Enugu is the best medium for improving rural health care services in Ugwuaji community?
- a) Yes (b) No