Application of Mass Communication Principles in the Management of Health Crisis towards Malaria Eradication in Nigeria

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Abstract
This is a non-empirical study that reviews how mass communication principles are applied in the management of health crises that can lead to the eradication of malaria in Nigeria. The qualitative descriptive approach was adopted to examine the importance of communication in solving human problems with a particular interest focused on the eradication of malaria in Nigeria is one of the biggest health problems afflicting Nigerians. The study relied on secondary data sources such as books, published articles, conference reports, newspaper and magazine articles, scientific reports, and other specialized reports. The study which e-rayed various ways mass communication methods could be used to solve human problems established mass communication as a vital force in the re-ordering of events in society. The study sees the mass media in three-dimensional ways, namely oil, glue and dynamite which are powerful tools for public awareness. The researcher recommends that specialist hospitals for malaria should be established and all government policies on health should be properly disseminated to Nigerians through the means of mass communication.

Keywords: ***Health Crisis, Management, Mass Communication, Malaria, Eradication.***

Introduction

Malaria is one of the numerous diseases that kill thousands of Nigerians daily despite the global attention given to each of them in the form of humanitarian aid from Western Donor Agencies. Our major concern in this paper is to look at how mass communication principles could be used towards malaria eradication. The major concern before now amongst public health experts, government agencies, donor agencies and scholars has been on the Malaria Prevention and Control (MPC). Undoubtedly, malaria prevention and control mechanisms have not done much to salvage the situation. Malaria remains a major cause of infant mortality and morbidity. According to Semiu (2012), one of the most pronounced problems in Africa is the menace of malaria, about 3000 children die of malaria every day in Africa. In Nigeria, it is believed that malaria consistently ranks among the five most common causes of death in children. It has been reported that African children under five years and pregnant women are most at risk of malaria,

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fatally afflicted children often die less than 72 hours after developing symptoms. Semiu (2012) avers that one of the major preoccupations and challenges of African countries and Third World countries, in general, is how to combat the menace of malaria. World Health Organization (WHO) in its 2016 World Malaria Report stated that malaria had killed 429,000 and infected 212 million people in 2015 alone. The report observed that Sub-Saharan Africa carried a disproportionately high share of the global malaria burden in 2015, accounting for 90 per cent of malaria cases and 92 per cent of deaths. The report also noted that children under five years of age were particularly vulnerable (Muanya, 2016). The WHO report further indicates that malaria eradication in the Sub-Saharan region is far from sight.

In Nigeria, many attempts have been made to salvage the health system. The first attempt was the setting up of national planning for the delivery of health services (Walter Harkness Ten-year plan of 1946) which identified key health problems in Nigeria including malaria and provided schemes and strategies for combating the numerous problems. Another health plan came into existence in the 1960s, which was articulated in the National Development plans. The first two national health plans implemented between 1960 and 1974 concentrated on the provision of curative services (Osibogun, 2004).

The third National Development plan of 1975-80 was geared towards manpower development and the provision of health facilities through the Basic Health Services Scheme. The fourth Health Plan (1981-85) identified the same challenges contained in the third plan, suggesting that most of the challenges remained unattended. The fifth National Development plan (1987-1991) was enunciated within the period of the implementation of the primary health care strategy and the formulation of the National Health Policy in 1988 during Gen. Ibrahim Babangida's administration. The concept of a 3-year National Rolling plan was also introduced as a health policy between 1990 and 1992 towards the end of that administration. The vigorous pursuit of the primary healthcare strategy during this period impacted positively the health sector. In 1995 a National Health Submit was held to review the National Health Policy and develop a plan for its implementation. This development was one of the landmark achievements of Gen. Sani Abacha's military junta. The 1988 and 1996 National Policies committed the three levels of government and the people to intensive actions to attain the goal of health for all Nigerians. In 2014, the National Health Bill was signed into law. The Bill provides for the creation of a Basic Health Care Provision Fund (BHCPF) to be funded by at least 1% of Nigeria's consolidated revenue fund, and contributions by donors, the private sector and philanthropists.

In Nigeria**,** the health sector is in three layers for effective service delivery. The Federal Government is the first layer in the health sector. The responsibilities of the Federal Government include policy development, regulation through regulatory agencies, overall stewardship and providing tertiary care. The state government provides secondary care in the health sector while the Local Government is saddled with the responsibility of providing primary health services to rural people under the Primary Healthcare System, especially for maternal and child health services. Unfortunately, the primary health care system in rural Nigeria is dilapidated due to inadequate infrastructure, lack of modern equipment, inadequate and poorly trained manpower, poor funding and poor quality of services which have led to the loss of confidence in the system. Sequel to the total collapse of the health system in the rural area, the Federal

Government in 1992 set up the National Primary Health Care Development Agency (NPHCDA) to develop national primary health care policies and support the State and Local authorities to implement these policies. In 2007, the Federal Government merged NPHCDA with National Programme on Immunization (NPI). After the merger, NPHCDA became the biggest decision marker in primary health care.

The study, therefore, seeks to proffer solutions to malaria-endemic and health crises in general by suggesting ways through which mass communication principles could be applied in the eradication of these deadly diseases and the attendant crisis in the health sector.

Malaria: A Public Health Problem

Malaria is a human problem, though due to the ignorance of some rural people, malaria has been treated as a spiritual problem. Malaria is a parasitic disease caused by single-celled protozoan parasites of the genus plasmodium belonging to the *apicomplexan phylum.* It is believed that malaria parasites are spread from one person to another through the bites of haematogenous female adults of mosquitoes belonging to the insect genus Anopheles. These female mosquitoes are said to be the distributors of malaria parasites. Mosquitoes are insects that survive in tropical and sub-tropical countries due to high rainfall and extreme humidity. Nigeria accidentally belongs to this category which exposes many to daily mosquito bites. Several studies conducted on malaria in Nigeria, and other research findings have also shown that mosquitoes survive in particularly unclean environments. Such environments include where there is stagnant water; water in discarded waste such as old tires and empty cans, bushes around living apartments, water in potholes on the roads and streets, pit latrines, uncovered wells and mud houses. All these are the factors that provide the breeding environments for the survival of mosquitoes. These environmental factors are even more common in the southern part of Nigeria. Semiu (2012) rightly observes that transmission of malaria in the southern part of the country occurs all year round and is more seasonal in the north.

Nonetheless, the rate at which malaria kills people in Nigeria calls for the total eradication of the scourge. Malaria increases morbidity and mortality rates more frequently compared to other killer diseases such as typhoid fever, yellow fever, HIV/AIDS, tuberculosis, leprosy, cholera, diarrhoea, diabetes, hypertension, etc. The malaria scourge is particularly more fatal to pregnant women and children. Nwabueze et al (2012) say that:

> Malaria is one of the various health issues that pose a serious threat to the health of the people of Africa. Malaria is one of the most widespread infectious diseases of modern times, taking the lives of almost one million people a year, most of them in Sub-Saharan Africa and under the age of five. It is the fifth leading cause of death worldwide and almost half the world's population (3.3 billion) is at risk.

Nigeria's population stands at approximately 123.9 million (projected) from the 2006 census, a large portion of this population is believed to live below one dollar per day; a situation that showcases extreme poverty. These populations are mostly in the rural areas, without access to portable drinking water, and adequate healthcare, a situation that places Nigeria as one of the poorest nations of the world. The spread of malaria has also been attributed to the high rate of poverty in Nigeria. Semiu (2012) says that malaria is also a cause of poverty and a major hindrance to economic development, a common infectious disease and an enormous public health problem.

Efforts at combating and managing malaria in Nigeria

Several efforts have been made to combat malaria in Nigeria, but very little has been done to eradicate malaria. Historically, the attempt to eradicate malaria in Africa dates back to 1955, with much success but slip off until 1992, when Global Malaria Control Strategy was initiated (Nwabueze et al., 2012). In terms of treatment, traditionally, *Chloroquine* was a common treatment for malaria, but due to strong resistance, more treatment drugs have been developed. In addition to the newly developed drugs, a multidimensional approach is also recommended, this approach could include the use of insecticide-treated bed nets (ITBN), education and training programmes in malaria prevention, vaccine research and the use of insecticide spraying such as DDT on breeding sites.

Other attempts to combat the malaria scourge in Nigeria include social campaigns championed by various international organizations. Semiu (2012) notes that the continuous menace of malaria in the world today has resulted in many strategies championed by Roll Back Malaria (RBM), christened Global Malaria Action Plan (GMAP) which is a blueprint of various strategic, scientific, and communication approached to be adopted for a malaria-free world. United Nations through its Millennium Development Goals (MDGs) set out a mandate to all nations of the world to achieve certain goals of which malaria eradication is one. World Health Organization (WHO) in her contributions to combating this deadly disease has encouraged research by organisations such as Tropical Disease Research Control (TDR), Centre for Disease Control (CDC) and MALARIA NO MORE etc. Other notable organizations in the fight against malaria include Bill and Melinda Gates Foundation in its Global Malaria Plan, Africa Union (AU) in its Roll Back Malaria which was launched in 1998 and was co-sponsored by United Nations International Children Emergency Fund (UNICEF), the World Bank and United Nations Development Programmes (UNDP).

Mass Communication as a tool for Invention and Creative Ideas towards Malaria Eradication

Mass communication is a strong social force that can institute positive change in any society (Ngonso, 2021). This is premised on the fact that no innovative ideas in science, technology or any other human endeavour can make a meaningful impact on the members of the public without passing through the mass media. Any information that does not pass through the mass media may not get to a large audience. According to Onabanjo (1999), broadcasting is seen as one of the several means of getting a message to a large number of people at the same time and without barriers. Besides the reach of the mass media; the enormous power of the mass media in setting agendas, and mobilizing members of the public has been confirmed by research. This claim informs Murphy (1977) to sum up the societal powers of the mass media in three-dimensional ways, such as oil, glue and dynamite.

(a) As oil, the media of communication keep the world running smoothly by helping individuals adjust to the reality of life. They keep society on and healthy by suggesting socially acceptable solutions.
(b) As glue, social cohesion is maintained by communication. The media give all of us including strangers something to talk about by setting agenda of discussion over the years, communication builds up and reinforces the fabrics that hold society together.

(c) As dynamite, the mass media can rip society apart by the content, method and impact of the information they disseminate. Udoaka citing (Johnson, 1997) sees mass communication as a necessary force that can mould societal values when mission and social responsibility are placed side by side, he said:

> Communication activity is one with a very high moral content and the structures affect man's life, therefore, both content and structures must be judged on the question of whether they affect people's lives for better or for worse. In this context, communication structures include all those institutions and technologies which serve as facilities for public and political awareness…to promote morality, maintain social order, extend the blessings of education or in any way serve the great cause of human progress in ultimate virtue, liberty and happiness….This calls for the communication enterprise to routinely evaluate its performance in areas with the greatest potential for social impact. What type of news or information, editorials, radio and television programmes are put out for public consumption? What are they meant to achieve? What form of education does the communication enterprise give to society? Does its performance match or contribute to the literacy level in society? (p.78-81)

Ndolo (2006) sees mass communication:

> As standardized messages that are transmitted to a mass audience through mass media. The sender here becomes a Source-a conglomeration of professionals that includes writers, cameramen, porters, video technicians, directors, floor managers, editors, etc. who prepare and send messages through a mass medium to a huge audience. The receivers become an audience. The receivers become an audience. The message becomes depersonalized and standardized. The feedback changes from immediate to delayed and quantified. The audience quantifies their feedback to media institutions by switching off channels and dials that no longer hold their interest or stop buying their newspapers or magazines (p.16).

One critical importance of mass communication in solving societal problems is that it provides information that is related to the issue unintentionally and unconsciously to members of the public. This is also important in the doctor-patient relationship in the hospital (Chie& Chienwi, 2021) Assessing this role, Moemeka (2000) averred:

> Enabling an interactive atmosphere is not impossible when using modern medical methods; it has as much impact under modern as it has under the traditional method. The direct exchange of ideas consequent upon such interactions does not always necessarily depend on but is positively facilitated by the impact of modern communication channels, that is, mass media. However, it has to be the mass media turned from being instruments for dumping information on the people to bringing instruments for ensuring enhancing mutual exchange of ideas and acquisition of knowledge (p.219).

Suraj (2011) says that the mass media in the form of radio are an effective way to persuade a target audience to adopt new behaviours, or to remind them of critical information, besides informing the public about new diseases and where to seek help, they could keep the public updated on any critical or innovative developments about the disease. Pride *et al* (2014) maintain that:

> The mass media are universally acclaimed to be purveyors of information in various areas of news, entertainment, drama, soap opera, film, and features programmes among other offerings. The mass media serve as a very important tool in advancing public health goals, and communicating issues of health through various media of mass communication (p.135).

Afolayan *et al* (2011) citing Fairclough and Wodak assert that media texts form and modify the context in which health-related problems exist, even though they are themselves the products of the same social context. Fairclough and Wodak also found out that health promotion activities are strongly linked with the social context, among others with the mass media which are powerful companions in health promotion action. Ugwonno and Ngonso (2013) opined that communication is one thing, while the media is another. The relationship between the two is that the media are tools for communication. It is difficult to talk about communication without having the media in mind.

Health Crisis in Nigeria

The health sector in Nigeria is one of the sectors facing different challenges thereby worsening the health of many Nigerians while top government officeholders have access to good medical health in foreign lands such as India, the United Kingdom, the United States of America, the United Arab Emirates, Singapore, Turkey, Germany and South Africa amongst other specifically for treatments relating to oncology, orthopaedic, surgeries and cardiology. The health crisis in Nigeria affects men, women and children. Among the notable health problems is malaria which affects all Nigerians but mostly infants and has led to an increase in the infant mortality rate.

A 2015 commissioned research conducted by the Embassy of the Kingdom of Netherlands in Nigeria claims that Nigerians have resorted to health tourism for surgeries (mostly orthopaedic and cancer), cardiology, neurology, and management of cancers. The report also has it that Nigerians also spent an estimated 260 million US dollars on medical bills in India alone in 2012 and 40% of all visas to India were for medical reasons. Quoting Nigerian Medical Association, about 25 Consultant Oncologists are available to 160 million Nigerians and cancer patients can access specialists in six states Lagos, Oyo, Kaduna, Edo, Ondo, Sokoto and Abuja. As bad as this situation is, and going by the Cancer Statistics Worldwide record, there is no government policy on cancer in Nigeria nor is there any known specialist hospital for malaria and cancer treatment despite huge financial resources in the country and the age-long menace of malaria. There are other diseases affecting the health of Nigerians such as Lasser fever, HIV/AIDS, Polio Meningitis, Ebola, SARS, Anthrax, Cholera, Bubonic plague, Influenza, Small Pox, Chicken Pox, Tuberculosis and Typhoid fever (not in any particular order). In addition to these numerous diseases, Nigeria's health crisis has been worsened by poor leadership at the local, state and federal levels. Nigeria has the worst health policy and infrastructure in Sub-Saharan Africa with only five hospital beds per 10,000 population. The Federal Ministry of Health's (FMOH) health facilities (HFs) census of 2005 showed that Nigeria had a total of 23,640 public and private hospitals.

Another reason that contributes to Nigeria's health crisis is incessant strike actions by health workers. Oleribe et al (2018) state that healthcare provision in Nigeria has suffered greatly from numerous healthcare worker strikes (industrial actions) over the years. These have resulted in multiple avoidable mortalities and morbidities in Nigeria, further destroying the already poor health outcomes in the country. Their study further shows that strikes have remained common occurrences in Nigeria as there are local, state, regional and sometimes national industrial actions on a regular basis; between April 2016 and April 2017, there were at least 17 different strike actions in Nigeria involving public workers. The researchers in their study further revealed the causes of strike actions to

include: poor staff welfare as the most common cause of strikes in the healthcare system. Other causes include salary issues, leadership and management logjam, poor hospital infrastructure, and poor guidelines and services for the management of inter-professional disputes. The above-listed problems have led to the exodus movement of Nigerian Doctors to Europe, America, and some parts of Asia. Abang (2015) notes that:

> There are 72,000 doctors registered with the Medical and Dental Council of Nigeria (MDCN); over half practice outside the country. Nine in every 10 doctors are considering work opportunities outside Nigeria. And it is projected to keep rising as doctors continue to face systemic challenges. I actually think Nigeria is already at the state of emergency with the availability of medical doctors. The country's worsening health sector also grapples with strikes by health workers. The government is often in conflict with the Nigerian Medical Association, an umbrella union of doctors, over working conditions. The union argues that government officials fail to stick to agreements. Doctors have blamed the mass exit on poor working conditions-only four percent of Nigeria's budget is allocated to the health sector, leading to industrial action.

Today, in a bid to remedy the problem in the health sector, the Federal Government has permitted Public Private Partnership (PPP) investments in the health sector which operates under a tripod arrangement:

(a) Government solely finances infrastructures and contracts a private operator to operate the facility.
(b) Government and private partners co-invest and co-own the facility and contract an independent private operator
(c) Operator co-invests with Government to show commitment and share risk

These were the initial arrangement of the PPP health scheme:

(a) World Class Hospital Projects. The President in 2012 set up a Ministerial Committee for this purpose.
(b) The National Sovereign Wealth Fund (NSIA) is to establish co-located diagnostic centres in 12 tertiary hospitals in the six geopolitical regions of the country.
(c) The Abuja Medical City Project. In 2014, the President set up a Steering Committee for the development of 650 million US dollars in Abuja Medical City through PPP.

Another effect of this initiative is the establishment of hospitals by Nigerians and their foreign partners. Some of the hospitals include American Specialist Hospital, Abuja, Lifeplan Hospital Project, Lagos, The Turkish Nazamiye Hospital, Abuja, Primus Indian Hospital, Karu Abuja.

The way forward in Management of the Health Sector towards the eradication of malaria in Nigeria

This sub-title would serve as the conclusion of this paper. From the theoretical exposition of this paper, it is obvious that the Nigerian health sector has collapsed. It is therefore important to put in place a new health policy that would cater for the health needs of Nigerians. It is also important to note that all the relevant agencies for regulating the health sector must be empowered for adequate supervision of the professional conduct of their members. All three levels of government must adequately pay attention to health issues. Staff salaries, arrears, training and re-training of staff should be given priority attention. The government is also expected to provide infrastructure for primary health

care, and secondary and tertiary levels. No level in the health sector should be ignored the way it is today. There should be proper guidelines that will clearly define the functions of all the health and health-related disciplines in order to put an end to inter-professional disputes in the health sector.

The welfare of doctors and other health workers needs to be taken into consideration. Drugs and a constant power supply are all needed in hospitals and health centres across the country. There is also a need for the recruitment of more health workers to cater for the health needs of Nigerians. Presently, there is an acute shortage of health workers in Nigeria including medical doctors. This also implies that more medical schools are needed in Nigerian universities while the existing teaching hospitals should be upgraded with state-of-the-art facilities. More oncologists and surgeons are also needed. Nigeria needs at least one resident doctor in every community. Orthopaedic experts, cardiologists, and neurologists are urgently needed. The government should also intensify efforts at providing specifically, modern radiology, surgery theatres, intensive care, laboratories, dialysis centres, and trauma centres. Meanwhile, specialist hospitals for malaria should be established in all six geopolitical regions of Nigeria with a least 10 experts in each of the hospitals. The absence of a specialized hospital in the treatment of malaria has been one of the reasons for the high rate of death occasioned by malaria parasites. Therefore, it is strongly recommended that the Federal Government should call for a National Health Submit to address these health crises based on available health indices in Nigeria (see appendix 1).

Based on the above recommendations, it is important to note that the media have a great role to play in terms of creating awareness of government policies on health and health-related matters and also serve as platforms through which negotiations can be reached during a crisis. As Osibogun (2004, p.3) notes, "one critical issue, therefore, is the need for proper awareness among policymakers on the role of health…This awareness should rightfully lead to improved investment in health". Based on this assumption, mass communication remains the only alternative.

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Appendix 1

Table 1: Data from National Bureau of Statistics on Nigeria core Welfare Indicator on Health, 2006 index.

Per cent

Health Indicator	**Rural**	**Rural Poor**	**Urban**	**Urban Poor**
Health access	47.8	16.1	70.9	45.9
Needs	8.1	9.3	8.3	9.3
Use	7.8	8.4	8.8	8.6
Satisfaction	62.7	59.1	75.1	59.5
Consulted Traditional healer	9.1	13.3	4.6	7.6
Pre-natal care	64.4	54.9	90.1	74.3
Anti-malaria measures Used	74.9	64.5	85.1	70.0
Persons with physical/Mental challenges	0.8	1.1	0.7	1.2

Source: National Bureau of Statistics - Core Welfare Indicators Questionnaire Survey (extract)