

FRAMING HEALTHCARE CHALLENGES AND INSTITUTIONS IN NIGERIAN FILMS

ALAWODE, Sunday Olayinka, PhD

+234 803 388 1520

alawode_yinka@yahoo.com

&

FATONJI, Stephen Sonayon

+234 806 364 9327

fatonjistephen@yahoo.com

LAGOS STATE UNIVERSITY SCHOOL OF COMMUNICATION
21, OLUFEMI STR, OFF NATHAN STR, VIA OJUELEGBA, SURULERE, LAGOS.
P.O.BOX 1556, OSODI, LAGOS STATE.

Health Communication and Change & Communication and HIV/AIDS Working Groups

ABSTRACT

Health worldwide is wealth because it is the wellbeing of individuals, communities, and nations (populations). Health, seen as absence of illness, is described as the idea of a complete state of physical, mental, and social well-being. Health is also seen as the condition of a person's body or mind, or the state of being physically and mentally healthy and the work of providing medical services. Similarly, healthcare is described as the service of providing medical care, the cost implication especially for subsets of the population (like the elderly) as well as workers or professionals in the area also referred to as caregivers. Healthcare in this context could refer to prevention, treatment (cure), and the management of illness or the preservation of mental and physical well-being through the services offered by the medical, nursing, and allied health professions. Healthcare challenges in this context could refer to all situations that may hinder the service provision in the traditional or conventional parlance focusing on nutritional issues, maternal and child health, population and environment issues, malaria, cancer, Lassa fever, hepatitis, Ebola, STDs, HIV/AIDS, Zika virus among others, as well as the funding, insurance, research, regulations/policies with the institutions of society assigned the responsibility of oversight function. The crux of this study is health communication which implies creating awareness and understanding of interrelatedness of health, economic, social and environmental issues by bringing them to the attention of the public for their total wellbeing through media platforms and effective use of human and material resources. Nigerian films, called Nollywood as an instance of health communication platform, have been internationally acclaimed by UNESCO as the second most prolific film industry after Bollywood. It is largely an entertainment phenomenon with just over twenty years' active history but with global reach and impact. This study adopts a content analysis design in investigating the frames in which healthcare, caregivers, diseases and health institutions are portrayed, as well as prominence given them in Nigerian films. Thirty films were selected through systematic sampling with a random start for the study and 2010-2015 as periodization for the study. Disc A of Part I or any available Part was used completely while the unit of analysis was the context of health portrayal. Content categories include film genre, type of healthcare issue or challenge, healthcare

framing, health institution, caregiver portrayal, caregiver attitude, gender of patient, gender of caregiver, resolution of healthcare challenge, and focus of healthcare among others. Based on Framing Analysis and Gatekeeping theory, the findings of the study have implications for the images of the healthcare industry and patronage, the nation, as well as the film industry.

Key words: Framing, Healthcare, Challenges, Institutions, Nigerian films

Word Count: 433

Introduction

The Nigerian Health Sector, despite some of its notable achievements and resilience against some major continental and global infections like Ebola and Lassa Fever, is still among the worst in the world, considering the health status indicators. According to the Federal Ministry of Health (2008), the life expectancy at birth is 49 years while the disability adjusted life expectancy at birth is 38.3 years; vaccine-preventable diseases and infectious and parasitic diseases continue to exact their toll on health and survival of Nigerians, remaining the leading causes of morbidity and mortality. Nigeria has the highest number of HIV infected persons in the African continent and the fourth highest tuberculosis burden in the world (FMHO, 2008). In the face of these, non communicable diseases are increasingly becoming public health problems, especially among the affluent urban population. Even though only 2% of the global population is in Nigeria, the country, with an estimated infant mortality rate of 75 per 1000 live births, child mortality rate of 88 per 1,000 live births, under 5 mortality rate of 157 per 1,000 live births and a maternal mortality ratio of 800 per 100,000 live births, contributes a disproportionate 10% to the global burden of maternal and also infant mortality (National Population Commission, 2008). Wide regional variations exist in infant and maternal mortality across the zones. Infant and child mortality in the North West and North East Zones of the Country are in general twice the rate in the Southern Zones while the maternal mortality in the North West and North East is 6 times and 9 times respectively the rate of 165/100,000 recorded in the South West Zone (FMHO, 2008). According to Ayoade and Adedokun (2012), both behavioural and non-behavioural factors are responsible for the prevalence rate of poor public health in Nigeria. The behavioural factors include some cultural practices such as unhealthy behaviours, lack of personal hygiene and environmental sanitation, lack of knowledge on preventive measures, and failure of high risk populations to use technologies appropriately (FMOH, 2004). The non-behavioural factors on the other hand include geographical, ecological peculiarities, lack of good healthcare facilities amongst others.

Media portrayal of societal problems, such as poor health status of the people, has a way of creating awareness of the problems and raising positive or negative actions and/or reactions towards resolving or aggravating the problems. Such media presentations are achieved through what is widely known as Entertainment – Education (E-E) strategy, a prominent method used by professionals who design interventions aimed at inducing behavioural changes among people in a given community. Acharya (2008) observed that E-E initiatives have been going on for many years and currently being used as an integral part of communication campaigns by different agencies. According to Singhal, Rogers and Sabido (2004:5), “Entertainment – Education is the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience members’ knowledge about an educational issue, create favourable attitudes, shift social norms and change overt behaviour”. It is a communication strategy which has the objective of stimulating social and behavioural change. Brown and Walsh-Childers (2002) noted that one of the most promising ways of reaching the public with campaign messages intentionally is to create entertainment programmes such as radio drama series, TV, soap operas, films, theatre, songs or recently, computer games. According to An (2008), most previous entertainment-education campaigns were implemented mainly in developing countries for improvement of public’s knowledge, their behaviour change, and ultimately social change. A variety of initiatives have been developed through various formats and channels focusing on issues related to HIV and AIDs prevention, family planning, adult literacy, gender equality, child abuse, rape prevention amongst other issues in Africa, Asia and Latin America (Piotrow, Kincaid, Rimon & Rinehart cited in An, 2008). Papa (2008) reported that entertainment – education strategy contributes to social change in multiple ways. According to the author, E-E can influence audience members’ awareness, attitudes and behaviours toward a socially desirable end. The anticipated effects are

located in an individual or a group in which individual belongs and more often, the initiatives stipulate conversations among audience members about the social issues that are addressed, leading to dialogue, decisions and individual and collective actions (Papa, 2008, p. 3).

Given the effectiveness of the strategy, entertainment education has been implemented globally in many popular media such as television soaps, films, radio, popular music, theatre, comic books, video games and other entertainment genres to promote a wide range of educational issues, especially in developing countries of Africa, Asia and Latin America. These educational issues include health challenges, literacy problems and reproductive matters amongst others.

Statement of the Problem

The Nigerian health sector is confronted with several challenges, including poor facilities, inadequate professionals and healthcare givers, low remuneration and motivation of staff, porous institutional framework for healthcare delivery among other problems. The health indicators in Nigeria have remained below country targets and internationally-set benchmarks including the MDGs, which recorded very slow progress over the years. Currently, the health sector is characterized by weak health infrastructure, fragmented health service delivery, inadequate and inefficient financing, mal-distribution of health work force and poor coordination amongst key players. Primary Health Care (PHC), which forms the bedrock of the national health system, remains in a prostrate state due to gross under funding, mismanagement and lack of capacity at the LGA level. The 2003 NDHS indicators demonstrating the performance of the health system indicate an immunization coverage of 23%; 6% of under-fives sleeping under insecticide treated nets (ITNs) with only a third of children with fever appropriately treated with anti-malarial sat home and less than half of deliveries attended to by skilled health personnel. It is noted that wide variations of these indicators exist indifferent geographical zones, states and rural/urban locations. All these problems are indicators of the country's poor state of development. Although the country is the current largest economy in Africa, the Global Competitive Index, GCI 2013/2014 ranks Nigeria as the fifth poorest country in the world. The report capitalized on the nation's weak institutions, engrained corruption, undue influence, weakly protected property rights, insecurity, poor infrastructure, and poor primary education as reasons for the country's abysmal rating (Vanguard, March 6, 2014). Although the President of Nigeria, Dr. Goodluck Jonathan refuted the report, saying that Nigeria is a wealthy country, many critics have argued that the wealth of the country is not reflected in the quality of life of the citizens. Given the fact that entertainment-education strategy can be used via films to enlighten the public towards inducing positive behavioural changes, the current study examines the depictions of healthcare challenges in Nigeria home videos. For the country to overcome some of her health challenges, especially preventive health issues, there is a need for the continuous education and orientation of members of the public. The extent to which these enlightenments are represented in Nigeria home videos is the focus of this study.

Research Questions

This study is guided by the following research questions:

1. To what extent are Nigeria's healthcare challenges represented in home videos?
2. In what light is Nigeria's healthcare sector portrayed in home videos?

Theoretical Framework

This study is based on framing analysis and gatekeeping theory.

Framing Analysis according to Entman (2003:5) has to do with "selecting and highlighting some facets of events or issues, and making connections among them so as to promote a particular interpretation, evaluation, and/or solution". Tankard (1999) defined framing as the main idea for organizing and providing a context for news. Wu (2006:253) also defined framing as "a cognitive schemata or collective consciousness that assists in the construction of meaning in the mind of the audience". Entman (2003) explains that media frame is a significant type of social frame in which audiences lack direct experience of events and thus rely on media to stay informed and make rational decisions. Successful media frames are

able to evoke as well as constrain individual reactions or interpretations of certain events (Wu, 2006). Media frames have been used by journalists extensively in reporting news events, especially in coverage of social movements and political events (Snow, Vliegenthart, & Corrigan-Brown, 2007). Researchers have introduced a dichotomy of widely used media frames, such as generic vs. issue-specific frames (De-Vreese, Peter, & Semetko, 2001). Generic frames are employed to compare different framing processes, like episodic and thematic frames (Iyengar cited in De-Vreese et al, 2001), and frames used in different media outlets, such as conflict, human interests, attribution of responsibility, and economic consequences (Valkenburg, Semetko, & De-Vreese, 1999). Issue-specific frames refer to those that appear in specific topics or issues, like pro-government and anti-government frames used when covering epidemics (Wu, 2006). Framing studies have typically focused on mainstream media. Online media, including blogs, are believed to serve as a forum for alternative evaluation and interpretation about relevant issues that might be overlooked or omitted by mainstream media (Papacharissi, 2007).

Framing is important because it speaks to the way in which the media cover issues and may speak to the interpretation and meaning the press sought to convey with their coverage. Mass media research analyses have tended to treat framing as a deliberate process of achieving a set goal (Semetko and Valkenburg, 2000). Entman (1999) cited in McQuail (2005:378) “summarised the main aspects of framing by saying that frames define problems, diagnose causes, make moral judgements and suggest remedies”. McQuail (2005) explained that framing can be achieved by “using certain words or phrases, making certain contextual references, choosing certain pictures or film, giving examples as typical, referring to certain sources and so on” (p. 378). Similarly, this study examines the health frames depicted in the Nigerian video films. The researchers are concerned with home video identification of health challenges, their causes and remedies.

Gatekeeping Theory on the other hand is “the process by which the vast array of potential news messages are winnowed, shaped, and prodded into those few that are actually transmitted by the news media” (Shoemaker, Eichholz, Kim & Wrigley, 2001, p. 233). Gatekeepers are those people who “regulate the flow of information, language and knowledge” (Storm, 2007). Shoemaker and Vos (2009) posit that media gates exist at five levels of analysis: individual, routine, organizational, social institutional and social systems. Positive and negative forces –factors that promote and impede information’s progress through a gate – influence each of these five levels (Shoemaker & Vos, 2009). Some forces may at first seem to act more to change the shape of a message, although this is likely a response to anticipated gates in the future. Historically, elites have exerted control over the flow of news and information; thus gatekeeping has largely explained a uni-directional and hierarchical flow of information (Barzilai-Nahon, 2008).

Folarin (2002) explained that gatekeeping amounts to screening of the information to be disseminated, communicating some themes and suppressing others. Some factors that influence gatekeeping according to Folarin (2002) include timing, ownership pattern, management policy, perceived needs and preferences of the audience, editor’s perception of reality and views held by the editor’s colleagues. Others include influence of advertisers and marketers, availability of photographs or film footage, legal considerations, professional ethics, ideological perspectives and political orientation (p97-100). In addition to these, the need to project the nation or government ‘positively’ to the society sometimes also influence gatekeeping (Folarin, 2002).

Health Challenges in Sub-Sahara Africa

Health is the state of an all-encompassing wellbeing of an individual. WHO (2003) defined health as the state of complete physical, mental and social well-being (WHO, 2003). Oyeniran and Onikosi-Alliyu,(2015) noted that health improvements contribute to other development objectives such as increased productivity, high income growth, political stability etc. The authors explained that health capital also determines the total amount of healthy time available for people. Several reports have shown that the health status of countries in Sub-Saharan Africa is very poor (Federal Ministry of Health, 2008). The reproductive health indices in these countries are deplorable. Maternal mortality rate is estimated at an average of 500 deaths per 100,000 live births in 2010. People living in Sub-Saharan Africa have the least access to an improved water source that

could supply safe drinking water as only 45% of people in rural areas have access to improved drinking water source (World Bank, 2014). In Western and Central Africa, mortality rates for under-five are among the highest in the world. The figures stand at 184% compared to global average of 88% (Enabudoso *et al.*, 2006).

Based on the poor nature of health situation in the World generally and in Sub-Saharan African particularly, the World leader in 2000 came together to declare Millennium Development Goals (MDGs) of which three out of eight goals is based on health. These development goals on health are reducing child mortality; improve maternal health or maternal mortality and combating HIV/AIDS, malaria and other diseases (United Nation, 2014).

The Nigerian government has set up several programme and policies to achieve these health development goals. These include Safe Motherhood Initiative (SMI), Primary Health Care Scheme and Guinea-worm Eradication Programme, Better Life for Rural Women (BLP), The Family Support Programme (FSP), The National Health Insurance Scheme (NHIS), The National Action Committee on AIDS (NACA) and its associated programme for the Prevention of Maternal to Child Transmission of HIV (PMTCT) programme, National Strategic Health Development Plan (2010-2015) (Makinde, 2005; Innocent *et al.*, 2014).

Despite these policies and programs, Oyeniran and Onikosi-Alliyu (2015) reported that the health situation has not greatly improved in Nigeria. The World Health Organisation (WHO) has also identified Nigeria as one of the 46 African countries that have failed to meet the Abuja Declaration 13 years on and one of the 38 that are off track in meeting the health-related Millennium Development Goals (MDGs) by 2015. The WHO also stated that only Rwanda and South Africa have achieved the Abuja Declaration target adopted by the African Union (AU) in April 2001 to increase government funding for health to at least 15% (WHO cited in Oyeniran and Onikosi-Alliyu, 2015).

Health Challenges in Nigeria

Nigeria is undoubtedly faced with numerous health challenges just like other developing countries. Despite the laudable efforts of the Nigerian government to develop the sector, many Nigerians still lack basic access to healthcare delivery. The nation is still struggling with high prevalence rate of child and maternal health problems, reproductive health challenges, high mortality rate, sexually transmitted infections, malaria, amongst others. Obasan and Akinagbe (2013) reported that nearly 15 percent of Nigerian children do not survive to their fifth birthday. Two leading causes of child mortality are malaria (30%) and diarrhea (20%); malnutrition also contributes to 52% of death of children under 5 (Obasan & Akinagbe, 2013). A household survey conducted by the government between 2003 and 2004 revealed that 54.4% of the population is poor, with a higher poverty rate (63.3%) in rural areas (HERFON, 2006). The country is also one of the nations with high prevalence rate of sexually transmitted infections (Lapinski & Nwulu, 2010). According to Society for Family Health (2013), Nigeria has low contraceptive prevalence rate of 10% among women. This means that 9 out of 20 women of child bearing age are not currently using modern contraceptive methods. This has resulted in unplanned pregnancy and increased maternal mortality rates (SHF, 2013). The HIV pandemic in Nigeria is also relatively high, especially among girls and women. The Federal Ministry of Health (2001) estimated the rising rate of HIV prevalence in the country from 1.8% in 1992 to 3.8% in 1994; 1.5% in 1996, 5.4% in 1999 and 5.8% in 2001 with most of the new cases found among young people. UNAID (2012) estimated 5.8% in 2012. Although the prevalent rate is lower than several other sub-Saharan Africa nations, the absolute number of people infected in Nigeria is much larger (Mberu, 2007). UNAID (2012) identified several factors responsible for the spread of HIV and AIDS in Nigeria. They include unsafe sex practices, high prevalence of other sexually transmitted diseases, poverty, lack of healthcare and the silent denial of HIV and AIDS due to ignorance and stigmatization (UNAIDs, 2002).

Although the Nigerian government, international organizations and other civil and non-governmental bodies have been making efforts to fight the scourge, increase in the number of people affected remains a national concern (Akinyemi, 2004). On Malaria, reports have shown that the disease is one of the major public health problems in Nigeria (FMOH, 2011). According to the Federal Ministry of Health (2011), the malaria situation in the country has been deteriorating despite the numerous interventions instituted so far. The failure of the interventions has been attributed to socio-cultural, economic and political factors (FMOH, 2011). Both behavioural and non-behavioural factors are also responsible for the prevalence rate of poor public health in Nigeria (Akinyemi, 2004). The behavioural factors include some cultural practices such as unhealthy behaviours, lack of personal hygiene and environmental sanitation, lack of knowledge on preventive measures, and failure of high risk populations to use technologies appropriately (FMOH, 2004). The non-behavioural factors include geographical, ecological peculiarities, lack of good healthcare facilities amongst others. According to Obasan and AKinnagbe (2013), some of the factors that affect the overall performance of the health system in Nigeria include inadequate health facilities/structure, poor human resources and management, poor remuneration and motivation, lack of fair and sustainable health care financing, unequal economic and political factors, the neo-liberal economic policies of the Nigerian state, corruption, illiteracy, very low government spending on health, high out-of-poverty expenditure in health and absence of integrated system for disease prevention, surveillance and treatment, inadequate mechanisms for families to access health care, shortage of essential drugs and supplies and inadequate supervision of health care providers.

Health Literacy in Nigeria

Literacy according to Ayodele and Adedokun (2012) is more than mere reading, writing and being able to do simple arithmetic, it also describes the programme designed to achieve such basic skills. Literacy encompasses the understanding of how things work and the issues in a given situation or phenomenon. Thus, we have adult literacy, media literacy, computer literacy, health literacy, amongst others. According to Glanz (2008), health education plays a significant role in reducing the level of ignorance due to disparities in social opportunities and it is one of the most effective methods of disease prevention (Glanz, et al, 2008). Parker (2000) observed that the literacy levels in many communities in developing countries are low and this contributes to poor health outcomes in such communities. In 2008 for example, the adult literacy rate of Nigeria was reported as 66.8% (Atulomah & Atulomah, 2012). This implies that many Nigerian adults still face problem of illiteracy. Atulomah and Atulomah (2012) explained that educational exposure and functional literacy combined are social factors responsible for the process of acculturation in any population. It is a social transition that can facilitate bridging the gap between native traditional culture and modern scientific culture.

Majority of Nigerians live in the rural areas and they lack basic education on modern health issues (Obasan & Akinnagbe, 2013). Thus there is high health illiteracy rate in Nigeria. Nubeam (2008) noted that an important consideration in health literacy is the fact that individuals in rural communities with low literacy level may have difficulty in understanding modern scientific health practices. According to Dewalt et al (2004), lack of functional health literacy is an important factor responsible for a considerable proportion of individuals in the rural communities failing to follow medical directives for health maintenance. In a study conducted by Atulomah and Atulomah (2012), awareness level on cancer among men in a rural community in Nigeria was found low and that was probably responsible for the poor outcome of the disease in that community. According to Atulomah and Atulomah (2012), it is very important to always consider the context of cultural orientation of the population of interest whenever an investigation is carried out on their health literacy and health information needs. Often, the traditional cultural perspectives of Nigeria have a strong social influence on community life of the people and predispose the individual to conceptualize and act in a particular way (Atulomah & Atulomah, 2012). Two predominant cultural perspectives identified in most developing countries to likely influence the way meaning and

understanding are derived from phenomena that may have far reaching implications on decision-making process are the local/traditional culture and the modern / scientific culture (Ayodele & Adedokun, 2012; Obasan and Akinngbe, 2013; Atulomoh and Atulomoh 2012). Both differ in their potency to spread health information. The local indigenous traditions often conflict with the scientific culture in which most of the orthodox health practices and reasoning are conceptualized and communicated. Thus, it is necessary for professional to adopt an acculturation process which will gradually enlighten the public and ensure that the modern health messages offered are presented in such a way that the people will understand and receive.

Entertainment – Education and Health Campaigns

Mass media are important sources of both entertainment and health information all over the world. According to Arroyave (2008), various studies have shown that people are exposed more often to health information through the mass media than they are to other traditional sources of information, such as physicians or health facilities. Among the health related

issues that are often delivered through the mass media are awareness and prevention campaign on HIV, breast cancer and other cancers, malaria, use of contraceptives, family planning, child abuse, violence against women, child trafficking, amongst others. Many of such campaigns are often featured in Nigerian mass media, most notably television and radio. Several empirical evidences suggest that entertainment programmes have been successfully used to promote family planning, contraceptive use, HIV/AIDS, breast cancer and other cancers, malaria, use of contraceptives, family planning, child abuse, violence against women, child trafficking, amongst others. Many of such campaigns are often featured in Nigerian mass media, most notably television and radio. Several empirical evidences suggest that entertainment programmes have been successfully used to promote family planning, contraception use, HIV/AIDS awareness and other health related issues (Arroyave, 2008). Singhal and Rogers (2002) reported that more than 50 countries around the world, including Nigeria, have used the education-entertainment as a communication strategy to achieve various health or pro-social goals. Thus the E-E strategy has been found to be an effective tool for promoting health issues in different contexts (Acharya, 2008) Although scholars agree that the E.E strategy is one of the leading effective tools in social and behavioural change campaigns, the approach has its own limitations. Greenberg et al (2004) highlighted five problems of E.E strategy. They include the diet issue, which refers to the portion of education-entertainment necessary in an E.E intervention; the amount issue, which refers to the portion of education-entertainment necessary in an E.E intervention; the order of presentation issue, which refers to whether it should start with the entertainment or educative part of the E.E programme; the repetition issue, which refers to the repetition of the message while avoiding unintended effects and the spread issue, which refers to whether small or large doses of education are preferable over short or long periods of time. The current research is concerned with the amount and manner of healthcare depiction in the Nigerian home videos (Bouman & Brown 2011).

Overview of the Nigerian Movie Industry

The Nigerian movie industry, also known as Nollywood, is one of the major movie industries in the world. According to UNESCO (2009), Nollywood is the second largest global producer of films after India's Bollywood. In Nigeria and other countries throughout sub-Saharan Africa, it has overshadowed Hollywood, Bollywood and much local production to dominate the movie sector, a move that had caused complaints of oversaturation of local screens in some smaller sub-Saharan African countries (Miller, 2012). Unlike Hollywood and Bollywood films, Nollywood films are not made to be shown on a big screen in theaters; instead, they are produced for and mostly traded in physical home movie format (VCD and DVD). They are however shown on terrestrial and satellite/cable television in all small screen movies (Miller, 2012). Osei-Hwere and Osei-Hwere (2008) also noted that the popularity of Nigerian video films transcend the borders of Nigeria to other countries in Africa, Europe and North America, making it one of the country's fastest growing cultural exports. It also makes Nigeria an important digital media content producer on the African continent. These video films, especially the ones in English are popular in other African countries because they tend to focus on themes relevant to other Africans on the continent and Africans living in Diaspora (Osei-Hwere & Osei-Hwere, 2008). The wide appeal of these video films to African audiences and international audiences may be attributed to the hybridization of Africa and Western cultures that are

endemic to many past colonial African urban societies (Akpabio, 2010; Alozie, 2012). Abah (2011) explained that while their commercial nature might make the video-films appear apolitical and grounded in an unapologetic commercial culture and seem quite indifferent to the social responsibility agenda of contemporary cinema, several examples of popular entertainment media still serve social responsibility functions. Adesokan (2009) noted that their treatment of political themes reflect a basic concern for good governance and ethical conduct in civil matters. Haynes (2006) concurred in the assertion that despite their melodramatic forms and portrayal of negative themes, Nigerian video films are political and exhibit social consciousness. Jean-Francois (2006) noted that Africans now spend an enormous amount of time watching home video and concluded that home videos have significant social effects. The use of popular media for social change has been noted in the works of several scholars. Arvind (2007) observed that video films are the most popular entertainment genre for stimulating public discourses on social issues at the local, national or global level and especially on topics that are considered taboo: sexuality/sex, HIV/AIDs prevention, mental depression, ethnic cleansing, racial discrimination and the like. While concerned with the question of whether the commercial viability of the popular global media can be burdened by the weight of social responsibility, Arvind (2007) remarked on several examples in which popular entertainment media have been used for social and educational purposes.

Alozie (2011) noted that the dominant themes reflected in Nigerian video films include religion, cultural values and traditions versus modernity, traditional leadership, modernization/upward social mobility, materialism, everyday life, regional orientation, folklore and folktales, crime and violence, sexuality, love and occultism. Others include witchcraft, stereotype, melodrama, propaganda and educational themes. Alozie (2011) further reported that the contents and themes in Nigerian film industry have come under intense attack. He explained that a devastating criticism of themes in Nigerian video films came in 1999 when Ademola James, Executive Director of the Nigerian National Film and Video Censors Board complained that the films focused too much on the negative aspects of Nigerian culture, including occultism, cultism, witchcraft, sexuality, prostitution, incest, violence and spiritualism. Alozie (2011) noted two years earlier, he complained that the story lines revolve around polygamy, child abandonment or desertion, prostitution and other negative behaviours. Oguine (2000) noted that while Nollywood acknowledges its problems, the use of the supernatural and home grown themes are what have given the industry its vitality. The prevalence of negative contexts and contents in Nigeria video films has prompted some critics to describe the medium as a vast wasteland. These critics argue that these video films could serve as an important tool to educate domestic and foreign consumers about the country. They contend that video films could be used to showcase Nigerian cultural values in a positive light and to promote socio-economic development in order to raise the welfare of the masses. Defenders of the industry on other hand point out that to a large extent, Nigerian video films do a fair job of representing the current contexts of corruption, social ills, religions hypocrisy and political violence in the country. Although some of these depictions can be seen as an exaggeration, they can be attributed to how people relate to the themes and the way people deal with the issues (Osei-Hwere & Osei-Hwere & Osei-Hwere, 2008; Akpabio, 2009; Alozie, 2011; Abah, 2011; & Miller, 2012). Whichever way Nollywood is viewed, the fact remains that the industry has emerged as a leading figure in the production of popular culture in Nigeria, Africa and the international arena. Given the popularity of Nollywood and the effectiveness of education – entertainment strategy, the current study focuses on the extent to which health – related problems and morality challenges are depicted and addressed in Nigerian films.

Method of Study

Thirty-Five English and Yoruba language Nollywood movies produced between 2010 and March 2016 were selected using available sampling technique. Yoruba language is the major indigenous language widely spoken in South-West Nigeria where the study was conducted. The content analysis method was adopted to investigate the representation of the Nigerian health sector and its challenges in the selected home videos. Besides the fact that the method gives room for the systematic, quantitative and objective description of media texts, it is also useful for investigating effects, classifying outputs and for making comparisons between media and overtime or between content and reality (McQuail cited in Tejumaiye, 2003). Sixteen

coding categories were framed for analysis. They include year of film production, language of film, film classification, setting, film genre, type of sickness, type of healthcare challenge, forms of behavioural and forms of non-behavioural challenges, healthcare framing, healthcare institution, caregiver portrayal, and resolution of healthcare issue among others. Every scene where the healthcare institution or health challenge is shown or mentioned served as the unit of analysis.

Results

Nineteen (54.3%) movies produced in Yoruba language and sixteen (45.7%) movies produced in English language were analyzed. Most of the films (n22=62.8%) were produced between 2014 and 2015 while 34% was produced between 2012 and 2013. Majority of the films (62%) were classified as 18+ (for adults) while 18% was for general viewers (G). Others were Parental Guide (15%), Not to be Broadcast (3%) and unclassified category was 2%.

RQ 1: To what extent are Nigeria's healthcare challenges represented in home videos?

Twenty-one cases of health-related challenges/issues, spanning a total of 52 minutes, 35 seconds were found in the movies. This represents 2.5% of the duration of all the movies watched. Despite the fact that the movie industry has several important issues to reflect, the attention given to health-related matters in the movies analyzed was too little, compared to the overwhelming importance of healthcare to the society.

Table 1: Type of Sickness

Options	Frequency	Percentage
Malaria	3	14.28
Ebola	-	-
Lassa Fever	-	-
HIV/AIDS	1	4.7
Other STDs	-	-
Zika Virus	-	-
Typhoid	-	-
Cancer	1	4.7
Maternal Health/Pregnancy Delivery	3	14.28
Child Health	2	9.5
Mental Health	1	4.7
Hepatitis	-	-
Cholera	-	-
Polio	-	-
Stroke	1	4.7
Accident Victim/First Aid/ Emergency Service	2	9.5
Skin Disease	-	-
Diabetes	-	-
High Blood Pressure/Hypertension	1	4.7
Seizure	-	-
Epileptics	1	4.7
Poor Sight	-	-
Dental Health	-	-
Ear problem	-	-
Unknown ailment	5	23.81
Total	21	100

Table 1 shows the representation of the various sicknesses depicted in the video films. Most of the films (n5=23.81%) were unknown while maternal health (including pregnancy delivery) and malaria had 14% each. Health services to children and emergency services to accident victims constitute 9.5% representation for each ailment. Other health issues like HIV/AIDS, cancer, stroke, epileptics and mental illness were given one appearance each (4.7%). Although the ailments represented constitute some of the major public

health issues in Nigeria, it is necessary to identify the nature of ailments in most cases for effective treatment of such healthcare issues in the home videos.

Table 2: Health Institution

Options	Frequency	Percentage
Government Hospital	1	4.7
Private Hospital	2	9.5
Unknown Hospital	8	38.09
Clinic	1	4.5
School Medical Centre	-	-
Medical Centre in Workplace	-	-
Herbalist's Home	4	19.04
Church/ Pastor's Home	2	9.5
Mosque/Imam's Home	1	4.7
Home/Self Medication	2	9.5
Pharmaceutical Centre	-	-
Others	-	-
Total	21	100

Table 2 reveals the health institutions portrayed in the home videos. From the table above, most of the healthcare challenges (n8=38.09%) took place in unknown or unidentified hospitals.

Table 3: Causes of Health Challenge

Options	Frequency	Percentage
Behavioural Causes	5	23.80
Non-Behavioural Causes	4	19.04
Unknown Causes	12	57.14
Total	21	100

Table 3 above shows that the causes of majority (n12=57.14) of the ailments represented in the movies analyzed were unknown. Generally, causes of ailments are categorised under behavioural and non-behavioural factors. These were scantily represented in the data above (23.80% and 19.04% respectively). As said earlier, this poses a problem to the treatment or enlightenment of the viewer on the ailment. For the viewer to be enlightened on a health matter there is the need to identify the ailment, its causes and ways to treat or at least prevent the occurrence of the ailment.

Table 4: Forms of Behavioural Factors

Options	Frequency	Percentage
Lack of personal hygiene	-	-
Lack of environmental sanitation	-	-
Lack of knowledge of preventive measures	-	-
Failure to practice preventive measures	2	40
Failure of high risk populations to use technologies appropriately	-	-
Poor waste disposal system	-	-
Lack of good toilets/inappropriate disposal of human wastes	-	-
Failure to wash hands after use of toilet	-	-
Bad eating habits/diets	1	20
Lack of adequate rest/overlabour (stress)	-	-
Lack of regular medical check-up	1	20
High consumption of alcohol, hard drugs, alcohol/tobacco	1	20
Lack of adequate exercise	-	-

Self medication	-	-
Patronage of drug hawkers/non-professionals	-	-
Failure to follow caregiver's instructions/failure to use recommended drugs appropriately	-	-
Low health literacy/awareness	-	-
Corruption in the health sector	-	-
Inadequate supervision of healthcare providers	-	-
Total	5	100

Table 4 shows the representation of behavioural causes of ailments depicted in the home videos. The data indicates that failure to practice preventive measures constitutes the major (n2=40%) behavioural factor of the causes of ailments revealed in the films.

Table 5: Forms of Non-Behavioural Factors

Options	Frequency	Percentage
Poor funding	1	25
Poor infrastructure or facilities	1	25
Inadequate human resources/professionals	-	-
Low remuneration/motivation	-	-
Corruption	-	-
Lack of effective disease control mechanisms	-	-
Non-availability/Shortage of essential drugs	-	-
Lack of individual access to healthcare	-	-
Lack of family access to healthcare	2	50
Lack of access to good water	-	-
Others	-	-
Total	4	100

Table 5 shows the non-behavioural causes of the ailments depicted in the movies. Lack of family access to healthcare constitutes the major non-behavioural factor in the movies. It is no more news that majority of families in Nigeria do not have access to healthcare services. Hence, the low percentage of life expectancy in the country.

Table 6: Focus of Healthcare Challenge

Options	Frequency	Percentage
Child health	2	9.5
Maternal health	3	14.28
Teenage health	1	4.7
Young adults (Youth)	4	19.04
Adult male	7	33.3
Adult female	5	23.80
Orphanage	-	-
Internally Displaced Persons	-	-
Others	-	-
Total	21	100

Table 6 above shows the focus of health challenges in the movies. Most of the scenes on health challenges focused on adult males (n7=33.3%). This may be a reflection of the rigour often faced by men in many Nigerian families as the Bread Winners. On the other hand, the combination of healthcare challenges involving nursing mothers, pregnant women and individual female adults (women that are neither pregnant nor nursing children) produced the highest percentage (n8=37.7%). This may also be a reflection of the pains associated with womanhood in Nigeria. Some women combine the roles of a wife, mother and bread winner of their families. This may have negative impacts on their health.

Table 7: Gender of Patient

Options	Frequency	Percentage
Male	9	42.8
Female	12	57.14
Total	21	100

Table 7 shows the general distribution of gender among patients in the movies. Majority of patients shown in the movies were female (n12=57.14%). They include children, teenager, young adults, pregnant women, nursing mothers and individual women.

RQ 2: In what light are healthcare challenges and Nigeria's healthcare sector portrayed in home videos?

Ideally, media including home video should be a mirror of the society, but sometimes, the media does not reflect the facts for some reasons and interests. The second research question above is aimed at measuring the way or manner in which healthcare challenges and the Nigerian Healthcare Sector are represented in home videos.

Table 8: Gender of Caregiver

Options	Frequency	Percentage
Male	17	80.9
Female	4	19.04
Total	21	100

Table 8 above shows that majority of the Caregivers (n17=80.9%) in the movies were males. This representation may be attributed to some forms of patriarchal reflections, stereotypes and gender imbalance in Nigerian society.

Table 9: Attitude of Caregiver

Options	Frequency	Percentage
More concerned about money	4	19.04
More concerned about patient's recovery	6	28.5
Optimistic and positive	4	19.04
Rude and intolerant	2	9.5
Sense of urgency	5	23.81
Total	21	100

Table 9 above indicates that most of the Caregivers in the movies (n6=28.5) were more concerned about the patients' recovery rather than concern for money (19.04%). They were also portrayed as prompt (23.81%) and optimistic (19.04%).

Table 10: Caregiver Portrayal

Options	Frequency	Percentage
Favourable	12	57.14
Unfavourable	7	33.3
Neutral	2	9.5
Total	21	100

Most of the Caregivers (n12=57.14%) were portrayed positively and favourably in Table 10 above.

Table 11: Resolution of Healthcare Challenge

Options	Frequency	Percentage
Fully Resolved and Discharged	12	57.14
Partially Resolved and Discharged	1	4.7
Not Resolved but Discharged	1	4.7
Patient dies	6	28.5
Rejected	-	-
Transferred to other hospitals	1	4.7
Others	-	-
Total	21	100

Table 11 above shows the resolution or otherwise in the movies. More than half of the healthcare challenges (n12=57.14%) were fully resolved and the patients were discharged. It was also shown that a large number of the patients (n6=28.5%) died in the hospitals.

Table 12: Conception/Misconception of Healthcare Challenges

Options	F	Percentage
Rightly Conceived	12	57.14
Misconceived	9	42.8
Total	21	100

Table 12 shows that most of the healthcare challenges (n12=57.14%) were rightly conceived. This implies that the ideas portrayed about the ailments were right. It was however shown that almost half of the ideas or issues (n9=42.8) were also wrongly conceived or represented.

Table 13: Correction of Misconception of Health Issue

Correction	F	Percentage
Corrected	2	22.2
Not Corrected	7	77.7
Total	9	100

Table 13 reveals that majority of the misconceived ideas about some ailments in the movies (n7=77.7%) were not corrected. This poses some danger on the audience perception of such ailments.

Table 14: Health Education Depicted

Options	F	Percentage
Information on Preventive Behaviours	8	38.09
Information on Curative Measures	1	4.7
None	12	57.14
Total	21	100

Table 14 shows that majority of the healthcare challenges in the films (n12=57.14%) had no form of health education. On the other hand, there was a fair representation (n8=38.09%) of preventive measures in the movies.

Table 15: Portrayal of Healthcare Institutions

Options	Frequency	Percentage
Positive and Favourable	15	71.4
Negative and Unfavourable	4	19.04
Neutral	2	9.5
Total	21	100

Table 15 provides evidence on the portrayal of healthcare institutions (e.g. Hospitals, Clinics, Health Centres, etc) in the movies. It was revealed that majority of the healthcare institutions (n15=71.4%) were

portrayed positively and favourably in terms of provision of quality services, efficiency and effectiveness of facilities, quality infrastructure among others.

Table 16: Table: Healthcare Framing

Options	Frequency	Percentage
Positive and Favourable	13	61.9
Negative and Unfavourable	6	28.5
Neutral	2	9.5
Total	21	100

Table 16 shows the light in which the Nigerian healthcare system was depicted in the selected home videos. The Nigerian healthcare system was generally portrayed positively and favourably (n13=61.9%) in the selected movies. Some of the indicators of this favourable outcome include prompt response to patients, optimism of caregivers, efficiency of facilities, and recovery of patients among others.

Discussion

This study was done to ascertain the framing of healthcare challenges in selected Nigerian video films. Several key findings emerged from this analysis. First, the researchers found twenty-one scenes related to healthcare challenges, thereby constituting 2.5% of the duration of the entire movies seen. Although the movie industry has several important issues to reflect, the attention given to health-related matters in the movies analyzed was too little, compared to the overwhelming importance of healthcare to the society. The finding agrees with the study conducted by Alawode, Atofojomo and Fatonji (2015) on home video depictions of health and moral decadence as correlates of entertainment-education in Nigeria. The researchers in that study decried the scanty reflection of healthcare and moral issues in Nigerian video films, also known as Nollywood. Such scanty representation of health matters in Nigerian movie industry is not surprising considering the fact that the industry is driven by private investors whose main goal is to maximize profit (Osei-Hwere & Osei-Hwere & Osei-Hwere, 2008; Akpabio, 2009; Alozie, 2011; Abah, 2011; & Miller, 2012).

Most of the sicknesses shown in the films (n5=23.81%) were unknown while maternal health (including pregnancy delivery) and malaria had 14% each. Health services to children and emergency services to accident victims constitute 9.5% representation for each ailment. Other health issues like HIV/AIDS, cancer, stroke, epileptics and mental illness were given one appearance each (4.7%). In addition, the causes of majority (n12=57.14%) of the ailments represented were unknown and most of the healthcare challenges (n8=38.09%) took place in unknown or unidentified hospitals. Although the ailments represented constitute some of the major public health issues in Nigeria, it is necessary to identify the nature of ailments in most cases for effective treatment of such healthcare issues in the home videos. Failure to identify the nature of health challenges in the movies directly contradicts the main tenet of framing analysis which holds that that frames define problems, diagnose causes, make moral judgements and suggest remedies (McQuail, 2005). According to Oyedeji et al (2009), causes of ailments are categorised under behavioural and non-behavioural factors. These were scantily represented (23.80% and 19.04% respectively) in the movies. As said earlier, this poses a problem to the treatment or enlightenment of the viewer on the ailment. For the viewer to be enlightened on a health matter there is the need to identify the ailment, its causes and ways to treat or at least prevent the occurrence of the ailment.

The study shows that failure to practice preventive measures constitutes the major (n2=40%) behavioural factor of the causes of ailments revealed in the films. This finding correlates with the observations of scholars that many Nigerians, especially people living in rural areas and high risk populations often fail to practice preventive behaviours ((FMOH, 2004; Ayodele & Adedokun, 2012; Obasan and AKinnagbe 2013). Parker (2000) observed that the literacy levels in many communities in developing countries are low and this

contributes to poor health outcomes in such communities. Majority of Nigerians live in the rural areas and they lack basic education on modern health issues and preventive measures (Obasan & Akinngbe, 2013). On the other hand, lack of family access to healthcare constitutes the major (50%) non-behavioural factor in the movies. It is no more news that majority of families in Nigeria do not have access to healthcare services. Poor facilities and under-funding of the healthcare sector were also fairly revealed as healthcare problems in the country (25% each). However, other important causes of healthcare challenges like corruption and poor management system were not portrayed. This may be a strategy to hide some of the critical problems in the Nigerian health sector, in accordance with gatekeeping theory. Several local, national and international interventions had been injected into the health sector, yet, only little positive result exists to justify such interventions. While offering entertainment to the audience, the media also need to reflect societal problems, development issues, their causes and remedies in their contents.

On gender representations, most of the scenes on healthcare challenges focused on adult males ($n=33.3\%$). This may be a reflection of the rigour often faced by men in many Nigerian families as the bread winners. On the other hand, the combination of healthcare challenges involving nursing mothers, pregnant women and individual female adults (women that are neither pregnant nor nursing children) produced the highest percentage ($n=37.7\%$). This may also be a reflection of the pains associated with womanhood in Nigeria. Some women combine the roles of a wife, mother and bread winner of their families. This may have negative impacts on their health. Majority of patients shown in the movies were female ($n=57.14\%$). They include children, teenager, young adults, pregnant women, nursing mothers and individual women. Majority of the caregivers ($n=80.9\%$) in the movies were males. This representation may be attributed to some forms of patriarchal reflections, stereotypes and gender imbalance in Nigerian society.

The Nigerian healthcare system was generally portrayed positively and favourably ($n=61.9\%$) in the selected movies. Some of the indicators of this favourable outcome include prompt response to patients, optimism of caregivers, efficiency of facilities, and recovery of patients among others. Majority of the healthcare institutions ($n=71.4\%$) were also portrayed positively and favourably in terms of provision of quality services, efficiency and effectiveness of facilities, quality infrastructure among others. In addition, most of the caregivers ($n=57.14\%$) were portrayed positively and favourably. Results indicate that most of the caregivers in the movies ($n=28.5$) were more concerned about the patients' recovery rather than concern for money (19.04%) and they were also portrayed as prompt (23.81%) and optimistic (19.04%). In the same vein, more than half of the healthcare challenges ($n=57.14\%$) were fully resolved and the patients were discharged.

On the other hand, results reveal that a large number of the patients ($n=28.5\%$) died in the hospitals. Although the causes of the deaths were largely unknown, this outcome reflects the reality in the Nigerian society.

It was found that most of the healthcare challenges ($n=57.14\%$) were rightly conceived. This implies that the ideas portrayed about the ailments were right. It was however shown that almost half of the ideas or issues regarding the ailments ($n=42.8$) were also wrongly conceived or represented and majority of such misconceived ideas ($n=77.7\%$) were not corrected. This poses some danger on the audience perception of such ailments. Moreover, majority of the healthcare challenges in the films ($n=57.14\%$) had no form of health education. This means that the audience were left uninformed about such healthcare challenges.

Conclusion

Nigeria, like other developing nations is still faced with critical healthcare challenges. One of the ways to address some of the behavioural factors responsible for the spread of major public health challenges is through continuous education or enlightenment of the masses, using combination of media offerings otherwise known as multi-media. The Nigerian movie industry, popularly known as Nollywood is a major stakeholder in this regards as it has vast potentials and opportunity to showcase major developmental challenges affecting Nigeria and Africa in home videos. A detailed treatment of such issues can help induce positive behavioural changes addressing health challenges and other developmental problems in the country. In playing such role, there is the need to identify a specific problem, the causes and remedy. For effective achievement of such goals or objectives, the film producers need to conduct research on the identified problem and possibly partner with professionals in the area to accurately present the facts to the audience.

References

- Abah, A. (2011). "Mainstreaming Homosexuality in Nollywood; The Task and the Challengers". Paper presented at the Annual meeting of the ICA, Boston, MA, May 25, 2011. Retrieved from: www.allacademic.com/ineta/p490839.
- Akinyemi, S. (2004). "Advancing Prevention through social marketing of condoms: The Nigeria experience" Paper presented at the international conference on HIV/AIDs prevention in Nigerian committees" at the University of Ibadan, December 9-11, 2004. Retrieved December 27, 2012 from: www.google.com/pdf
- Akpabio, E. (2003): "Themes and Conflict of Nigerian Home Video Movies". UNILAG Personality and Social Psychology, Vol. 4. No 1 pp589-595.
- Akpabio, E. (2009). "Nollywood Films and the Cultural Imperialism Hypothesis". Paper presented at the Annual Meeting of the ICA, Chicago, May 20, 2009. Retrieved on July 22, 2010 from: www.allacademic.com/metal/p295274.
- Alawode, S., Atofojomo, O., & Fatonji, S. (2015). Home Video Depictions of Health and Moral Decadence as Correlates of Entertainment-Education in Nigeria. Mediterranean Journal of Social Sciences. Vol 6 No2 S1. Available online www.google.com/pdf/alawode_eurojournal
- Alozie, E. (2011). "Looking Inward with an Outward Thrust in the Age of Information and Globalization; Reflections of Nigerian Video Films and Industry". Paper presented at the Annual Meeting of the ICA, Singapore, June 22, 2010. Retrieved on July 3, 2013 from www.allacademic.com/meta/p402005
- An, S. (2008). "Where is the Entertainment? A Thematic Macroanalysis of Entertainment Education Campaign Research". Paper Presented at the annual meeting of the ICA, Canada. Retrieved on May 15, 2014 from: www.allacadmeic.com/meta/p232264
- Archaya, L. (2008). "Deciphering Entertainment Education". Paper presented at the annual meeting of the NCA 94th Convention, TBA, Sam Diego. November 20, 2008. Retrieved on May 15, 2014 from: www.allacademic.com/metalp261043
- Arroyave, J. (2008). "Testing the Effectivness of an Entertianment – Education Health – Focused Soap Opera: Exposure and Post Discussion in Columbian Young Adults" paper presented at the Annual meeting of ICA, Canada, May 21, 2008. Retrieved on May 15, 2014 from www.allacademic.com/metal/p233787.
- Atulomah, B. & Atulomah, N. (2012). "Health Literacy, Perceived Information Needs and Preventive – Health Practices among Individuals in Rural Community of Ikenne Local Government, Nigeria". Ozean 2012. 95-104.
- Ayodele, J. & Adedokun, M. (2012). "Towards Achieving Functional Adult Literacy in Nigeria". European Scientific Journal, 8 (5). 209 – 218.
- Bouman, M. & Brown (2011). "Facilitating a Trans-cultural Approach to Entertainment – Education and Health Promotion; a Model for Collaboration". Paper presented at the Annual Meeting of the ICA, May 25, 2011. Retrieved on May 15, 2014 from www.all.academic.com/metalp489817
- Barzilai-Nahon, K. (2008). Toward a theory of network gatekeeping: A framework for exploring information control. Journal of The American Society For Information Science & Technology, 59(9), 1493-1512.
- Brown, J. & Walsh – Childers, K (2002). *Effects of Media on Personal and Public Health*. In Bryant, J. & Zillmann (Eds), *Media Effects: Advances in theory and Research* (pp 453 – 488). Hills dale, NJ Erlbaum.
- De -Vreese, C. H., Peter, J., and Semetko, H. A. (2001). "Framing politics at the launch of the euro: A cross national comparative study of frames in the news". Political Communication, 18, 107-122 Pan, Z., &

- Kosicki, G. M. (1993). Framing analysis: An approach to news discourse. *Political Communication*, 10(1), 55-75.
- DeWalt DA, Berkman N D, Sheridan S, Lohr KN, Pignone MP.(2004) Literacy and health outcomes: A systematic review of the literature. *Journal of General Internal Medicine*. 2004 ;(19):12, 1228–1239.
- Enabudoso, E.J., Gharoro, E., Ikena, G., and Abhulimhen-Iyoha, B. (2006). *Health and the Millennium Development Goals: The Nigerian perspective*. Benin J. Postgrad. Med., 8: 1-7
- Entman, R.M. & Rojecki, A. (2000). *The Black Image in the White Mind: Media and Race in America*, Chicago: University of Chicago Press.
- Entman, R. M. (2003). *Projections of power: Framing news, public opinion, and U.S. foreign policy*. Chicago, IL: University of Chicago Press.
- Federal Ministry of Health (2004). *Malaria Control in Nigeria: A strategy for Behaviour Change Communication, 2004-2005*.
- Federal Ministry of Health (2008) *Integrated Maternal, Newborn and Child health Strategy*. Federal Ministry of Health, Abuja.
- Federal Ministry of Health (2011). *National Guidelines for Diagnosis and Treatment of Malaria*, National Malaria and Vector Control Division.
- Folarin, B. (2002). *Theories of Mass Communication, An Introductory Text*. Abeokuta: Link Publications.
- Glanz, K. (2008). *Health Behaviour and Health Education: Theory, Research and Practice* (4th Edition). Jostay Bass – CA.
- Haynes, J. (2006), 'Nollywood: What is in a name?' nollywood.net Nigeria & African Film Makers, July 20
- HERFON, (2006) "*Nigeria Health Review*", Health Reform Foundation of Nigeria, Kenbim press Ltd, Ibadan. Pg10-12,130,191
- Innocent, A.P., Eikojonwa, O. and Enojo, A. (2014). *Poverty alleviation strategies and governance in Nigeria*. *Int. J. Public Admin. Manage. Res.*, 2: 98-105.
- Lapinski, M. & Nwulu, P. (2005). "*Can viewing an entertainment education film change HIV Risk and Stigma Perceptions?*" Results from an experiment in Abuja, Nigeria". Paper presented at the annual meeting of the international communication Association, Sheraton New York, New York City. Retrieved January 12, 2013 from:
www.allacademic.com/p11717
- Makinde, T., (2005). *Problems of policy implementation in developing nations: The Nigerian experience*. *J. Soc. Sci.*, 11: 63-69. Direct Link
- Mberu, B. (2007): "*Protection before harm: The case of condom use at the onset of premarital sexual relationship among youths in Nigeria*". *Africa population studies*. Vol 22 no. 2. African Population and Health Research Centre, Nairobi, Kenya. Retrieved on January 12, 2013 from:
www.allacademic.com/meta/p300610.
- Miller, J. (2012). "*Global Nollywood. The Nigerian Movie Industry and Alternative Global Networks in Production and distribution*" Paper presented at the Annual Meeting of the ICA, Phoenix, May 24, 2012. Retrieved from
www.allacademic.com/meta/p550661
- Nutbeam, D. (2000). *Health Literacy as A Public Health Goal: a Challenge for Contemporary Health Education and Communications Strategies into the 21st Century*. *Health Promotion*. 2000 (15) 259-267
- Obasan, S. & Akinagbe, O. (2013). *Healthcare Financing in Nigeria: Prospects and Challenges*" *Mediterranean Journal of Social Science*. Vol 4 (1) 221-236

- Oguine, I. (2009, Feb. 3). Nollywood and future of world film production. Nigerian Tribune.[Online]. Available at <http://www.tribune.com.ng/> Retrieved May 5, 2016.
- Osei-Hwere, E. & Osei-Hwere, P. (2008). "Nollywood. A Multilevel Analysis of the International Flow of Nigerian Video Films" paper presented at the Annual meeting of ICA, Canada, May 21, 2008. Retrieved on July 3, 2013 from: www.allacadmeic.com/meta/p233897
- Oyeniran I.W and Onikosi-Alliyu, S.O (2015). An Assessment of Health-Related Millennium Development Goals in Nigeria. *Asian Journal of Rural Development*, 5: 12-18.
- Papa, M. (2008). "How Entertainment – Education Programmes Promote Dialogue in Support of Social Change" paper presented at the annual meeting of the ICA, Canada, May 22, 2008. Retrieved on May 15, 2014 from: www.allacademic.com/meta/p231515
- Papacharissi, Z. (2007). Audiences as media producers: Content analysis of 260 blogs. In M. Tremayne (Eds.). *Bloggging, citizenship, and the future of media*. (pp. 21-38). New York, NY: Routledge
- Parker, R. (2000). *Health Literacy: A challenge for American Patients and their Healthcare providers*. Health Promot International. 2000, (15) 277 – 283
- Semetko, H.A. & Valkenburg, P.M. (2000). Framing European Politics: A Content Analysis of Press and Television News, *Journal of Communication*, Spring 2000, 93-109.
- Shoemaker, P. J., Eichholz, M., Kim, E., & Wrigley, B. (2001). Individual and routine forces in gatekeeping. *Journalism & Mass Communication Quarterly*, 78(2), 233-246. Shoemaker, P.J. & Vos, T.P. (2009). *Gatekeeping theory*. New York: Routledge
- Singhal, A. Rogers, & Sabido, M. (2004). *Entertainment – Education and Social Change: History, Research and practice (1st ed)*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Society of Family Health (2013). "Press Conference organized on Universal access to the Female condom". Retrieved on March 10, 2013 from: <http://www.sfhnigeria.org/news>
- Tankard, J. (1999). In Griffin, E. (1999). *A First Look at Communication Theory*. Boston: McGraw-Hill.
- Tejumaiye, A. (2003). *Mass Communication Research: An Introduction*. Ibadan: Scepter Prints Limited.
- The Global Competitiveness Index, 2013-2014. World Economic Forum, Insight Report. Retrieved on April 7, 2014 from www.google.com/pdf.
- UNAIDS (2002). Report on the Global AIDS Epidemic. Geneva: Joint United Nations Programme on HIV/AIDS.
- UNAIDS (2012). Report on the Global AIDS Epidemic. Geneva: Joint United Nations Programme on HIV/AIDS.
- UNESCO (2009). Analysis of the UIS International Survey on Feature Film Statistics. UNESCO Institute of Statistics, 1-15.
- United Nations (2014). The millennium development goals report 2014. United Nations, New York. <http://www.un.org/millenniumgoals/2014%20MDG%20report/MDG%202014%20English%2>
- Valkenburg, P. M., & Semetko, H. A. (1999). The effects of news frames on readers' thoughts and recall. *Communication Research*, 26 (5), 550-569
- WHO (2003). *Investing in Mental Health*. World Health Organization, Geneva, ISBN: 9789241562577, Pages: 48.
- World Bank (2014). World development indicators. World Bank, Washington D.C., July 22, 2014. <http://data.worldbank.org/data-catalog/world-development-indicators>.
- Wu, M. (2006). Framing AIDS in China: A comparative analysis of US and Chinese Wire News Coverage of HIV/AIDS in China. *Asian Journal of Communication* 16(3), 251- 272
- Entman, R. M. (2003). *Projections of power: Framing news, public opinion, and U.S. foreign policy*. Chicago, IL: University of Chicago Press
- Snow, D. A.