

**PATTERN OF DIFFUSION OF BIRTH CONTROL MESSAGES
IN A TRADITIONAL COMMUNITY OF UKELLE
IN CROSS RIVER STATE, NIGERIA**

Egbula, F. U.

*Department of Mass Communication
Cross River University of Technology, Calabar, Cross River State, Nigeria
E-mail: fegbula@yahoo.com*

Edet Okoi

College of Education, Akamkpa, Cross River State, Nigeria

ABSTRACT

The diffusion of enlightenment campaign messages in development communication has never been easy for the change agents working in traditional communities. The literature on innovation communication explains the experiences of change agents working under different sets of cultural and environmental constraints. Four research variables were used to obtain data from the respondents. The study was anchored on the composite theories of two-step flow and hypodermic needle. These theoretical perspectives facilitated an understanding that -target audiences receive and use information through different levels of diffusion. Two sets of data-yielding instruments were used to obtain data that provided the source of findings from the study. It was found that radio was the dominant channel of information through which the majority of the respondents first heard the campaign message. However, most of the members of the target audience indicated the use of human networks for adoption decision-making.

Keywords: *Diffusion, birth control, messages, traditional community*

INTRODUCTION

The problem that is frequently faced by the development related change agents in the traditional sector is usually the communication of the public enlightenment campaign messages within the target communities. Often, the change agents are drawn from professionals with experience in working with the ruralites. The rural sociologists and social workers are the two sets of professionals that are frequently engaged by sponsors to deliver the desired change programme. However, the design and use of enlightenment campaign messages frequently fall within the responsibility of communication professionals. Normally, the target audience is exposed to appropriate persuasive messages that provide the point of change of attitudes or values towards the change issues. The messages are usually presented in the form of slogans. The communication of messages within the audience population clusters usually solicits the choice of appropriate mass media of communications. Most programme implementation messages prefer mixed media delivery outlets. This

choice of a combination of media channels is usually not an easy decision. In some cases, project management consultants are brought into the scene to monitor the implementation phase with appropriate delivery intervals.

The birth control campaign messages are usually directed at the childbearing couples who need this information for contraceptive devices or child spacing strategy. In the African context, campaign target communities in the traditional sector are usually population clusters that are dispersed over remote geographical locations. Sponsors are usually worried about the best method for the dissemination of information through these target audience settlements. Sometimes the delivery agents may have a fairly good knowledge of how the transmission of the campaign messages can be handled. Most often, however, little or nothing may be known by these agents, about how the transmitted messages are diffused within the target population. Both research and experience have shown that public enlightenment campaign messages are usually diffused in patterns under different sets of contexts.

However, traditionally, programme evaluations are done at the end of implementation phase. In order to take care of the uncertainties surrounding the diffusion process most programme implementation monitors now rely on process programme evaluation techniques. The process program evaluation uses the methodology of intervention between the programme take-off and its logical completion. The process evaluation technique enables the programme implementation monitors to spot flaws in the diffusion process when implementation phase is in progress. In doing this, professionals are guided by some operating theoretical frames of thought that govern successful diffusion process. The study sets out to investigate the patterns of diffusion of messages on birth control practices in the traditional communities of Ejagham. In this regard, four basic research variables were identified to provide the basis of generating data. There are:

- Access to sources of information.
- The use of sources of information for decision-making.
- The use of interpersonal networking.
- Response to adoption imperatives.

PATTERNS OF DIFFUSION OF BIRTH CONTROL

Most of the literature on the use of the mass media of communications for the delivery of change-based campaign programmes is found in innovation communication of the 1970s when most Third World nations implemented national development programmes. Social factors play a role in the choice and use of the media. As Alao (1974) argues, community level of structural differentiation determines the nature of innovation communication. Brody (1990) explains that the emergence of the competitive media makes it possible for media patrons to select and use communication facilities in the most innovative and economical ways.

Audience needs assessment survey preceding the media-assisted implementation phase was a priority for successful campaign programme delivery (Egbula, 1979). Bohlem (1974) stresses the importance of prior research needs before adoption of new practices. Carol (1969) contends that the simulation of innovation

diffusion is an important prerequisite for successful media application for campaign programme delivery. In his contribution, Lerbinger (1972) explains that birth control information diffusion should use persuasive communication models. He believes that the introduction of every new practice needs careful persuasive messages for the target audience of the change factor. A good source of literature is contained in development communication. Leslie (1977) notes that mass media nutrition education is development communication for national planning. On the other hand, Lionberger (1970) highlights on the model of communication flow within institutions and to the clientele. The model explains the institutional role in development communication.

Where television plays a significant role as a channel of dissemination of campaign messages, Markham (1968) believes that television newscasters represent source credibility that enhances persuasion. Theory-based persuasive strategy occupies a place in innovation communication. Middleton (1978) contends the use of theory in development communication planning. In the contribution of Rogers et al (1964) the two-step flow theory application in innovation communication planning is emphasized. In the theory, opinion leadership role is highlighted. Most of the works cited in this review pertain to agricultural innovation communication. Generally, the model of innovation communication is apparently the same in almost all development planning campaigns.

METHODOLOGY

The study intends an objective analysis of the patterns of diffusion of birth control messages in the traditional Ejagham communities. There is no consistent town planning pattern in the target communities that are sampled. Households do not maintain clear-out street numbering pattern. In order to sample respondents every 5th house was selected from which to pick respondents. Altogether 200 houses were included from which a total of 500 adult subjects were recruited for the study. For the low literacy level, verbal interviews were used to administer the data-collecting interview schedules. Enlightened young people from the communities who speak the native dialect were recruited and used for the data gathering phase.

Most of the respondents are peasant farmers who spend most of their time in the farm steads. To meet them at home, Sundays and market days were used for the survey. The subjects were confronted with verbal questions relating to the research variables. The subject responses were directly recorded into data coding forms. Out of 500 participants that were recruited for the study, 400 supplied data. This represent 80 percent of the response rate. The loss of 20 percent turnover was due to subjects who declined the interviews and subjects who were consistently absent from their homes during the survey visitations. Ultimately, Tables were constructed and used for the illustration of how the subjects responded to the research variables. A simple statistical mean was used to compare the scores of different groups of respondents.

RESULTS AND DISCUSSION

Table 1 shows the responses of subjects to sources of information through which they first heard the messages of appropriate birth control practices. Apparently, radio messages, delivered through repetitive jingles and rhymes interspersed with soft music during peak listening hours, dominate the list of channels of communication through which the target audience first received the information about appropriate birth control practices. Radio thus, received a rating of 140, which represented 35 percent of the responses. The television came next with 80 rating which represents 20 percent of the respondents. Next in that order were health workers, the official human network, with a rating of 60 which represents 15 percent of the responses. Colleagues (human network) received a rate of 50, which represents 12.5 percent. The billboards received a rating of 20, which represents 5 percent. The social workers received a rating of 10, which represented 2.5 percent. While newspapers received zero ratings, which represents 0 percent. The illustrated posters with content featuring family sizing models received a rating of 40, which represents 10 percent.

Table 2 shows the responses of subjects to sources of information they used for decision-making concerning the messages of appropriate birth control practices. The pattern of media used for decision-making is different from the pattern of media outlets through which the respondents first got the message of appropriate birth control practices. The human network as represented by health workers received the highest rating of 200 which represented 50 percent of all the respondents. Colleagues' interactions received a rating of 60, which represents 15 percent. TV was identified with a rating of 50, which represents 12.5 percent. The posters received a rating of 40, which represents 10 percent. Social workers were rated 30 which represents 7.5 percent. Radio received a rating of 20, which represents 5 percent. While newspaper and billboards received zero rating each, which represents zero percent each. The subjects were told to indicate how they used the human networks to supplement the mass media sources. Table 3 shows the responses of subjects to the use of human network sources to supplement media channels of information concerning the messages of appropriate birth control practices. In the table, health workers received an over-whelming rating of 240, which represents 60 percent of the respondents' population. Interactions with colleagues accounted for 90 which represents 22.5 percent. The influence of friends was rated 20, which represents 5 percent. The contribution of relatives was rated 15, which represents 3.75 percent. The use of social workers accounted for 12, which represents 3 percent. Neighbours' connections approximated 10, which represents 2.5 percent. The use of traditional chiefs accounted for 8, which represents 2 percent. While the influence of local teachers rated 5, which represents 1.5 percent.

Table 4 shows how the subjects responded to the imperatives of adoption of the appropriate birth control practices. In the table, column 1 shows that a total of 180 respondents indicate that they eventually adopted the appropriate birth control practices. This represent 45 percent of the respondent population. On the other

hand, 220 respondents revealed that they did not adopt the appropriate birth control practices as the campaign required. This represent 55 percent of the respondent total population. The radio, especially the short wave frequency bands, has extensive area coverage. When messages are beamed to a wide dispersal of communities in distant locations, campaign organizations usually resort to radio. No doubt, in table 1 ratings radio came first (140 out of 400 respondents) as the channel through which the overwhelming majority of the target audience first heard the message of appropriate birth control practices. When transmitting demonstration messages, campaign organizations usually prefer audio-visual channels of communication.

The television channel has the power of audience capture when the target audience is required to watch a process rehearsal on the screen. In table 1, the TV received the second highest rating of 80 out of 400 respondents, as the channel through which the respondents first heard the message of appropriate birth control practices. The health workers who represents the human network received a rating of 60 out of 400 respondents. Female couples who registered for prenatal and post-natal clinical attendance were usually likely to depend on the health workers for information about child spacing strategy. The influence of colleagues, which accounted for 50 out of 400 respondents represents the source through which the respondents first heard the message of appropriate birth control message. The illustrated posters, usually posted on strategic locations, enjoy the power of audience capture. In table 1 ratings, this source through which the audience first received the campaign message received a rating of 40 out of 400 respondents. The billboards also generated visual impression that captures target audience. In the survey, this source was rated 20 out of 400 respondents.

With a rating of 10 out of 400, social workers did not seem to be a significant source of information through which the audience first received the message of appropriate birth control practices. On the other hand, the newspapers are absolutely not a popular source of information to the target audience which indicates zero use of this source. For the decision-making purposes, channel use for the diffusion of campaign message vary from the pattern through which the target audience first heard the messages. On table 2, the health workers represent an influential source of decision-making about appropriate birth control practices as 200 score out of 400 shows. This source has no rival as the next ratings of 60 from colleagues and 50 from TV indicate. The ratings that follow: 40 for posters, 30 for social workers, and 20 for radio show that these sources were not important decision-making support. Again, newspapers were out of the list of competitive sources of information for decision-making.

The human networks represent the indispensable source of information that supplement the regular mass media of communication. Table 2 and table 3 show that the health workers represent the dominant source with which the target audience supplement their access to the mass media of communication. The score of 240 out of 400 represents a support for this observation. The use of information from colleagues was a significant supplement to mass media sources as the score of 90

out of 400 suggests. The supplementary sources from friends relatives, social workers, neighbours, community chiefs and teachers are insignificant to the target audience as table 3 shows. As implied in the research variables 4, the follow-up survey sought to determine the degree of post-campaign response to the adoption imperatives. Table 4 shows that only 45 percent of the target audience adopted the appropriate birth control practices, while 55 percent did not comply to the adoption imperatives.

CONCLUSION

The study set out to investigate the patterns of the diffusion of birth control messages in the traditional communities of Ejagham. Four (4) research variables provided the grounds from which the survey study was conducted. The illustrative tables 1 - 4 facilitated the communication of the outcome of the study. Radio represents glaring evidence that the majority of the members of target audience depend on this source of information for the first time the message of appropriate birth control practices was received by them. This confirms the unrivalled efficacy of radio, especially short-wave bands; in the diffusion of information in scattered rural communities. TV is fairly significant to the campaign target audience. This is due to the use of TV for process demonstrations to take advantage of its audio-visual capability (Table 1).

For decision-making, the pattern of media use varies. The human network sources seem to have dominated the mixed media strategy, with the health workers receiving an overwhelming source of information for decision-making. The use of the opinion of colleagues for the validation of official campaign information is significant. Again, TV receives some attention of the target audience in the decision-making process. Similarly, the human networks represent a significant supplement for the mass media sources of information. Again, the health workers dominate the scene as the major supplementary source of information concerning appropriate birth control practices. The consultations with colleagues represent a fairly influential supplementary network. The use of other supplementary sources is not significant (Table 3). Ultimately, the response to the actual adoption imperatives is neither encouraging nor discouraging. The 45 percent adoption and 55 percent no adoption responses are close enough to lead to the conclusion that the campaign is neither a failure nor a success.

Table 1: Access to sources of information.

| Variable 1 | X | % |
|---------------------|-----|------|
| Radio | 140 | 35 |
| TV | 80 | 20 |
| Newspapers | 0 | 0 |
| Health Workers | 60 | 15 |
| Social Workers | 10 | 2.5 |
| Illustrated Posters | 40 | 10 |
| Billboards | 20 | 5 |
| Colleagues | 50 | 12.5 |

Source: Survey 2008

Table 2: The use of sources of information for decision-making.

| Variables 2 | X | % |
|---------------------|----------|----------|
| Radio | 20 | 5 |
| TV | 50 | 12.5 |
| Newspapers | 0 | 0 |
| Health Workers | 200 | 50 |
| Social Workers | 30 | 7.5 |
| Illustrated Posters | 40 | 10 |
| Billboards | 0 | 0 |
| Colleagues | 60 | 15 |

Source: Survey 2008

Table 3: The use of sources of information for decision-making.

| Variables 3 | X | % |
|--------------------|----------|----------|
| Relatives | 15 | 3.75 |
| Friends | 20 | 5 |
| Neighbours | 10 | 2.5 |
| Health workers | 240 | 60 |
| Social workers | 12 | 3 |
| Teachers | 5 | 1.5 |
| Community Chiefs | 8 | 2 |
| Colleagues | 90 | 22.5 |

Source: Survey 2008

Table 4: Responses to adoption of birth control practices.

| Adoption Imperatives | Yes | No |
|---|------------|-----------|
| Did you adopt the birth control practices | 180 | 220 |

Source: Survey 2008

REFERENCES

- Alao, C.** (1974). *Community Structure and Innovation Communication*. *Rural Sociology*. Ibadan: University Press.
- Bohlem, J. M.** (1974). Research Needs on Adoption Models. In *The Process and Effect of Mass Communication*. Schramm and Roberts ed. Urbana: University of Ibadan Press.
- Carol, I. W.** (1969). *Simulation of Innovation Diffusion in a Rural Community*. Michigan State University, East Lansing.
- Egbula, F. U.** (1979). *Public Policy-Based Agro Innovation, Communication in Nigeria* Unpublished M. A. Thesis Michigan State University East Lansing (1979).
- Lerbinger, O.** (1972). *Design for persuasive communication*. Englewood Cliffs. New Jersey: Prentice-Hall.
- Leslie, J.** (1977). *Mass media nutrition education in development communication report*. Washington D. C.: Clearinghouse
- Lionberger, A. L.** (1970). *Farm information for modernization: The Taiwan System*. New York: Praeger.
- Markham, D.** (1968). The dimensional source credibility of TV Newscasters. *Journal of Communication*, 18, 24-35
- Middleton, J.** (1978). *Using theory in communication planning, in development communication report*. Washington D. C.: Clearinghouse
- Rogers, E. T.** (1964). *Diffusion of innovations: Opinion leadership in traditional Colombian communities*. Department of Communications, Michigan State University. East Lansing, Michigan.