

**UNIVERSITY OF GHANA**  
**SCHOOL OF COMMUNICATION STUDIES**



**HEALTH ON RADIO: A STUDY OF 'ULTIMATE HEALTH' ON JOY  
FM AND 'HEALTHLINE' ON UNIIQ FM.**

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## ABSTRACT

A healthy nation is a national asset. Thus in Ghana where the doctor to patient ratio is 1 to 10,452, there is the need to have health information dissemination avenues where patients can get basic health information without travelling to the hospital or clinic. Radio with its ubiquity and mobility as well as being the most pervasive medium in Ghana, stand as the best medium to help bridge this gap. There is therefore the need to examine the content on radio to ascertain whether the health information disseminated is beneficial and useful to the end user.

This study therefore sought to investigate the content of health on radio, focusing on the categories of topics and issues covered the structure and elements of health messages broadcasted and the reasons for the selection of topics and experts who serve as discussants on selected topics.

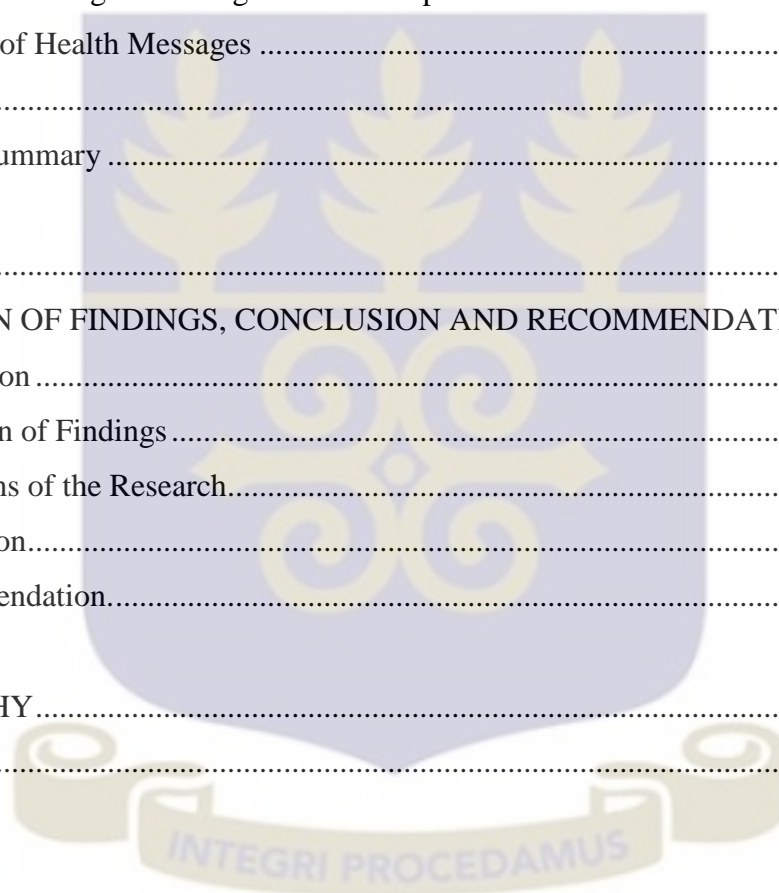
Employing content analysis and in-depth interviews, the findings indicate that majority of topics were on public health (59.4%) issues, followed by specific diseases (37.5%) with health policy and systems (3.1%) receiving the least of coverage. Follow-up information was adequately provided on Ultimate Health (eight out of ten) but not on health Line. Also, both programmes focused equally on prevention, treatment, detection, causes and advances in research. Consistent with previous literature, all the topics had expert(s) discussants as

Health practitioners should harnessing the dissemination of public health education through radio since health content on radio in Ghana does not deviate much from the literature.

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## CHAPTER 1

### INTRODUCTION

#### 1.0 Background to the study

Transmission of health information shape attitudes and behaviours and the adoption of good health practices.. In this regard, it is important for the media to understand and be well equipped with the correct health information in order to promote and educate listeners on good health practices.

According to the United States Agency for International Development (USAID, 2006):

The media is an important ally in any public health situation. It serves the role of being a source of correct information as well as an advocate for correct health behaviours. But before the media can take on that role it need to understand...the issues surrounding it, policy and practices, and finally, recommended correct behaviours, (USAID 2006).

Health is defined according to World Health Organisation (WHO, 2003) as “a state of complete physical, mental and social well-being not merely the absence of diseases or infirmity.” Thus, information on symptoms, causes, prevention, detection and treatment of physical and mental illness as well as policy, law and technology relating to health can all be considered as health information.

The expanse of health and its importance and relevance, thus makes it imperative that a study is conducted to ascertain the coverage of health in Ghana and to take a keen look at the structure and elements of health messages, the categories of health topics and issues broadcasted and the reasons for the selection of these topics as well as their accompanying invited experts.

Radio thus was deemed as the most appropriate medium to study these on since according to Afrobarometer Survey Rounds (1999-2009), cited in Selormey, (2012), radio is the mass medium most relied on in Ghana with the majority of Ghanaians; seven in ten (70%), depending on radio for most of their political, social, economic and other information which includes health.

Cutlip, Centre and Broom (2000, p. 35) support the relevance of the selection of radio as the medium of study for this research even in the 21<sup>st</sup> century.

Once thought to be fading because of television and cabling, radio today serves a useful pervasive role in public information system. It is a mobile medium suited to a mobile people...It reaches the bedroom, the breakfast table in the morning and rides from work in the car, lulls us to sleep at night and goes along the beach, to the roads, and on fishing trips, a flexibility...[few]...medium can match.

The ubiquitous nature of radio as aptly described above places further emphasis on its importance as a medium that contributes to knowledge on various relevant issues including health.

### **1.1 Radio programming in Ghana**

Ghana, after 12 years of military regime and state controlled media experienced an opening up of the political space and media space when the ban on private radio ownership was lifted in the early 1990s. This created an expansive and vibrant media landscape in the electronic media and most especially in private commercial FM radio (Selormey2012).

As at the last quarter of 2013, The National Communications Authority (NCA), had registered 339 FM radio stations to operate in Ghana, out of which 267 were in full operation with Accra alone boasting of 47 of these stations.

Radio is the mass medium most relied on in Ghana with the majority of Ghanaians, seven in ten (70%), depending on radio for most of their political, social, economic and other information (Afrobarometer Survey Rounds 1- 4 1999-2009, cited in Selormey, 2012). Support for the findings of Afrobarometer is evident in the Ghana Demographic and Health Survey 2008, conducted by the Ghana Statistical Service (2008). In the survey, 9,484 respondents were questioned on their exposure to print and broadcast media, both of which are considered effective in reaching the population with important health messages such as those on reproductive health and HIV/AIDS. They assessed exposure to media by asking how often a respondent reads a newspaper, watches television, or listens to the radio. It was found out that 76% of women and 88% of men listened to the radio at least once a week while 54% of women and 61% of men watched television at least once a week.

The data revealed that radio is the most accessed mass media in the country among both male and female, across all ten regions, ages (15-49), residence (urban, rural), education (no education, primary, middle/JSS, secondary +), and wealth quintile (lowest, second, middle, fourth, highest).

Radio programming in Ghana has evolved with many local stations incorporating large citizen participation using land lines and mobile phones, a new type of programming referred to as radio call-ins or talk radio (Tettey, 2011; Yankah, 2004; Boateng, 2004:16; Ruben and Step, 2000 cited in Selormey 2012). The purpose of the radio-phone-in-programmes are designed to have listener participation by taking advantage of technological advancements in telecommunications in order to engage citizen and state in creative ways via voice calls, and more recently, text messaging, Selormey 2012.

The evolution of radio programming has now seen the introduction of the internet and its associated social media platforms such as Facebook, Twitter, Whatsapp and many more applications being used by radio programme hosts to interact with their audiences.

The radio programmes under study for this research are Ultimate Health on Joy FM broadcasted on every Tuesday at 2:05 pm at frequency 99.7 and Health Line on Uniiq FM broadcasted on every Saturday at 11:00am on frequency 95.7.

Ultimate Health is a one hour live studio health programme that has been running for the past 12 years and hosted by Mr Nii Nortey Duah. Joy FM broadcasts in English language with their primary target being the middle to upper income group of listeners. In November 2011, Synovate Research Reinvented, an international research group, conducted a research to find out the radio stations that people listened to most. Joy FM emerged the first English broadcasting radio station with 30% of the total opinion poll.

Health line on the other hand is a pre-recorded thirty minutes programme hosted by Mrs Christiana Dorman. Uniiq FM is a state broadcasting FM station which is part of the Ghana Broadcasting Corporation and thus has a mandate by virtue of its public service status to cover all issues affecting Ghanaians including health (Quaicoe 2009).

## **1.2 Problem Statement**

In Ghana, the doctor and nurse population ratio is one doctor to 10,452 and one nurse to 1,251 (The 2012 Annual Report on the Ghana Shared Growth and Development Agenda (2010 – 2013)). It is because of this gap and enormous shortage of health workers that the local and international media play a vital role as the link between health workers and the larger public (USAID, 2006).

The mass media thus help health workers expand their audience and reach which is crucial especially in persuading audiences' to adopt new behaviours, reminding and updating them on information such as immunisation procedures and informing the public about diseases and where to seek help.

Professor Rose Gana Fomban Leke, a professor of Parasitology and Immunology at the University of Yaoundé, Cameroun, reiterated the key role the media plays in health reporting during an Aggrey-Fraser-Guggisberg Memorial Lecture at the University of Ghana in March, 2015.

In her submission, she cited the popular Wakefield 1998 article published in the United Kingdom *Lancet* whose report that immunisation with the Measles-Mumps –Rubella vaccine caused autism led to the resurgence of measles in the country. The publication informed the dropping of vaccination rates in the UK and Ireland and was followed by significant increase in the incidence of measles and mumps, resulting in death and severe permanent injuries.

The vaccine-autism connection is described as “perhaps the most damaging medical hoax of the last 100years” (Flaherty 2011).

The need to examine content in the media and most especially on radio (because of its ubiquity and huge audience in Ghana), is strongly evident in the Wakefield 1998 wrong publication and its resultant deaths and permanent injuries. There is therefore the need to examine the content on radio to ascertain whether the health information disseminated is beneficial and useful to the end user.

All the above plus the fact that the radio device is used by the majority of Ghanaians, make it prudent to conduct a study to inquire whether the health programmes on radio are indeed serving as the link between health personnel and the populace. There is therefore the need to

study and scrutinise the structures and elements in the health programmes on Joy FM and Uniiq FM as well as the topics covered and the choice of resource person or experts.

Also, apart from the media serving as the link between health personnel and the populace, it is imperative that the content of health messages are relevant and important for accepting knowledge, attitudes and belief regarding health issues, behaviours and practices.

Finally, the available literature (evident from the literature reviewed in this study) on health content on radio showed that health content, structure and delivery have not been studied in Ghana. There is the need therefore, to do such a study to ascertain if the findings reported by other researchers on the subject matter have any bearing on the Ghanaian situation and if so, how similar or different the two programmes are from each other (due to their owner; Joy FM being privately owned and Uniiq FM being state publicly owned) and others elsewhere.

### **1.3 Research Objectives**

The objectives of this research were to find out through content analysis and in-depth interviews, the elements and nature of health content on the Ultimate Health and Health Line radio programmes. It also sought to find out topics that were discussed, who the discussants were and how audiences are engaged in the programmes.

The specific objectives of the research were as follows:

1. To find out the type of health issues or topics covered on Ultimate Health and Health Line.
2. To explore the content and structure of sampled programme discussions on Ultimate Health and Health Line programmes.

3. To find out what factors contribute to a health topic being selected or not on both stations.
4. To find out what factors contribute to the selection of an expert or guest for a chosen topic.

#### 1.4 Research Questions

The study sought to find answers to the following questions through content analysis of audio recordings of the programmes and in-depth interviews with programme producers and hosts of both programmes.

1. What categories of **health issues** (topics) appear the most on *Ultimate Health and Health Line*?
2. What factors are used in the selection of health topics and **health experts** on each program?
3. What is the **structure** and **content** of *Ultimate Health and Health line* programs?

#### 1.5 Relevance of the Study

The findings of this study will inform us on which categorisation of health topics are mostly covered on health programmes, whether; public health issues, specific diseases or health policies and systems. Also this study will ascertain if the media in linking health personnel and the populace presents information that is targeted, provides action to perform, highlights benefits of taking prescribed actions, and the threats or consequences if otherwise. Thus this study will inform us of what information is available in these health programmes and if they cumulatively provide a valuable source of health information thereby, enhancing health and well-being.

This study will inform producers and hosts of health programme, the strengths and weaknesses of health programmes and show them how to better their programmes and

maximise audience understanding and benefits of their programmes and ultimately, make health communication more meaningful.

Finally, on a broader level, this study will fill a gap in media and health communication research in Ghana by informing us on the nature and content of health messages on Ghanaian radio waves.

### 1.6 Operational Definitions

- **Radio Health programme-** a discussion on radio where there is a host and a panellist including a professional(s) to discuss a selected health topic.
- **Radio call back programme-** A radio programme where calls from listeners are incorporated into the show.
- **Health issues** – a selected subject or topic discussed on the health programmes
- **Experts** – A health personnel, a sufferer of the health issue for discussion or someone who has a first-hand experience of the health issue
- **Episode** – a single recording of the broadcast of either Health Line or Ultima



## CHAPTER 2

### THEORETICAL FRAMEWORK AND LITERATURE REVIEW

#### 2.0 Introduction

This chapter examines theories relevant to the study on health on radio. The first part of this chapter will focus on the theory for this study whereas the second part will review existing literature relevant to this study. This section reviews literature on health communication generally, the use of the media for health communication, the role of radio in disseminating health information and issues concerning health.

#### 2.1 Theoretical Framework

##### 2.1.1 Health Belief Model (Becker, 1974)

The Health Belief Model (HBM) is a theory adopted from the public health discipline into Health Communication. It attempts to explain why people make a health behaviour change. The HBM asserts that in order for individuals to think about making a behaviour change, they must first recognize they are susceptible to the condition or disease.

Next, the individual must believe this is a serious condition (perceived severity), and they can reduce their risk if they take the advised action. Perceived threat includes evaluation of both medical and clinical consequences (such as death, disability, and pain) and possible social consequences such as effects of the conditions on work, family life, and social relations.

Another construct of the model is perceived benefits. This explains that even if a person perceives personal susceptibility to a serious health condition, the desire to change is influenced by the person's beliefs regarding perceived benefits of the available actions for reducing the disease threat. Thus, individuals exhibiting optimal beliefs in susceptibility and

severity are not expected to accept any recommended health action unless they also perceive the action as potentially beneficial by reducing the threat.

Perceived benefits are dependent on whether actions to take are well defined, especially issues bothering on how; where; and when must be clearly spelt out. Also the positive effects to be expected of an action should be spelt out.

Converse to perceived benefits is perceived barriers. This is the potential negative aspects of a particular health action or anything that may act as an impediment to one undertaking the recommended behaviours. In effect, it is a kind of subconscious, cost-benefit analysis which occurs wherein individuals weigh the action's expected benefits with perceived barriers. The individual also needs to receive cues to action, such as how-to information through awareness promotion and the use of appropriate reminder systems so one can initiate behaviour change.

Cues to action have a greater influence on behaviour in situations where perceived threat and benefits are high and perceived barriers are low.

Lastly, an individual must have self-efficacy in order to take action (Champion & Skinner, 2008). According to Champion and Skinner, self-efficacy can be achieved through verbal reinforcement and guidance in the recommended action. This in effect boosts confidence in one's ability to take action. It is therefore important that health campaign messages utilize the above theory by showing and giving the how-to and when to in order to help drive behaviour change (Snyder, 2007).

## 2.2 Literature review

This section reviews literature on health communication generally, the use of the media for health communication, the role of radio in the disseminating health information and issues concerning health.

Gupta A. and Sinha A. K. (2010) and; Gupta and Sinha (2010) researched health coverage in India's mass media. The study examined newspapers, magazines, television programmes as well as a health related phone-in programme called FM Lifeline for eight months. Using a content analytic approach the study found that health information relied heavily on health experts. The program usually hosted a doctor who offered medical advice to listeners. In this study AIDS, child immunization, cancer types, oral health, infected eyes, injuries, respiratory problems, gynaecological problems, joint pains, neurological problems, lifestyle diseases, cardiac problems, different types of allergies, aches, were found to be some of the most frequently discussed subjects. On average five to ten callers repeatedly thanked the radio station for airing the program. Based on the responses from callers, the researchers concluded that the programme was helping in the spread of knowledge and creating awareness among people which may prove fruitful for the general public. These findings illustrate the importance of the media in health communication. In terms of specific media the study found that health messages were telecasted more on radio and in newspapers than broadcasted on television. This they attributed to the higher financial investment required for television production. Orthodox and western biomedicines were given more coverage in all the media in comparison to alternative systems of medicine like ayurveda and homeopathy.

Ghanta (2012) content analyzed and observed the media in India to understand systematically health related messages in different mass communication tools. In this study content analysis was used as an appropriate method to decipher how the media disseminate health messages

and also investigated the way in which populations received health information in terms of the amount of time slot provided for advertisements, visual references, and graphics. They found out that all the different types of media provided information regarding health matters but health messages were telecasted more on radio and in newspapers than broadcasted on television. They also found out that news items about health events formed a part of regular news broadcasts, while special education programmes on health topics were broadcast, ranging in length from a few minutes to an hour or more. There were also those in the form of talk shows, interviews, or discussion programmes on radio. The study recommended that presenters should be sufficiently educated on the topics for discussion and also recommended special reporters for specialized areas.

Research has also been conducted to determine what elements a health message should contain. Morrison Morrison, Kukafka & Johnson (2005) examined the structure of existing health messages to establish an appropriate method for analysing health message structure development. Selecting 72 messages from readily available presumed expert sources such as health messages from the centres for Diseases Control and Prevention (CDC) and the National Heart, Lung, and Blood Institute, the messages were tested. The 72 messages covered a wide variety of topics and were targeted at a number of different audiences. In order to determine a framework for analysing and characterizing health messages, attempts to apply known text analysis techniques were performed on the collected health messages. Using rater analysis, inter-coder analysis, sublanguage analysis and discourse analysis, four individuals from the fields of linguistics, cognitive science and public health analysed the messages. The findings from the entire corpus after the analysis revealed several concepts as essential elements in health messaging; message recipients, threats to health, actions to be performed to reduce the threat and benefits achieved from performing the actions.

Research on health on radio has concluded that the presenters and hosts of radio discussion and talk back shows have an influence on the listeners understanding or reception of the message. The findings of Milburn, Zuill & Donnan's (1997) study, 'Tune Into Health' which focused on the development and evaluation of a radio series involving young people and their health issues supports this conclusion. In their research they reported principally on the development and evaluation of health programmes and described the evaluation methods which were used to monitor audience reaction and provide an empirical assessment of the success of the series.

Prior to each programme 'experts' on the subject were identified and fact sheets were prepared and distributed to the young people so they could think through various aspects and ask questions of the experts 'on air' to produce a 'live' feel to the programmes. For each programme the young people discussed the specific health issue using live interviews in the studio or on the telephone, pre-recorded interviews and 'vox pop' items. In evaluating the programme, a formative evaluation procedure using respondent panels was used to monitor the series throughout and to assess its success at the end of the series. A questionnaire was developed after piloting with some young people after the first programme. After revisions the questionnaire was then used for the evaluation of the remaining 12 broadcasts. These findings suggest that for some health topics young people value their peers' comments equally or more than those of adults, whereas for other topics adults were seen as 'the experts'. The results indicate that young people's input to the programmes was felt to be strongest in the areas of stress and bullying, while adults were seen as more 'expert' in the areas of contraception and HIV & AIDS diseases. In view of this, this present research intended to find out whether the Ultimate Health and Health Line vary the presenter or experts per the topic being discussed to maximise audience comprehension.

Georgiadis (2013) analysed television and print public service advertisements for the Let's Move! Campaign with the goal of discovering how health messages are communicated to motivate behaviour change and her findings supported that of Milburn et al (1997) discussed above. Georgiadis content analysed 13 print advertisements and six television public service announcements released in the spring of 2011. By creating categories and coding the content, certain characteristics of the message were analysed and interpreted for underlying themes and patterns. Findings from this research indicated that health messages communicated throughout the programme were consistent with the campaign theme. This was achieved by specifically targeting an audience and demonstrating the requested behaviours to reinforce change rather than by telling (voice command). By adopting concepts from the Social Learning Theory, publics were taught the campaign messages through modelling, how-to examples and verbal reinforcement of messages. In addition, activities easy to imitate and how-to information to the target audience were instructed with no guesswork involved. Also, although each separate ad campaign contained diverse messengers and situations, the inherent message about how to reduce childhood obesity was constant. Georgiadis's research demonstrated that when health messages are communicated with consistent symbols and with further directions for follow ups, it motivated the audience to explore more about the issues.

Health messages can also be directed at individuals or groups. Coffman (2002) found out that public communication campaigns tend to be divided into two types, each emphasizing different strategies and outcomes such as individual behaviour change campaigns and public will or public engagement campaigns. Whereas individual behaviour change campaigns seek to change the types of behaviours that lead to personal or social problems, public will campaigns focus on motivating public officials to take policy action to enhance health and healthy behaviours. Public will campaigns in essence are used to "...legitimize or raise the

importance of a social problem in the public eye as the motivation for policy action or change” (Henry & Rivera, 1998, cited in Coffman 2002). This present research thus seeks to find out the dominant campaigns that run through the selected health programmes, whether they are individual change focused or public will focused.

Wang and Gantz (2007) examined 67.5 hours of local newscasts, including 1,863 news stories, that aired on four English-language channels and one Spanish channel in seven large U.S. markets over the course of a composite week in 2000. Each station’s early-morning, noon, early-evening, and late-evening newscasts were examined. Wang and Gantz found that about 10% of local news stories focused on health topics. The average health news story lasted 59.7 seconds; 70% were less than 1 minute. Illness and diseases received the heaviest coverage, followed by healthy living, health insurance and health policy, and parenting. More than half of the health news stories were neutral in tone. Most of the health news stories did not offer contrasting viewpoints. Few health news stories offered any follow-up information.

Wang and Gantz (2010) did a follow up of their 2007 study to update and expand upon the earlier study on health content in local television news, using a larger sample from variously sized markets. This study focusing on four markets in the Midwestern United States namely major, large, medium and small size examined 1,382.5 hours of newscasts that aired on seven channels between December 2004 and June 2005. A total of 40,112 news stories were coded out of which 8.1% were devoted to health content. They found out that stories about new research findings, new products, and policies or laws tended to be brief whereas stories that told personal life experiences or featured interviews on coverage of local community events were longer. News stories on prevention (20.3%) and treatment (20.4%) were focused on most frequently, followed by cause of illnesses (13.6%) with detection (6.2%) being the least emphasized. In addition, 15.4% of health stories focused on advances made in the research or

professional field. Health-related policy and law, including specific policies or laws proposed, drafted, enforced, changed, or ceased, were covered in about 1 of every 10 (9.5%) health stories. One in eight health stories (12.4%) offered follow-up information. The follow-up option most frequently presented was a website URL, featured in 6.6% of the health news stories. Regular or toll-free phone numbers were provided in 3.8% of the health stories. A corresponding media programme related to the health news was mentioned in 1.0% of the stories.

Finally, health information is the twenty first century available on the internet especially on social media. There has been research to suggest that a collaboration of both the new and traditional media is the way forward. Crowell et al (2013) researched charted consumer behaviour by analysing the result of collaboration between a Health Science Library (HSL) run by the University of North Carolina and the hosts of a health radio show called Your Health. A collaboration between the two ensured that HSL helped publicise YOUR HEALTH talk show by featuring the radio show on their website opening page, providing health information link that directed patients and caregivers to the HSL guide, adding hyperlinks to each blog's post that would take users to more information about topics on the show. With the collaboration, questions submitted by phone are recorded, and the hosts play an excerpt on air. That allows the host to focus on answering the question, rather than carrying on a live conversation with the caller. Also the collaboration was to ensure that when the hosts use medical terms that think might be unfamiliar to their listeners, the librarians found information that will explain the hosts' answers in words that are easier to understand.

The results showed a huge impact on the scope and size of the audience of the show. The average of listeners was 20% higher than statistics reported the year before; indicating an increase in the number of views. Also viewership to HSL blog increased to 125 countries,

and played a significant role in helping patients learn more about what they can do to improve their own health. The health show was found out to have three segments: research that matters, conversations, and house calls. Research that matters segment, involved recently published studies and highlight of results. They pointed out ways in which the results had relevance to the health consumers and practitioners. The conversations segment involved the interviewing of a featured guest, usually a clinician, teacher, researcher, author, advocate, policy maker, or other expert in health care. The final house calls segment consisted of several unrelated questions submitted by listeners that the show's hosts answered on air.

The ensuing research on the media and health communication suggests that in health programme delivery on radio, the content is important as the one delivering the message. Likewise, hosts and presenters should be sufficiently educated on the topics for discussion. In addition, messages targeted at individuals and groups are packaged differently and finally, collaboration between the radio programming and social media has enormous benefits. If the media are seen as an important instrument for education then this exercise is important because it seeks to find out whether these factors are incorporated in the selected radio programmes and how they are done if they are employed and suggestions made to ensure that Ghanaians enjoy maximum benefit of these programmes.

## CHAPTER 3

### METHODOLOGY

#### 3.0 Introduction

This chapter outlines the procedures and methods employed in gathering data for the study and the rationale for the choice. It specifically provides detailed descriptions of the research approach, sampling procedure, sample size, data collection methods and data analysis procedures used in the study.

#### 3.1 Content analysis

The study involved the qualitative and quantitative description of radio content, therefore, content analysis was deemed the most appropriate research method. “Content analysis is a research method that allows the researcher to systematically code and thereby quantify the verbal content of written or transcribed messages”, said Lattimore, Baskin, Heiman, Toth and Van Leuven (2004).

Content analysis was employed because the researcher was interested in finding out how health issues on radio were carried out. It was therefore prudent to analyse and examine content that had already been produced which in this study were recordings of Joy FM’s Ultimate Health and Uniiq FM’s Health Line programmes from February 2013 to September 2014. The use of content analysis also allowed for predictions to be made about communication process as asserted by Severin and Tankard (2001).

Gupta et al (2010), Ghanta (2012), Georgiadis (2013) and Wang et al (2010, 2007) all employed content analysis in studying health content on radio. The choice of content analysis thus was the best method to employ to investigate the content, elements and structure of the health messages on Ultimate Health and Health Line.

### **3.2 Coding and analysis**

The unit of analysis for this study were selected episodes of recorded programmes under study between the year 2013 and 2014. The units were identified using the Health Belief Model, categorisation from the Kaiser Foundation (2009) and other constructs identified from reviewed related studies. Zhang & Wildemuth (2009) asserted that, the adoption of coding schemes developed in previous studies had the advantage of supporting the accumulation and comparison of research findings across multiple studies.

A coding guide which consisted of category of names, definitions or rules for assigning codes and examples was therefore, developed to code these units. A sample of the data was coded to test the clarity and consistency of the categories and definitions in order to develop and validated the consistent coding scheme. After the consistency has been achieved, the coding rules were applied to the entire sample size.

Data analyses were conducted using the Statistical Package for Social Sciences and Microsoft Excel.

### **3.3 In-depth Interviews**

According to Wimmer and Dominick (2011), in-depth interviews provide detailed background information since respondents provide reasons for their answers. It allows for lengthy observation of respondents' non-verbal responses. Also its small size allows for interviews to be long allowing for follow-up questions while also ensuring that questions can be customized to individual respondents. In-depth interviews offer an advantage of providing a lot of detail, more adequate responses on sensitive issues compared to traditional survey methods and make it easier to approach topics considered as taboos because of the rapport established between the respondent and the researcher. An in-depth interview

however can be subject to researcher bias and lend itself to different interpretations which may be different from the researcher's original investigations. Consequently, measures were taken to reduce the biases and possible differences.

Lindlof and Taylor (2002) explain that, "researchers usually select persons for interviews only if their experience and knowledge is central to the research problem in some way".

Therefore, the first step in conducting the in-depth interview was to identify the stakeholders for the health programmes who were instrumental in programming and making decisions with regards to issues of interest to this research such as what topics to be selected for discussion and the expert to facilitate what discussion and why. The stakeholders identified in this research were the producers and hosts of both programmes under study; Ultimate health and Health Line. Interview protocol and guides were the next materials to be developed to facilitate the interview. The interview protocol stated the rules that guided the administration and implementation of the in-depth interviews to ensure consistency between interviews, and thus increase the reliability of the findings. The interview protocol also ensured informed consent and confidentiality of the interviewee for it provided them with the background of the study and solicited for their consent. The interview guide listed the questions and issues to be explored during the interview.

The in-depth interviews were conducted by the researcher who trained and familiarised with the interview guide. The researcher collected the data for the in-depth interviews after setting up interviews with stakeholder at their convenient time. All the interviewees declined to the recording of the interview before they consented, thus the researcher took notes. The information collected from the hosts was verified with those from the producers and vice-versa. The final stage was to analyse the data collected from the interviews. The researcher read through and reviewed responses to look for themes and patterns.

### **3.4 Universe and sample size**

The universe for the content analysis was recordings from February 2013 to September 2014 of Ultimate Health and Health Line made available to the researcher by Joy FM and Uniiq FM respectively. A total population of 97 episodes making up an average of 72 hours (estimated) of health programming constituted the universe of this study. To control the influence of factors other than what the researcher was looking for, both health programmes were selected from the same geographical area that is Accra. Also, both programmes are broadcast in English.

Ultimate Health is broadcast on Tuesday at 2:05 pm where as Health Line is broadcast on Saturdays at 11:00am. Uniiq FM is one of the ten FM stations of the Ghana Broadcasting Corporation, and was the first to start operating in 1986. The host of the programmes is Mrs Christiana Dormon who also doubles as a health reporter for Uniiq FM.

Joy FM on the other hand is a privately own radio station targeting middle to upper income group of listeners. In November 2011, Synovate Research Reinvented, an international research group conducted a research to find out the radio stations that people listened to most. Joy FM emerged the first English broadcasting radio station with 30% of the total opinion poll. Ultimate Health is a formidable health programme that has been running for the past 11 years and hosted by Mr Nii Nortey Duah.

### **3.5 Sampling procedure**

Sample for the study was drawn from recorded episodes of the programs under study for the year 2013 and 2014. The entire population for both programmes for this period was 97 episodes of health programming. Both programmes were broadcasted weekly.

This study employed a convenience sampling method, which is “characterized by a nonsystematic approach to recruiting participants that often allows a potential participant to self-select into the sample” (Schonlau, Fricker, & Elliott, 2002, p. 33) was used. In this research, the convenience sampling method ensured that

Because it is difficult to draw statistical inferences from convenience sampling since it is a non probability sampling (Babbie, 2004; Schonlau et al., 2002), this research sought not to generalize but to understand the content of health programmes on radio in Ghana.

The use of convenience sampling for this research was also reinforced by the administrative bottlenecks encountered in securing recorded episodes of the programmes. Schonlau et al., (2002, p.34) posits that convenience sampling is especially valuable when researchers are targeting “hard-to reach populations”

Therefore, using a convenient sampling approach, a sample size of 20 episodes (10 episodes each) was selected from both programmes to investigate the content, structure and elements of the health programmes.

Importantly, the 2013 to 2014 recorded episodes of the programmes were readily available and accessible. The hosts and producers of the programmes, therefore, found answers readily to questions ensuring that findings reflected current viewpoints and latest trends on health programming on radio.

## CHAPTER 4

### FINDINGS

#### 4.0 Introduction

The findings of the study are presented in this chapter. The general purpose of this research was to investigate health on radio, precisely the content of Ultimate Health and Health Line programmes. The study specifically set out to explore whether there is a difference in the coverage of health programmes and also to ascertain the type of health issues or topics covered mostly on Ultimate health and Health Line. It also sought to find out the content and structure of sampled episodes and determine the factors that contribute to a health topic being selected or not on both either programme. It finally set out to find out what factors contribute to the selection of an expert or guest after a particular topic for discussion has been chosen.

Data gathered were analysed in line with these objectives for the purpose of addressing the research questions posed in the study.

#### 4.1 Categorisation of Health topics

**Table 1: Frequency distribution of the category of health topics on Health Line and Ultimate Health**

Health Topics	Health Line	Health Line %	Ultimate Health	Ultimate Health%	Chi Square	P
Public Health issues	29	59.18	28	59.57	.018	.895
Specific Diseases	20	40.82	16	34.04	.444	.505
Health care policy/ Health care system	0	0.00	3	6.38	-	-
	49	100	47	100		

The table above shows the health topics discussed in the time frame under study. There was an overwhelming coverage on public health issues (59.4%) out of a total of 96 topics discussed on both programmes. More than a quarter (37.5%) of the topics were on specific

diseases and significantly, there were only three (3) topics on health policy and care which represented 3.1% of the total number of health topics covered.

**Ultimate Health:** Of the three categories of health topics, public health topics (59.57%) received the heaviest coverage on Ultimate Health accounting for more than half of all the programmes broadcasted within the time frame under study. This was followed by topics on specific diseases (34.04%) accounting for more than a third of the topics covered and finally, topics on health care policy and systems (6.38%) having the least topics covered. Out of the 28 public health topics covered on Ultimate Health, the majority centred on healthy living (53.6%), sexuality (14.3%), substance abuse (10.7%) and family planning (7.1%). When it comes to topics that focused on specific diseases (n= 16), topics on cancer (10.6%) were treated more than any other disease. This was followed by Asthma (4.3%) and other diseases accounting for 19.1% of the total topics covered. Topics on health policy and systems (6.4%) were the least covered of all the health topics.

**Health line:** The category of health topics to receive the most broadcast was also Public Health (53.1%), accounting for more than half of topics covered. Following closely was topics on specific diseases (46.9%) which also accounted for close to half of health topics discussed. Interestingly, no topic on healthcare policy or systems (0.0%) was covered on Health Line within the time period. The frequent public health topics covered were on general healthy living (24.5%) and maternal and child health (6.1%). Out of the specific diseases topics (46.9%), topics on the Six Killer Childhood disease (10.2%) were frequently discussed, followed by Cholera (8.7%) and Epilepsy (8.7%).

However, the differences in the categories of health topics by both programmes are not significant.

#### 4.2 Selection of Health topics

A lot of factors go into the selection of health topics or issues for discussion on both programmes. An in-depth interview with the host of Health Line, Christiana Dormon and the producer of Ultimate Health Edem Knight-Tey found out that; United Nations Health Days, disease outbreaks, Ghana Health Service programmes, trend of reports from Health personnel, seasons and times and individual interests all influences the selection of health topics.

United Nations International Health days served greatly as good and appropriate topics for these programmes. For instance, from 1st August to 7<sup>th</sup> August, a period earmarked as World Breastfeeding Week, Health Line (9<sup>th</sup> of August, 2014) and likewise Ultimate Health (5<sup>th</sup> August, 2014) both had discussions on breastfeeding. Ultimate Health, however, selected more International Health day topics (14.9%) for discussion.

Disease outbreaks in the other parts of the world, Africa and in Ghana also influence the selections of topics for discussion. The Cholera outbreak in the later part of 2014 influenced discussions on Ultimate Health (19<sup>th</sup> August, 2014) and Health Line (23<sup>rd</sup>, August 2014). Around the same period, the Ebola viral disease which was ravaging three West African countries was selected for discussion on both programmes; Ultimate Health ( 26<sup>th</sup> August, 2014) and Health Line ( 9<sup>th</sup> August, 2014).

Ghana Health Service (GHS) programmes also provide topic areas for discussion. According to Christiana Dormon (the host of Health Line), ‘the GHS sometimes requests for the discussions of some of its programmes such as Childhood Immunisation and introduction of new programmes such as Vitamin A Supplements on Health Line’.

Both the host of Health line; Christiana Dormon and the producer of Ultimate health, Edem Knight-Tey, explained that sometimes the selection of health topics for discussion were

influenced by the prevalence and incidence of diseases reported by health practitioners, the media, relations and friends who frequent the hospital. For instance, a high incidence of Hypertension reports from associates would inform the choice of Hypertension as a topic for the next episode.

Seasons and times also influence the selection of topics, especially on Ultimate Health. In the month of February, 2014, all the topics discussed on the programme were focused on sex education.

- Ultimate Health - 4th February 2014 - Safe Sex: Does It Really Exist?
- Ultimate Health - 11th February 2014 - Adolescent & Youth Sexuality in Ghana: Serious Matters Arising
- Ultimate Health - 18th 2014 February - Addressing Adolescent Sexuality: Sanctions vrs Services
- Ultimate Health - 25 February 2014 - Adolescent & Youth Sexuality

From the in-depth interview with the producer of the programme, she explained that since the month of February is termed the month of “love” and most often, the youth especially took the advantage to engage in sexual activities, the programme consider it a top priority to select such topics for the month due to its timeliness.

Finally, individuals with peculiar diseases, or challenge as well as a private specialised practitioner also informed the choice of topic for discussions. For those with peculiar diseases or challenges, they lobbied the producers and hosts to be given the platform to discuss their disease mostly to garner public support and aid but for the specialised practitioners, for the publicity the programmes offers.

### **4.3 Foci of Health Information**

All the topics discussed that were on specific diseases and health conditions had at least one of the foci of health information; prevention, treatment, detection, causes and advancement in research.

### **4.4 Listener participation**

By content analysing the programmes, it was found out that Ultimate Health incorporates listenership participation thus making the programme more interactive than Health Line. All the sampled episodes (ten out of ten, 100%) on Ultimate Health had a 20 minutes interactive section where listeners called into the programme, asked questions and got immediate feedback from the expert discussant(s) in the studio. Whatsapp chats were also incorporated ten out of ten times (100%). The host announces the whatsapp chat number at the beginning of each programme and entreats listeners to send in their questions or contributions. The generic text code messaging was also used by audiences nine out of ten times (90%) to ask question of which they got responses. The one time the text messaging was not employed was due to network technical challenges as reported by the host of the programme on that day. The least used platform on Ultimate Health was Facebook. The producer of the programmes explained that although topics for discussion are put on the Joy 99.7 FM Facebook page a couple of hours before the programme, the host seldom (two out of ten, 20%) had the opportunity to incorporate feeds and questions from Facebook due to the numerous calls and texts messages.

Health Line on the other hand does not incorporate live listenership participation since the programme is pre-recorded. Hence, according to the host (Christiana Dormon) listeners call into the studio immediately after the programme or in the course of the week of a broadcast with their questions. The listeners with questions are supplied with the contacts of the

resource person(s) who tackled the topic of interest. She added listeners seldom send ‘text’ or ‘whatsapp’ messages (about 6 to 7) but she receives not less than ten (10) calls a week from listeners. The host revealed from the in-depth interview however, that there used to another avenue for listeners to write letters to the programme which had the last Saturday of every month dedicated to the reading of these letter. This avenue is no longer there for listeners to interact and contribute to the programme, the last of such was on the 10<sup>th</sup> of August, 2013.

#### **4.5 Follow-up Information**

Follow-up information was often provided on Ultimate Health, eight out of ten programmes provided contact numbers of resource persons or a health facility and five out of ten went further and provided directions to the health facilities in question.

Health Line on the other hand, provided no follow-up information to listeners. Although at the end of every programme the host gave out a particular mobile phone number for listeners to call or ‘whatsapp’, this number belongs to the Uniiq studios and not for the resource person(s) who was invited or of a health facility. According to the host Christian Dormon, the mobile number is basically to enable listeners to call in with any problem they have (not necessarily related to topic discussed) and also to suggest any topic they will wish to be treated on the show.

#### **4.6 Dominant Messages – Change focused vs. public will focused**

A hundred percent (100%) of all the topics and issues analysed from both radio programmes were individual behaviour change focused. Only a quarter (25%) of discussions on Ultimate Health went further to push for public will and political change. All the stories strived to change in individuals the behaviours that lead to diseases or other health challenges or the behaviours that will improve individual or social well-being.

A topic on Lupus (Ultimate Health, 16/9/14), a disease that affects the nervous system, joints and the skin, basically called on affected persons and their families to educate themselves and learn the triggers of the diseases to forestall crises since there is not much knowledge about the disease in Ghana, likewise availability of drugs. Breastfeeding which was discussed on both Ultimate Health (5/8/14) and Health Line (9/8/14), strongly advised mothers of the importance of putting newly born babies to the breast at least thirty to an hour after delivery to ensure that babies got the colostrum which has nutrients and anti-bodies to help babies fight off diseases. The need and benefits of the six months exclusive breastfeeding to both mother and child, the family and in attaining the millennium development goals ( Health Line) were also greatly emphasised.

The discussions that pushed for public will and political change basically sought to raise the importance of health problems and issues in the public eye as a motivation for policy action or change. For instance, a discussion on disability (Ultimate Health, 7/1/14) called on government to have a second look at the Disability Law and enforce the quota on the employment of persons with disability into the public and private sectors of the economy. Likewise the same discussion on Lupus (Ultimate Health, 16/9/14) emphasised the need for the Ministry of Health and the Ghana Health Service to get into the education on Lupus and also ensure that medications are available and less expensive.

#### **4.7 Elements of Health Messages**

Morrison's (2005) examination of health message structure revealed that a health message must have (i) message recipient(s), (ii) highlight potential threats to health, (iii) provide actions to perform to reduce the threat and finally, (iv) give the benefits that will be achieved from performing those actions.

Ultimate Health had six out of ten of its discussions having specific targeted audiences. For example, a topic on breastfeeding broadcasted on Ultimate Health on 5/8/14, specifically mentioned mothers, grandmothers and fathers as targets of the message. This same topic (as well as eight others out of ten) made calls on fathers and grandmothers to perform actions such as assisting and ensuring mothers breastfeed on demand, and demonstrating to mothers how best to hold and position their babies so that the babies do not suck in air but actually feed. At the same time the breastfeeding discussion on Ultimate Health (as well as seven others) emphasised the health and social benefits of breastfeeding to mother, child and family as a whole. More than two thirds (seven out of ten) of the discussions focused on threats to health, a discussion on cholera (Ultimate Health 19/8/14) highlighted the debilitating effect to health from the passage of “rice water” stools that result from cholera and how this can lead to dehydration and possibly death if care is not taken.

Heath Line’s programmes showed lesser elements of health message compared to Ultimate Health. More than a third (seven out of ten) of its discussions focused on benefits to health; specific target audiences were evident in five discussions while the other five were not targeted at any one in particular; and finally, four discussions highlighted threats to health and actions to perform.

All topics discussed from both programmes contained at least one element of health message as found by Morrison (2005).

#### **4.8 Experts**

Milburn et al (1997) emphasised the need for experts in the treatment of health topics and even varying the expert discussant(s) per the topic. The analyses showed that both

programmes on Ultimate Health and Health Line employed experts in the chosen field or areas of topics discussed.

The selected experts had years of relevant experience in direct fields of study or work. A topic like breastfeeding discussed on both programmes had Nana Akua Attafuah, a Nutritionist of the Ghana Health service (GHS) and Veronica Gomez, a retired Nutritionist with the International Baby Foods Action Network as the discussants for Ultimate Health and Gloria Chandi a Nutritionist of GHS as that of Health Line. These were specialists in the area of child nutrition and thus had the requisite knowledge and expression to educate the public on breastfeeding.

Although both programmes employed experts to discuss and facilitate the selected topics, it was only on Ultimate Health that four out of ten times invited more than one discussant and out of the four episodes; two of such had discussants who suffered from the ailment or disease being discussed. The topic on Lupus had Doctor William Ankobea as the expert and a patient, Patient Judith Naa-Lamley Mills who suffers from the disease. Also, in discussing stuttering (11/11/14), the specialist in the studio was Nana Akua Owusu a speech therapist, supported by the president and general secretary of the Ghana Stammering Association and finally a student from Roman Ridge who also stutters. In addition, some of the experts on Ultimate Health also, were not just experts by practice, but by experience. Paul Anomakode a visually impaired newscaster of ETV Ghana was the 'expert' (in this case someone living with a disability) on a topic on disability (7/11/14).

The analyses revealed that some of the experts were called on severally to address related topics. Dr. William Ankodea of the Benuah Royal Hospital appeared on two out of ten

occasions to discuss Allergies (2/9/14) and Lupus (16/9/14). Also, Mr George Mensah of the Metro Health Directorate handled the topics on Cholera (19/8/14) and Ebola (26/8/14).

Similarly on Health Line, Mrs Dela Kpodo, a Principal Health Nurse at the La General Hospital, was the expert for three out of ten topics; six childhood killer diseases (1/3/14), Elephantiasis (11/5/13) and finally on Cholera (23/4/14). Mr Moses Amihere an Audiologist also handled topics on one-sided deafness (18/1/14) and aural rehabilitation (14/12/13).

Ultimate Health had ten out of the sixteen experts in ten programmes coming from private entities and the remaining six from the public sector mainly government hospitals. Equally, Health Line also had six out of four of its experts from the public sector mainly also from government hospitals and four from private establishments.

Edem Knight-Tey, the producer of Ultimate Health and Christiana Dorman the host of Health Line both explained that it was easier to get private individuals to facilitate and serve as resource persons than it was to get the ones from the public sectors.

“Private practitioners are willing to help and are more reliable. The ones from the public sector complain of lack of time and sometimes they promise and fail”; Christie Dormon.

Edem Knight-Tey however, explained that the willingness of the private practitioners was also due to the free advertisement the programme gave to their outlets or facilities.

#### **4.9 Chapter summary**

Chapter four presented the research findings obtained from content analysis of sampled episode of the health programmes for this study to investigate the content of the discussions on Ultimate Health and Health Line. The host of Health Line and the producer of Ultimate Health were also interviewed to seek clarification to the content analyzed. The data obtained were subsequently grouped under themes and sub themes that emerged in order to make sense of the data and explain.



## CHAPTER 5

### DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION

#### 5.0 Introduction

The findings of the research in chapter four will be discussed in this chapter with focus on the Health Belief Model since it was the theory that guided this research. The discussion will also be done with reference to relevant literature on health content on radio and finally the research questions of the study.

#### 5.1 Discussion of Findings

The findings, as indicated by the elements of health message enumerated by Morrison (2005) are in agreement with the constructs of the Health Belief Model. Morrison's examination of health message structure revealed that a health message must have message recipient(s), highlight potential threats to health, provide actions to perform to reduce the threat and finally give the benefits that will be achieved from performing those actions.

The Health Belief Model enumerated the following as the benchmarks to be attained in a health message in order to attain behavioural change. They are susceptibility, perceived severity, perceived benefits, perceived barriers and self-efficacy. Looking at the findings, it is without doubt that the benchmarks as stated in the HBM are incorporated in most of the health topics discussed on both programmes.

In relation to the category of health issues and topics frequently discussed on Ultimate Health and Health Line, an overarching percentage of topics were on public health (59.4%) issues followed by specific diseases (37.5%) with health policy and systems (3.1%) receiving the least of coverage. This pattern is similar to the findings of Wang and Gantz (2010, 2007)

where their analysis also strongly points out those topics such as health policy received very little coverage.

In contrast, Kaiser Foundation found out that, public broadcast focused more on policy issues on health which were contrary to the findings of this study. Uniiq FM which is a public broadcaster did not cover a single topic on health policy in the content analysis conducted. Per the Kaiser Foundation findings, Uniiq FM as a state owned broadcasting media must cover topics or issues on health policy because it has a higher mandate to broadcast government policies to the populace; however, that was not the case in this research.

Also, the single disease to garner the most media attention was cancer, accounting for (10.6%) as found by Kaiser Foundation (5.9%). According to the Kaiser Foundation, the health category that gets the most coverage can be influenced by what a government makes a top priority. They found out that in 2009, the United States (US) government made the debate over health care reform a top priority, thereby capturing the media's attention to health news and ultimately, shifting health coverage which predominantly focused on specific disease to focus on health policy and the state of the US health system. The factor that informs the selection of a health topic and an accompanying expert for each health discussion programme were found out to be the same across both programmes and influence from government was not a factor for the selection of health topics for discussions in this research.

The structure of both programmes however does not fall in line with the segmentation found by Crowell et al (2013), but they do contain some of some of the elements he found. According to Crowell et al, a health show must have three segments; research that matters, conversations, and house calls. Both programmes did not have research matters segment

which according to Crowell et al involved recently published studies and highlight of results which they pointed out had relevance to the health consumers and practitioners. This was followed by the conversations segment which involved the interviewing of featured guest(s), usually a clinician, teacher, researcher, author, advocate, policy maker, or other expert in health care. The final was house calls segment which consisted of several unrelated questions submitted by listeners that the show's hosts answered on air.

Ultimate health began each episode with an introduction of the topic and the expert(s) which were followed by announcement from sponsors after which the main discussion of the health issue took place for 20 minutes, followed by 'house calls' or 'call-ins for the rest of the thirty minutes till the programme ended. Contrary to the findings of Crowell et al (2013) that call-ins asked question not related to discussions, this research found out that call-ins (on Ultimate Health) submitted by listeners were related to topics being discussed.

Health line on the other hand; begun with an introduction of the resource person and health topic, which was then followed by a musical interlude; and a discussion on the selected health issue for 15 minutes. The final five minutes of each show was dedicated to documentaries which were not explored by this research because the topics were not always health related and at times were summaries of a previous broadcast. However, the off- air follow-up calls from listeners according to the findings, do not necessarily have to be related to the topic discussed. The musical interlude incorporated in Health Line might probably get in the way of the health discussion as expressed by respondents in Milburn et al (1997) survey.

Follow-up information was adequately provided on Ultimate Health. Eight out of ten programmes provided information mostly telephone numbers of the resource persons or a

health facility and five out of ten even provided directions to the health facilities in question. These figures are higher than the one in eight reported by Wang and Gantz (2010).

Health Line on the other hand, provided no follow-up information to listeners. The mobile number given out to listeners was basically to enable listeners to call in with any problem they had (not necessarily related to topic discussed) and also to suggest any topic they will wish to be treated on the show.

Finally, all the topics had expert(s) discussants as suggested by Milburn et al. They emphasised the need for experts in the treatment of health topics and even varying the expert discussant(s) per the topic. The analyses showed that both programmes on Ultimate Health and Health Line employed experts in the chosen field or areas of topics discussed. It is clear that health information relies heavily on health experts (Gupta 2010).

## **5.2 Limitations of the Research**

The findings of this research should be considered contextually since the findings from Uniiq FM and Joy FM may not be the same from other radio stations and as such their programmes must also be analysed in order for us to make generalised conclusions on health content on radio in Ghana.

Secondly due to limited time and resources, the researcher was the only coder of the data and as such the findings may have been influenced by the researcher's biases as seen in themes that emerged from the transcribed data. Multiple coders may have also ensured that there were no biases.

### 5.3. Conclusion

The study sought to, find out the categories of health issues or topics predominantly discussed, the content, structure of the health messages as well as examine the segments of the programme; Health Line and Ultimate Health. In addition, the selection of health topics and experts for discussion were also explored.

The findings of the research suggest that, public health topics or issues get the most coverage on the two radio discussion programmes and cancer is the sole disease that gets the most coverage.

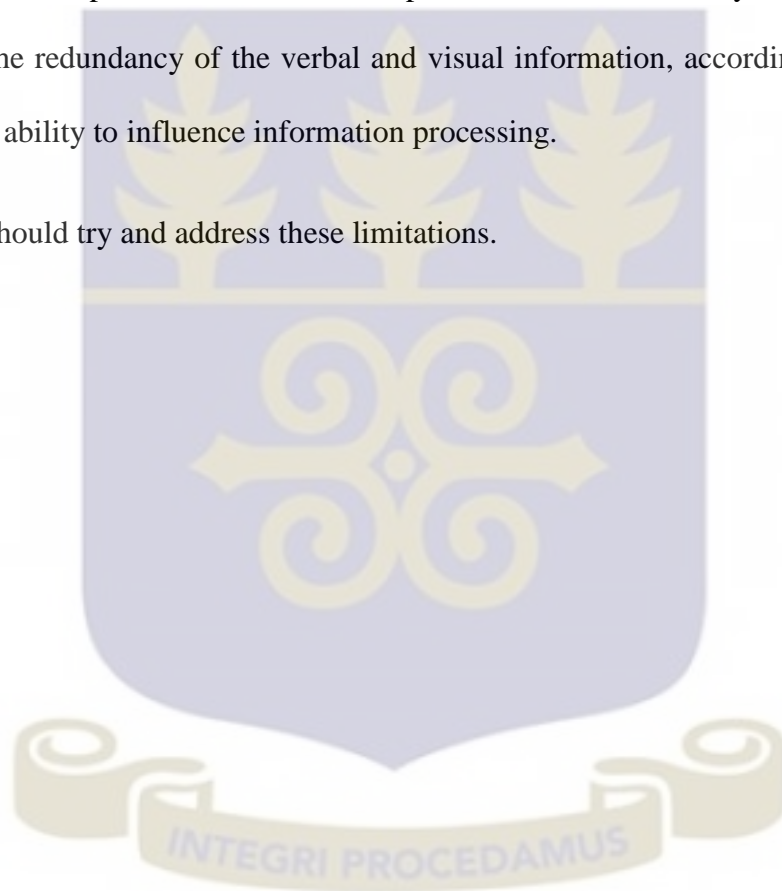
The findings also found out that Ultimate Health employs more audience participation and follow-up than Health Line, both programmes made use of experts as discussants for each topic chosen and that although Ultimate health employed more elements of health messaging, both programmes focused equally on prevention, treatment, detection, causes and advances in research.

Finally, this study is among the first to systematically examine the extent and nature of health content covered in local radio in Ghana. By examining a broad range of health topics, the study provides a more comprehensive assessment of health content in radio health programming. Health practitioners should harnessing the dissemination of public health education through radio since health content on radio in Ghana does not deviate much from the literature.

#### **5.4. Recommendation.**

Based on the research, it is very important that health programmes explore every aspect of a health message. This study will recommend that Health Line eliminates the musical interlude before playing the recorded interview with the expert since according to the literature it interferes with comprehension. Also, while this study focused on the extent and nature of health information available to the public, it did not assess how easy or difficult the information is for the public to follow or comprehend. The accessibility of the news story, language, and the redundancy of the verbal and visual information, according to Wang et al (2010) have the ability to influence information processing.

Future studies should try and address these limitations.



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## APPENDIX A

In coding the type of health stories covered, the selected stories were placed under three broad categories adapted from the Kaiser Foundation (2009) namely;

1. **Health Policy/ Health Care System.** This category includes stories about health reform; Medicare, Medicaid, and other government health programs; health insurance; health care costs; health professional; information technology; medical training; and other issues related to the integrity of the health care system generally.
2. **Public Health.** This category includes stories that focus on the impact of health conditions on groups of people, such as stories about pandemics, epidemics, bird flu, and environmental health concerns.
3. **Specific Diseases/Conditions.** This category includes stories that discuss the causes, effects, or treatment of specific health conditions. Stories about medical research are included here.

Health contents were also analysed and coded according to the following categories.

1. Foci of health information
  - a. Individual change focus
  - b. Public will focus
2. Information
  - a. Prevention
  - b. Treatment
  - c. Demonstration/ Directives
  - d. Causes
  - e. Advances in research
3. Listener Participation
  - a. Facebook

- b. Twitter
  - c. Whatsapp
  - d. Generic text code
  - e. Letters
  - f. Call-in
4. Experts: In a chosen field or experience
- a. Yes
  - b. No
  - c. Private expert
  - d. Public expert
5. Elements of a health message ...(year)
- a. Specific message recipient
  - b. Threats to health
  - c. Actions to perform
  - d. Benefits
6. Follow up information
- a. Yes
  - b. No



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