Attitude and the Effect of Health-based Entertainment-Education Strategies on the Knowledge and Behaviour of Women in Lagos State

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Abstract: The need for empirical evidence to justify the effectiveness of Entertainment Education (EE) as an alternative strategy for health care information delivery to the Nigerian populace and to provide future direction for other up-coming EE channels informed this study. Using multi-stage sampling technique, 408 women were sampled from Lagos State and a combination of structured questionnaire and interview schedule methods were used to elicit information on respondents' preferred time of listening to or watching health-based EE programmes, attitude towards health-based EE programmes and impact of health-based EE on their knowledge and health behaviour. Data collected were summarized using descriptive statistics and Pearson correlation. The data indicated that majority (85.8%) of the women preferred the evening hours for listening to or watching health programmes on EE channels and majority (78.8%) showed favourable attitude towards the use of EE strategies for health education/information. It also revealed an improvement in knowledge and a positive change in the health behaviour of respondents as a result of their watching and listening to various health programmes on EE channels. Respondents' attitude to EE was positively and significantly related to its effect on their knowledge and behavior ($r = 0.189$; $p < 0.002$). The study concluded that women's attitude towards the use of EE strategy for health-based education/information dissemination in Lagos State is favourable and that EE strategy is effective for communicating health and other development messages to women.

Key words: Entertainment-Education, health-based, attitude, impact

INTRODUCTION

The term Entertainment-Education (EE) has been given different names such as infotainment, edutainment and Entertainment-Education by different scholars. No matter what name label has been assigned to it, Entertainment-Education is the amalgamation of entertainment and education to harness potential benefits of combining both to achieve some goals, especially to bring about socio-behavioral change. This amalgamation is due to the synergy and the effectiveness at influencing positive behavioural changes in people, when the two individual concepts of *entertainment* and *education* are combined and utilized for passing social messages to the people. Entertainment-Education is the process of purposely designing and implementing a media message both to entertain and educate, in order to increase audience's knowledge about an educational issue, create favourable attitude and change overt behaviour. It seeks to capitalize on the appeal of popular media to show individuals how they can live safer, healthier and happier lives (Piotrow *et al*, 1997; Singhal and Brown, 1996).

Entertainment-Education is as old as human history. From early times, people of different cultures and traditions had been engaged in Entertainment-Education through the art of storytelling and folktales to provide some form of non-formal education to

their people especially children (Yahaya, 2003). Entertainment-Education has been widely applied to the area of health and health care delivery especially in the field of family planning and HIV/AIDS prevention in recent years. The power of Entertainment-Education to effectively promote changes in health related beliefs and behavior is well documented by several past studies (Bandura, 2003; Basil, 1996; Brownand Basil, 1995; Basiland Bacarnea, 2003; Cody *et al* 2003; Brownand Cody, 1991; Brownand Singhal, 1999; Fraserand Brown, 2002; Witte *et al*, 1998.) These opportunities offered by Entertainment-Education strategy to promote social change are currently being tapped in many African countries including Nigeria, to promote sexual responsibility and health care as a whole. In the 1980's in Kenya, Entertainment-Education was used to address sexual responsibility issues like family planning, sexually transmitted diseases, husband and wife communication and respect, and the disadvantages of polygamy through the development systematic introduction of some radio and television based soap operas among which are Ushikwapo Shikamana (Hold on To he who Hold on to you), Tushauriane (Let's Discuss), Ushikwapo Shikamana II (If Assisted, Assist Yourself) etc.

Also, in Nigeria, given the high risks associated with health problems among women, several EE programmes on TV and radio are being used as strategy for sensitizing the people and for disseminating relevant health information. For example, 'Future Dreams' was a radio serial broadcast in 2001 in nine languages on 42 radio channels (Lagos inclusive). It focused on encouraging consistent condom use, increasing knowledge and increasing skills for condom negotiation in single men and women between 18 and 34. Another high profile EE campaign was prosecuted by Femi Kuti, the son of Fela Kuti, the famous Afro beat Musician who died of AIDS in 1997. He appeared on television and billboards alongside roads throughout Nigeria with the slogan 'AIDS: No dey show for face" which translates as you cannot tell someone has AIDS by looking at them (Population Services International, 2006). Also, several CSOs, NGOs and FBOs in the nation have contributed significantly towards increasing awareness on HIV/AIDS among the populace using various print and electronic media, as well as community theatre, puppets and songs (NASACA, 2006). There is however dearth of empirical evidences to justify the effectiveness of these strategies as an alternative strategy for health care information delivery to the Nigerian populace and to provide future direction for other up-coming radio and television EE strategies. It is against this background that this research was carried out.

The general objective was to investigate the effects of health-based entertainment-education strategies on the knowledge and behavior of women in Lagos State. The specific objectives of the study were to:

1. identify the personal characteristics of the respondents,
2. determine respondents preferred time of listening to or watching health-based Entertainment-Education programmes,
3. determine respondents attitude towards health-based Entertainment-Education programmes; and
4. examine the effect of health-based Entertainment-Education on respondents knowledge and health behaviour.

METHODOLOGY

The study was carried out in Lagos State, Nigeria. The study population comprised of all women from 18 years and above living within the State boundary. Four of the 20 Local Government Areas (LGAs) in the State were randomly selected (one from each cardinal region). 50% of the total number of wards from each of the selected LGAs was sampled making a total of 17 wards across the LGAs. A total of 24 respondents were afterwards selected from each of the wards to make a total sample size of 408 respondents, only 386 copies of questionnaire were however processed. A combination of interview schedule and use of structured questionnaire methods were employed for data collection. The instrument for data collection elicited information on respondents' personal characteristics, their preferred time of listening to or watching health-based Entertainment-Education programmes, their attitude towards health-based Entertainment-Education programmes; and the impact of health-based Entertainment-Education on respondents knowledge and health behaviour.

Respondents indicated their preferred time as morning, afternoon and evening. Respondents also indicated their attitude towards health-based Entertainment-Education by responding to attitudinal statements on a five point Likert-type scale of SA, A, U, D and SD. Scores of 5, 4, 3, 2, and 1 were awarded to the positive statements and the reverse to negative statements. Scores of mean and above represented favourable attitude. Respondents indicated their perceived impact of EE programmes on their knowledge and behavior as No change, slightly improved and seriously improved. The data collected were summarised using descriptive statistics such as frequency, percentages and scoring while Pearson correlation was used to test the hypothesis that "there is no significant relationship between respondents' attitude to Entertainment-Education programmes and the effect of health-based Entertainment-Education programmes on them".

RESULTS AND DISCUSSION

Table 1 revealed that majority (72.8%) of the respondents are between the ages of 26 and 40 years while Christianity (86.3%) was indicated as the prominent religion among them. With a calculated mean monthly income of N13, 718.88, majority (71.0%) of the respondents are within the low income earner group. Also, majority (79.3%) of the respondents were married while a higher proportion of them (40.9%) had tertiary level of education. The prominent occupation among the respondents were trading (39.9%) and private employment (33.9%) while very few of them were students (3.1%) and farmers (1.3%).

Table 1: Distribution of Respondents' by their personal characteristics (n = 386)

Personal characteristics	Frequency	Percentage
Religion		
Christianity	333	86.3
Islam	53	13.7
Age	30	7.8
20-25 yrs	93	24.1
26-30 yrs	95	24.6
31-35 yrs	93	24.1
36-40 yrs	48	12.4
41-45 yrs	27	7.0
>45 yrs		
Income group		
High	112	29.0
Low	274	71.0
Marital Status		
Single	50	13.0
Married	306	79.3
Widow	30	7.8
Educational Level		
No formal education	22	5.7
Primary	46	11.9
Secondary	132	34.2
Tertiary	158	40.9

Vocational/functional	28	7.3
Occupation		
None	13	3.4
Civil servant	49	12.7
Private employee	139	33.9
Trading	154	39.9
Artisan	22	5.7
Farming	5	1.3
Student	12	3.1

Table 2 showed that (50.5%) of the respondents do listen to/watch health programmes on Entertainment-Education channels for all the three reasons of information, entertainment and education. This means that information, entertainment and education are very important to the respondents. Therefore, health communicators should always include some elements of information, education and entertainment in their health and other development messages targeted at women in order to attract or gain their attention.

Table 2. Distribution of respondents by their reasons for listening to or watching health-based programmes on Entertainment-Education

Reasons for listening/watching	**Frequency**	**Percentage**
For information only	23	5.96
For education only	46	11.92
To inform and entertain	21	5.44
To inform and educate	76	19.92
To entertain and educate	17	4.40
For all three reasons	195	50.52
For none of the reasons	8	2.07

Table 3 revealed that majority (85.8%) of the women prefer the evening hours for listening to or watching health programmes on Entertainment-Education channels. This finding agrees with what previous researchers have found. For instance, Yahaya (1995) on a study of media use among women farmers found that women farmers prefer listening to agricultural radio programmes from 8-10pm. Olowu (1993) in similar vein reported 7-8pm as the most favoured period while Adewunmi (1990) also reported that 83% of farmers preferred 6-9pm for watching or listening to television/radio. This implies that health-based Entertainment-Education targeted at the women would be more effective in reaching a large numbers of them when it is aired during the evening hours.

Table 3: Frequency distribution of the time preferred by respondents for listening or watching health programmes on Entertainment-Education

Time of the day	Frequency	Percentage
Morning	40	10.36
Afternoon	7	1.81
Evening	331	85.75

Table 4a revealed that majority indicated strong agreement to the following statements: that Entertainment-Education is a good strategy for health communication (64%), that its use for health communication to women will be effective (64.5%), that programmes relayed on Entertainment-Education channels has power to change the health behaviours of women positively (51.8%), and that it has contributed to their knowledge about health (60.4%). Others include those who strongly agreed that they like Entertainment-Education generally (67.1%) and those who like watching programmes communicated through Entertainment-Education channels (46.7%). On the other hand, majority (80.4%) of respondents differed (sum of disagreed and strongly disagreed) to the statements that health messages on EE are difficult to understand, that health messages on EE channels are less reliable (86.8%), and that exposure to EE has not led to increase in health knowledge of respondents (91.5%). On the whole, Table 4b indicated that majority of respondents (78.8%) showed favourable attitude towards the use of EE strategies for health education/information while only 21.2% indicated otherwise. These results therefore

provide a launch-pad for health policy-makers and other agencies seeking to advance the frontiers of health development among women and children to harness the benefits offered by EE strategies for more rapid pro-social change engineering as witnessed in several developing countries such as Mexico, Philippines and Peru.

Table 4a: Frequency distribution of the ratings on attitudinal statements on Entertainment-Education by respondents

S/N	Attitudinal Statements	Ratings of statements by respondents					
		S/Agree	Agree	Undecided	Disagree	S/Disagree	No Rating
1	EE is a good strategy	256 (67.1)	122 (31.6)	1 (0.3)		1(0.3)	3 (0.8)
2	I like EE channels	136 (35.0)	226 (58.6)	12 (3.1)		1 (0.3)	12 (3.10
3	I prefer EE to none EE	137 (35.5)	84 (21.8)	76 (19.7)	59(15.3)	21 (5.4)	9 (2.3)
4	EE is good for health communication	247 (64.0)	118 (30.6)	11 (2.9)	4 (1.0)	2 (0.5)	4 (1.0)
5	I understand messages on EE channels	179 (46.7)	143 (37.1)	27 (7.0)	22 (5.7)	6 (1.6)	9 (2.3)
6	I like watching EE programmes	187 (48.5)	168 (43.5)	19 (4.9)	7 (1.8)	1 (0.3)	4 (1.0)
7	I experience increased knowledge of HIV/AIDS through EE	252 (65.3)	119 (30.8)	1 (0.3)	9 (2.3)	1 (0.3)	4 (1.0)
8	Using EE for health education of women will be effective	294 (64.5)	108 (28)	4 (1.0)	7 (1.8)	3 (0.8)	15 (3.9)
9	I find it difficult to understand health messages on EE channels	0 (0.0)	0 (0.0)	51 (13.2)	177 (45.9)	133 (34.5)	25 (6.5)
10	EE programmes can change health behaviours of women positively	200 (51.8)	134 (34.7)	12 (3.1)	15 (3.9)	3 (0.8)	22(5.7)
11	I do not like to watch/listen to health programmes on EE	0 (0.0)	0 (0.0)	22 (5.7)	185 (47.9)	148 (38.3)	31 (8.0)
12	Health messages on EE channels are less reliable than on none EE	0 (0.0)	0 (0.0)	39 (10.1)	184 (47.7)	151 (39.1)	12 (3.1)
13	The entertainment on EE overshadows the education/information contents	132 (34.2)	194 (50.3)	29 (7.5)	13 (3.4)	4 (1.0)	14 (3.6)
14	Health messages on none-EE are better understood than EE channels	38 (9.8)	58 (15.0)	70 (18.1)	146 (37.8)	68 (17.6)	6 (1.6)
15	I cannot do without some EE programmes	0 (0.0)	0 (0.0)	57 (14.8)	187 (48.5)	131 (33.9)	11 (2.9)
16	I can handle some health problems now through my exposure to EE	132 (34.2)	194 (50.3)	29 (7.5)	13 (3.4)	4 (1.0)	14 (3.6)
17	I know how to contact/avoid HIV through my exposure to EE	246 (63.7)	111 (28.8)	5 (1.3)	14 (3.6)	3 (0.8)	7 (1.8)
18	In spite of exposure to EE, my health knowledge has not increased	0 (0.0)	0 (0.0)	20 (5.2)	187 (48.5)	166 (43.0)	13 (3.4)

19	EE programmes has contributed significantly to my health knowledge	233 (60.4)	117 (30.3)	10 (2.6)	6 (1.6)	5 (1.3)	15 (3.9)

*Figures in parentheses represent percentages

*EE stands for Entertainment-Education

Table 4b: Distribution of respondents by their attitude towards use health-based Entertainment Education strategy

Attitude	Scores	F	%
Favourable	1,158 – 1,930	304	78.8
Unfavourable	386 – 1,157	82	21.2

Table 5 showed that the respondents adjudged Entertainment-Education to be effective for health-based information delivery. The summary of responses indicated that they experienced a serious improvement in knowledge and a positive change in their health behaviour as a result of their watching and listening to various health programmes on Entertainment-Education channels. For instance, 61.2% indicated serious improvement in knowledge while 59.8% had a positive change in their health behaviour due to programmes on family planning on television and radio respectively. Similarly, 46.4% indicated serious improvement in knowledge while 53.6% had a positive change in their health behaviour due to the serial drama on television known as 'Images'. Other programmes showed a similar trend. This implies that Entertainment-Education strategies is effective for communicating health and other development messages to women and is capable of creating positive impact in their health behavior and knowledge. Nigeria can thus borrow a leaf from the experiences of "Masagana 99" rice-promotion campaign in the Philippines (which energized the national rice-growing programme and helped to transform the Philippines from rice-importing to a rice-exporting nation) by ensuring support for entertainment education packages to further promote health care delivery and other development initiatives among the grassroots people especially the women who are the often the worst hit.

Table 5. Perceived effects of EE programmes on the knowledge and behavior of respondents

S/N	EE Programmes	Knowledge				Behaviour	
		No change	Slightly improved	Seriously improved	Negative change	No change	Positive change
1	Image: TV drama on HIV	35(9.1)	55(14.3)	79(46.4)	33(8.6)	15(3.9)	207(53.6)
2	Abule Olokemerin: Radio drama on HIV	35(9.1)	55(14.3)	159(41.2)	36(9.3)	28(7.3)	194(50.3)
3	Zip up: TV media comic advert on STD's	57(14.8)	61(15.8)	216(56.0)	47(12.2)	39(10.1)	243(63.0)
4	IRHIN Project: family planning programme	45(11.7)	21(5.4)	236(61.1)	48(12.4)	20(5.2)	231(59.8)
5	Yemkem ½ hour: female repro. prog. On TVand Radio	79(20.5)	65(16.6)	156(40.4)	45(11.7)	82(21.2)	170(44.0)
6	If U love me, wait for me: music prog. On sexual bahaviour	58(15.1)	41(10.6)	225(58.3)	42(10.9)	16(4.2)	237(61.4)
7	Behind the siege: TV drama on HIV/AIDS	40(10.4)	48(12.4)	130(33.7)	32(8.3)	31(8.0)	164(42.5)
8	The compromises: family planning	44(11.4)	21(5.4)	148(38.3)	34(8.8)	19(4.9)	153(39.6)

*Figures in parentheses represent percentages

Table 6 showed that the respondents' attitude to Entertainment-Education is positively and significantly related to its effect on their knowledge and behavior ($r = 0.189$; $p < 0.002$). This suggests that the attitude of women towards Entertainment-Education determines the effect the strategy produce on their health knowledge and behavior. This result therefore implies that use of health-based EE strategies will produce a significant impact on the knowledge and health behavior of beneficiaries giving the revelation of favourable attitude of majority of women to its use (table 4).

Table 6: Relationship between respondents' attitude to Entertainment-Education programmes and the effect of health-based Entertainment-Education programmes on them

Variables	r-value	p
Respondents attitude to EE programmes **Vs** Effects of health-based EE programmes on respondents	0.18969	0.002

CONCLUSION

The study concluded that Lagos women's attitude towards the use of Entertainment-Education strategy for health-based education/information dissemination is favourable. Also, Entertainment-Education strategy is effective for communicating health and other development messages to women and is capable of creating positive impact in their health behaviour and knowledge. It is recommended that the government and other health development organizations should intensify efforts on the use of Entertainment-Education strategy for promoting health care education/information among women as a surer way of attaining the health-related Millennium Development Goals.

REFERENCES

Bandura, A 2003, 'Social cognitive theory for personal and social change', in MJ Cody, M Sabido, A Singhal and EM Rogers (eds.), *Entertainment-Education Worldwide: History, Research and*

Practice, Maywah, N.J. Lawrence Erlbaum Associate Inc, pp.75-79.

Basil, MD 1996, 'Identification as a mediator of celebrity effects', *Journal of Broadcasting and Electronic Media*, vol. 40, pp.478-495.

Brown, WJand Basil, MD 1995, 'Media celebrities and public health responses to "Magic Johnsons" HIV disclosure and its impact on AIDS risk and high-risk behaviours', *Health Communication*, vol.7, pp.345-371.

Basil, MDand Bocarnea, MC 2003, 'The influence of famous athletes on health beliefs and practices; Mark Mcgwire, child abuse prevention and androstenedione', *Journal of Health Communication*, vol. 8, pp1-17.

Brown, WJand Cody, MJ 1991, 'Effects of a personal television soap opera in promoting women's status', *Human Communication Research*, vol. 17, pp. 114-142.

Brown, WJand Singhal, A 1999, 'Entertainment – Education Strategies, in DP Demers and K Viswanath (eds.), *Mass media, social control and social change*, Ames, Iowa State University Press, pp. 263-280.

Cody, M Sabido, A. Singhal and Rogers, E. M. 2003, '*Entertainment –Education worldwide: History, research and practice*, Maywah, NJ Lawrence Erlbraum Associates, Inc.

Fraser, BPand Brown, W.J 2002, 'Media celebrities and social influence: Identification with Elvis Presely', *Mass Communication and Society*, vol. 5, pp. 185-208.

Grisworld, F 1918, '*Hindu Fairy Tales: Retold for Children' Boston Hotrod*, Lee and Shepard Company, Indiana.

NASACA, 2006, '*Nassarawa State Action Committee on AIDS Newsletter'* issue No 3, 2006.

Piotrow, PT Kincaid, DL Rimon, JGand Rinehart, W 1997, '*Health Communication: Lessons from family planning and reproductive health'* London and Connecticut, Prager Press, p. 302.

Population Services International, 2006, 'Nigerian Radio Campaign Generates Safer Behaviour. viewed 15 September 2006,<*www.psi.org/resources/profiles.html*>

Ryder, AW 1949, '*The Panchtranta'* Jaico Publishing House, New Delhi.

Witte, K Cameron, KA Lapinski, MKand Nzyuko, S 1998, 'Evaluating HIV/AIDS prevention programs according to theory: A field project along the Trans-Africa Highway in Jenya' *Journal of Health Communication* vol.4, pp.345-363.

Yahaya, MK 1995, 'Determination of agricultural information needs and media use pattern of women farmers in North central Nigeria' Ph.D Thesis, University of Ibadan, Nigeria.

Yahaya, M. K. 2003, 'Development Communication: Lessons from change and social engineering projects' Corporate graphics Ltd, Ibadan.