

MASS MEDIA AND HEALTH COMMUNICATION MESSAGES: IMPLICATIONS FOR RURAL DEVELOPMENT IN THE 21st CENTURY NIGERIA

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Article Info:

Submitted:	Revised:	Accepted:	Published:
Sep 25, 2023	Sep 29, 2023	Oct 2, 2023	Oct 5, 2023

Abstract

This paper explores the role of mass media in health communication campaigns for rural development in the 21st century Nigeria. Mass media have been found to be critical components of Nigeria's rural development because of their role in disseminating health communication messages with the aim of empowering and improving the health knowledge and skills as well as changing health behaviours of rural dwellers to improve their living conditions. The paper meticulously pinpoints the contributions of mass media in health communication; identified some select health communication programmes that succeeded in Nigeria courtesy of mass media amplification role as well as explored the challenges of mass media channels in rural health communication efforts. The paper is anchored on the agenda setting theory. The paper concluded that mass media are catalysts to rural development in Nigeria. The study recommended that communication should be the priority of government and development programme designers because of the pivotal role it plays in combating ignorance and misinformation in public health issues in Nigeria.

Keywords: Mass Media, Health Communication, Rural Development

Introduction

In every society of human existence, we depend on information and communication. Information as a product of communication is at the heart of all human interactions. We need information to learn and to keep ourselves abreast of our immediate environment and the world beyond, as well as make informed judgments and decisions about societal issues and events. Human societies depend on information to banish ignorance for the attainment of societal development goals. This means that, information is the foundation upon which the development of human societies is built. The potency of information in human progress, in general, has been upheld by Noah Samara when he states that, when you look behind the wealth of nations, you will find information; when you look behind the poverty of nations, you will find lack of information. For sustainable development, civil society and intellectual production to be achieved, information is truly the need for every need (Sen, 2003).

In Nigeria, about 50% or more of the country's population dwell in rural communities (National Bureau of Statistics, 2020). Rural dwellers in Nigeria are marginalized and deprived of the benefits of modern societies. They are plagued by illiteracy, poverty and usually have less or no access to mass media channels of communication; even where they do, they lack electricity supply to power them (Soola, 2002). In this precarious state of information starvation, ignorance and misinformation are bound to thrive especially in this 21st century that is characterized by novel outbreaks of infectious diseases such as Ebola, COVID-19, Lassa fever, and many others.

In this context, rural dwellers need adequate enlightenment and behavioural change messages more than any segment of the society to improve the quality of their lives. This is because people oriented development can only realize its full potential if rural people are involved and motivated and if information and knowledge is shared. (Soola, 2002). Corroborating this contention is Akpor (2013, p. 23) who states that, "no self-sustaining development can take place in Nigeria without the masses of our people being effectively mobilized, genuinely motivated and properly organized for productive activity within the context of freedom, orderly progress and social justice." It is expedient to understand from the foregoing that, communication has the potency of increasing rural people's understanding of their peculiar development problems, build up a spirit of solidarity in a

common development effort as well as boost the capacity of the affected populations to take their own destinies in their hands.

However, making appropriate choices on media forms and approaches of communication that may widely reach the target populations and influence their behaviour towards achieving meaningful development has been a tedious task for development experts due to their varied nature and likely complexities in most social settings. Therefore, considering their strengths of reaching large, heterogeneous and far-flung targeted population with development messages in a short time span, mass media have been considered as viable channels of rural health communication (Augustine & Harikumar, 2017). This submission is in accordance with the view of early mass media advocates who believed that the increasing availability of radio, television, and the print media in developing countries can be effectively used to influence people's behaviours and attitudes to achieve developmental goals (Bankole, 1994).

Mass media channels of communication are known for providing accurate and truthful information capable of dispelling inherent rural misconceptions, rumours and misinformation, as well as inducing and encouraging the adoption of necessary knowledge, skills and practices that can improve health behaviours of rural dwellers. The adoption of mass media channels in rural health messaging has enabled literacy barriers to be crossed and distances to be eliminated; and where access and participation were taken into consideration, the mass media ensured motivation and general mobilization, and helped to create awareness towards achieving the set rural development objective (Moemeka, 2018).

In periods of health risks, Mass media serve as outlets for intervening in modifying health behaviours by creating awareness and mobilizing the public for prevention and corrective actions (Oparaugo & Salihu, 2020). Mass media are instrumental to health messaging at all levels with the intent that they can promote the learning of correct health behaviour and changing of health attitudes and values especially among rural dwellers where misinformation, misconceptions, superstitious beliefs and myths have been entrenched in their health practices. Apart from informing rural dwellers about new diseases and where to seek help, mass media can also keep the public updated about immunization campaigns (Augustine & Harikumar, 2017).

Effective health communication using mass media channels equips the rural population with the tools and knowledge to respond appropriately to health crises such as flu

outbreaks, HIV/AIDS, malaria, Ebola outbreak, COVID-19, Lassa fever etc. Health communication helps rural dwellers to understand the threat and make informed choices about preventive measures and treatment. It has the potency to produce behaviour change, prevent panic and ensure the participation of populations in public health measures. Health communication stimulates interest and participation of rural dwellers even in defiance of their own superstitious beliefs and myths.

Mass media have become endearing channels of healthcommunication by government at all levels in Nigeria. They have been instrumental to the dissemination of attitude and behavioural change messages in the rural communities of Nigeria. This paper therefore, seeks to establish whether health communication messages are capable of engendering rural development in Nigeria. The role of mass media in rural health communication efforts and the challenge of communicating health messages in the rural communities have been meticulously tackled in this paper.

Conceptual Clarifications

Mass Media

According to Ugande (2012, p. 109), the mass media are “organized, technical and psychological process of communication designed to reach and influence large number of people simultaneously without the necessity of personal contact.” Mass media comprise all technological or mechanical devices engaged by a source with the intent of reaching a diversified and heterogeneous audience with messages simultaneously (Odorume, 2015). Mass media can therefore, be seen as technological channels through which public and personal health messages are disseminated to large, heterogeneous and anonymous audiences simultaneously. They constitute a variety of channels through which mass communication takes place. Mass media channels are radio, television, newspapers and magazine, movies, books and sound recording. They are distinguished from new media such as the internet, video games, and iPhone which have interactive capacity in real time. Despite being viable channels of rural communication, it is not all mass media channels of communication that can promote rural development goals. This is because most of the channels are not rural friendly in their characteristics.

For instance, newspapers, magazines and books require literacy which can be hardly found among rural dwellers; television contains both audio and visual attributes to break the

barrier of illiteracy, but it requires electricity to function which is not easy to get in rural settings. Radio is therefore, a suitable channel for rural health communication. This is because radio beats literacy barriers; one does not need to know how to read before one can learn from the medium. Radio is also individualistic, and so has that personal touch which lends support to attitude and behaviour change. Radio is a populist medium; thus it enhances the chances of getting health messages across to a very wide segment of the population. More importantly, radio is the only medium the rural population is very familiar with. Because it is cheap to afford, it is widely owned in rural communities.

Health Communication

There are various definitions of health communication from different perspectives and scholars. Health communication according to Schiavo (2007, p. 7) is a “multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes.” Health communication is also a process that informs, educates and persuades the people to adopt and maintain healthy practices and lifestyles which enhance the capacity of the people. It also advocates environmental changes and enables the people to adapt themselves to the changing environment in the interest of health and wellness (Hans, 2021). Health communication focuses more on improving the health of communities and populations than on deconstructing the underlying mechanisms of communication. Health communication is inherently interventionist, seeking to promote and protect health through change at all levels of influence (Hornick, 2002).

It can be deduced from the foregoing definitions that, health communication is the process of spreading accurate health enlightenment messages to members of the public with the aim of changing their attitudes and behaviour for an improved living condition. There are several methods through which health communication can be deployed. These methods according to Oyama and Okpara (2017) include: media literacy, media advocacy, public relations, advertising, education entertainment, individual and group instruction, as well as partnership development. These methods are avenues and approaches through which health campaigns can be deployed for behavioural change, disease prevention and health education.

Rural Development

There is no universally accepted definition of rural development. Consequently, different scholars and institutions have defined and conceptualized it in different ways. Early attempts to define rural development were more focused on the economic angle of boosting the income base of rural dwellers. This can be seen in the definition by Wubayehu (2020), which sees rural development as efforts geared towards raising the low levels of rural income through agricultural modernization. Agricultural development is the focus of the above definition because more than half of people in developing countries live in rural areas and gain part or their entire livelihood from agriculture. The definition however, failed to take other important development dimensions such as social, environmental, political, health, education, and other areas into consideration. The definition conceives rural development as merely being synonymous with rapid rural agricultural growth.

Rural development can be defined as a multi-dimensional process encompassing improved provision of services, enhanced opportunities for income generation and local economic development, improved physical infrastructure, social cohesion and physical security within rural communities, supporting active representation in local political process and effective provision for the vulnerable (Topcu, 2012). This definition seems to be more encompassing in scope as it addresses the economic, infrastructural, and human capital development issues of development which are peculiar to the rural dwellers. Rural development is the process of facilitating change in rural environments to enable poor people to earn more, invest in themselves and their communities as well as improve the quality of their lives. The process of improving rural communities and the quality of life of rural people is what rural development entails.

Theoretical Framework

This paper is anchored on the framework of agenda-setting theory of the mass media. Agenda-setting theory was propounded by Maxwell McCombs and Donald L Shaw in 1972 (Miller, 2002). Agenda-setting is a theoretical perspective that focuses on the ability of the mass media to sifting out (from among many) certain issues they (the media) consider very important to the society, and beaming special and constant attention on such issues with the main intent of getting the public to discuss them. The constant and specific attention

paid to such issues by the media helps to keep the issue fresh and generally leads to public discussion of the issue (Ugande, 2012).

The proponents of the theory believe that, “in choosing and displaying news, editors, newsroom staff and broadcasters play an important part in shaping political reality. Readers learn not only about a given issue, but also how much importance to attach to that issue from the amount of information in a news story and its position” (Aina, 2003, p. 199). The mass media are believed to possess the ability to set agenda for the public “by presenting certain issues frequently and prominently with the result that large segment of the public will come to perceive those issues as more important than others” (Owolabi et al., 2016, p. 158). Despite the assumptions of the agenda setting theory that media determine what we should think about, Ugande (2012, p. 110) is however of the view that the press:

May not be successful much of the time in telling people what to think about, but it is stunningly successful in telling its readers what to think about. And it follows from this that the world looks different to different people, depending not only on their personal interest, but also on the map that is drawn for them by the writers, editors and publishers of the papers they read.

It is clear from the quotation by Cohen that, mass media may not be successful in telling us what to think (how to think about an issue) but they are surprisingly successful in telling us what to think about (topics that are important enough to warrant our attention). Folarin (1998) has identified the elements of agenda setting by the media to include:

1. The quantity or frequency of reporting;
2. Prominence accorded to reports-through headline display, pictures and layout in newspapers, magazines, films, graphics, or timing on radio and television;
3. The degree of conflicts generated in the report; and
4. Cumulative media-specific effects overtime.

The relevance and applicability of the agenda setting theory to this discourse is obvious. By constantly reporting and focusing attention on health issues confronting rural dwellers in Nigeria, the mass media are able to bring such issues on the plane of public discussion. And by making such health issue the focus of the media, members of the public will also pay absolute attention to such public health issues. By discussing such disease or health issue in the public domain will equally elicit prevention and curative approaches for the wellbeing of rural dwellers and social stability. The ability of the mass media to affect

cognitive change among individuals through what they highlight for public attention justifies the suitability of this theory to this discourse.

Literature Review

Role of Mass Media in Health Communication for Rural Development

Apart from the four traditional functions of mass media (information, education, entertainment and watchdog), new responsibilities of increasing understanding of health and development issues have been entrusted upon the mass media. The mass media are known to possess the capacity to bring salient issues to the public domain through its agenda setting power (Owolabi, et al., 2016).

According to Oyama and Okpara (2017) and Sambe (2005) mass media are the eyes and ears of the society. It is therefore, the duty and responsibility of the mass media to scout and gather information from the environment (surveillance function), render interpretations to the information (correlation function), and mobilize the people (mobilization function) towards an issue of development value and even entertain them (entertainment function). As the watchdog of the society, the media are duty bound to scan the environment for news of disease outbreak, interpret the possible consequences of the disease on the society and mobilize citizens for active involvement and participation as well as entertain them to reduce anxiety and tension.

Mass media are important in health communication as they enable rural dwellers to make informed choices and to participate in deciding how risks should be managed. They achieve this by explaining mandatory regulations or protocols, informing and advising rural populations of the risks they themselves can control, or dissuading them from engaging in risky behaviour. Mass media provide rural dwellers with timely, accurate, clear, objective, consistent prevention information which is the starting point for creating an informed population that is vulnerable and willing to take positive attitudinal change actions (World Health Organization, 2005).

Mass media can empower rural populations to fight significant causes of infant mortality such as diarrheal, dehydration and diseases which can be prevented through vaccination, inform large numbers of people for seasonal or daily variations for such activities as an immunization campaign or availability of a new product or service, teach new health skill

such as how to mix oral rehydration solution for control of diarrheal, promote health behaviours such as taking ivermectin once a year and increase community acceptance of health worker (Oparaugo & Salihu, 2020). In an epidemic situation, the mass media have it as a duty to inform and educate the rural masses on the symptoms, prevention, and possible treatment to influence their knowledge, attitude and practices.

Mass media also play a critical role in framing public health debates and shaping public perceptions by selecting which issues are reported and how they are represented. In public health debates, the media contribute to framing health problems, their drivers, and potential solutions, with stakeholders variously positioned across those debates (Oparaugo & Salihu, 2020). By so doing, they contribute to rural development through diffusion of novel knowledge, providing forums for discussion of public health issues, teach new ideas and skills for a better life as well as create a base of consensus for social stability.

Health communication requires trust and understanding between public health officials and the media because of the symbiotic relationship that exists between them. The media depend on public health officials for timely and accurate information. Public health officials depend on the mass media to get their messages disseminated to the target populations. They also use the mass media as a surveillance system. For these reasons, they depend on each other to succeed in their service to the public. In this context, the media are functioning both as message conveyors and as diseases surveillance mechanism.

Mass Media and Health Communication Campaigns in Nigeria

The contribution of the mass media to health communication campaigns in Nigeria over the years cannot be overemphasized. Several health communication campaigns in Nigeria such as drug abuse, vaccines/immunizations, maternal healthcare, family planning programmes and epidemic control and prevention programmes and etc., have been successful courtesy of the amplifying and persuasive power of the mass media. In both personal and public health campaigns, mass media have played strategic role in sensitizing people on the prevention practices of such health issues.

Mass media sensitization and advocacy campaigns on HIV/AIDS have greatly contributed to rural dwellers knowledge and consciousness of the disease in Nigeria. According to Lijadu & Makanjuola (2015) in the absence of possible treatment, intervention programmes such as awareness, information spreading and knowledge sharing have significant impact to minimizing HIV/AIDS and diminishing high risk behaviours among people. Mass media

sensitization campaigns such as television adverts and radio jingles sponsored by the National Action for Control of AIDS (NACA), and other health related agencies have been carried by the media to educate people on the need to avoid contracting HIV/AIDS. Media advocacy slogans such as “zip-up! Sex is worth waiting for,” “one man, one wife” and “HIV is Real” have being in the media domain to encourage abstinence and consciousness. Through mass media advocacy, people are now conscious of the significance of condoms in the prevention of HIV/AIDS and unwanted pregnancy. The fight against HIV/AIDS has been fought by the government using the mass media as arsenals.

The outbreak of Ebola virus disease on the 20th July, 2014 was occasioned by two major outbreaks in Nigeria. These as Ojeifo (2014) notes were the outbreak of Ebola virus disease and the outbreak of the social epidemic of false information about Ebola which led to mass hysteria and panic among Nigerians. This required the dissemination of quick and accurate information as widely as possible to combat falsities, misinformation and exaggerations about the epidemic. The Nigerian Centre for Disease Control (NCDC) used mass media channels to disseminate the symptoms and prevention protocols of the disease Ebola disease. The disease surveillance and updates were periodically given to members of the public by the media. The seriousness the mass media accorded to the Ebola pandemic underscores the seriousness of the pandemic and the enormous danger it posed to public health in Nigeria (Odureme, 2015). This also underscores the importance of the agenda setting and the framing role of the mass media on issues of social importance.

The outbreak of COVID-19 in Nigeria was reported on February 27th, 2020. The index case was an Italian worker in Nigeria, who returned to the country on February, 25th. The case jolted many Nigerians to the reality of COVID-19. It spurred the government into action to halt the transmission of the disease within Nigeria, ensure the provision of basic treatment to those infected, and reduce the overall social and economic impact of the pandemic on the country (John, 2023). The Presidential Task Force on COVID-19, the NCDC, Ministry of Health and other health agencies and stakeholders deployed the mass media to sensitize members of the public to observe the prevention protocols such as wearing of facemasks, adherence to social distancing and personal hygiene among others. Mass media channels were also used by the government to dispel the misconceptions, misinformation and myths that characterized COVID-19 prevention in Nigeria. This was

necessary especially as it affected the rural illiterates who were ignorant of the nature of this novel disease.

Mass media have played key role in creating public awareness especially among rural dwellers on the dangers of eating bush rats during the outbreak of Lassa fever in Nigeria. Rural dwellers who are the target of their campaigns are admonished through the mass media to refrain from eating bush rats, maintain good community hygiene, prevent rodents from entering their homes, proper storage practices and waste disposal methods (WHO, 2023). In Benue State where bush rat is a delicacy, sensitization activities were more intensified in the area to persuade people to avoid rodents generally.

Extrapolating from the foregoing, it is expedient to submit convincingly that mass media are critical mechanisms in health communication efforts in Nigeria striving at all times to feed the public especially, the vulnerable groups with messages of health importance.

Implications of Health Communication on Rural Development in Nigeria

One of the most popular slogan in the world today is “health is wealth” and this is used to justify the importance of health to humanity. With good health, man is bound to acquire wealth through hard work but this is the case with an unhealthy man who may be rendered incapacitated with sound unrealizable dreams due to ill-health (Ogah, 2006). It is expedient that an unhealthy person is more of a liability to his community than an asset as he cannot contribute optimally to his community’s development process. As long as those living in a community are healthy, their contribution to production and development would increase. On the other hand, a community with an ailing population would definitely have a low production capacity. Thus, this would affect the development of such community negatively (Gunduz & Yahaya, 2018).

Health communication play keys a role in rural development as it serves as a link between the government and healthcare officials to disseminate useful public healthcare messages to the rural dwellers to enable them change their health attitudes and behaviours even in defiance of their own superstitious beliefs and myths for their general wellbeing. For instance, in 2003, parents in three northern Nigerian states Kaduna, Zamfara and Kano states resisted presenting their children for polio vaccination arguing that the vaccine could be contaminated with anti-fertility agents (estradiol hormone), HIV, and cancerous agents (Jegede, 2007). Health communication approaches were deployed by the government to

sensitize and persuade parents on the need to accept the vaccine and keep Nigeria polio free.

The rural communities of Nigeria are dominantly populated with illiterates who are overwhelmed by ignorance and cultural dogmas that always discourage them from participating in community development efforts. Health communication breaks the barriers of rural illiteracy through sensitization-providing rural dwellers with new knowledge, ideas and skills on rural health issues. This, as Ogah (2006) notes is necessary due to the fact that it is only a well enlightened healthy people that can participate in any meaningful development programmes. Corroborating this contention is Emenaku (2001, p. 7) who argues that, “in any serious effort to improve the conditions of the rural poor, information or communication has a role to play. It can be used to keep people thinking about development, to make them recognize and accept the need for development, to mobilize and make them predisposed towards development.”

Health communication has been recognized by the government and the society at large as a potent tool for mobilizing the grassroots to enable them attain a better life. According to Akpor (2013, p. 23), “no self-sustaining development can take place in Nigeria without the masses of our people being effectively mobilized, genuinely motivated and properly organized for productive activity within the context of freedom, orderly progress and social justice.” Health communication establishes a dialogue with rural people, involves them in the planning of their own development, provides information as a basis of social change as well as conveys the knowledge and skills required to improve the quality of their life.

Health communication is an instrument of attitudinal change-seeking to change the attitudes and behaviour of rural people towards a particular health challenge. It provides the rural people with factual, truthful and credible information that dispel misconceptions and misinformation on conflicting prevention methods, thereby empowering them to take control of their lives. Based on the fact that an uninformed society is also developmentally deformed, health communication ensures that rural dwellers are adequately equipped with the necessary knowledge to maintain their wellbeing and optimum performance in all spheres of endeavours.

Mass Media and the Challenge of Rural Health Communication in Nigeria

Over the years, government and development stakeholders in the developing countries such as Nigeria intensified their efforts at utilizing the mass media channels in their

development programmes due to their ability to reach wider target populations within a short time span. Unfortunately, the mass media failed to produce significant results in fostering development primarily because they were more focused on meeting the goals of the government rather than to involve the target rural populations in the scheme of affairs to engender positive participation in development programmes. Despite this inability of the mass media to carry the rural dwellers along in their message content and design, studies have also shown that the mass media usually lack the persuasive ability to trigger a change on people's attitudes and behaviours to engender rapid rural development (Daramola, 2002).

The mass media's potency to penetrate the consolidated walls of rural illiteracy and media inaccessibility to be able to disseminate health communication messages that would engender rural development especially in Nigeria where 57% of the population are rural dwellers became a worrisome issue(Soola, 2002). For instance, it has been argued that mass media cannot effectively disseminate vital health messages in Nigeria to achieve sustainable rural development because of Nigeria's multi-ethnic and multilingual composition (Owolabi & O'Neil, 2013). The potency of the mass media in development is not debatable, but some of their weaknesses have made them to become antithetical to rural development in Nigeria.

For example, the print media is elitist in culture and content as such may not have impact among the dominantly illiterate rural dwellers that constitute about 57% of the populations unless they are printed in indigenous languages. This has also raised another pertinent issue bordering on the number of languages the media will publish health messages in a country with approximately 250 languages and over 500 dialects (Owolabi & O'Neil, 2013).

Television looks promising as a health communication mass medium considering its audio and visual qualities for teaching and learning of new ideas and skills. However, how available is television in the rural areas of Nigeria? How many rural dwellers have the wherewithal to afford television sets considering their endemic poverty? And even if they are able to afford television sets, where would they access electricity to power them? It is glaring from the foregoing posers that television cannot be an effective medium of health communication for rural dwellers. This is because the terrain in which the rural dwellers have found themselves does not guarantee their acquisition and use of television as a medium to access health messages.

Radio is the one medium of mass communication which all experts would seem to agree is the most appropriate for health communication and rural emancipation programmes. Even the UNESCO lends credence to this special position accorded to radio in rural development activities when it states that, when radio broadcasting is appropriately used, it has proved to be the most effective medium of communicating with the rural vulnerable groups (Moemeka, 2018). Although radio is believed to be more efficient in conveying health messages in the hinterlands than other media because it is affordable to the masses and can be operated at minimal cost; it also has its shortcoming in that it cannot broadcast in all the languages and dialects in Nigeria.

True development is inclusive and participatory, but contemporary media are eluded of this trait. Gone are the days, when development programmes were planned for the people. People were seen as passive recipients of development programmes and efforts. However, history has proved that such an approach cannot bring about true rural development. True development comes from putting the people in the driver's seat to enable them take their destinies in their hands. But contemporary media cannot, strictly speaking, engender this. According to Akinleye (2002), the mass media have contributed to social monopoly which is against the spirit of participation. Any medium that does not have an in-built feedback mechanism cannot engender participation and development especially at the grassroots level.

In the absence of feedback mechanisms between the source and receivers of health communication messages, there are often political, organizational, traditional and psycholinguistic resistance which create conflict that ultimately affect the reception and processing of health communication messages, and the way the rural dwellers respond as individual or groups. This centralized unequal, top-down, unilateral and authoritarian approach to health communication has failed to engender the desired positive results because it creates a condition of dependence (Imoh, 2007).

Mass media are powerful tools of health communication because of the strength to reach large, heterogeneous and far-flung audience within a short time span. However, mass media should be complemented by interpersonal channels to enable them function better in rural health communication campaigns. Imoh (2007) observes that interpersonal communication on the concept of the social systems interaction and feedback bestows

faith, in the messages, and when combined with mass media, the chances of eliciting desired health outcomes are increased.

Conclusion

The role of mass media in health communication for rural development in Nigeria cannot be disputed. Without the mass media, rapid dissemination of health messages would not have been possible for health promoters and stakeholders. This paper has shown that the media have ensured successes of several health campaigns through their persuasive communication and sensitization efforts.

Notable successes recorded by the mass media in the eradication and control of some health programmes and diseases in Nigeria is justifiable enough to conclude that the mass media are viable instrument of rural development in the 21st century Nigeria due to the fact that the information they disseminate empower the rural dwellers on ways of combating diseases for a healthy living. The paper therefore, recommends that communication should be the priority of government and development programme designers because of the pivotal role it plays in combating ignorance and misinformation in public health issues in Nigeria.

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