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Issues in Health Broadcasting in Nigeria

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Abstract

This conceptual research offers critical discourse on issues plaguing the actualization, operationalization, and entrenchment of robust health broadcasting in Nigeria. The arguments sustained in this work are that these issues have extended their penetrative roots into the country's political, social, cultural, economic, and institutional milieux. As such penetration is thought to be endemic, multi-faceted, multi-dimensional, and intricately complex, it has cast an over-enduring influence on the sustainability of health broadcasting framework, philosophy, and practice. The theoretical foundation to this work was laid by Obong and Ukpabio's [1] Broadcast Media Multi-Sociological Issue Framework (BMMIF) which conjectures the philosophy that the broadcast media industry in Nigeria is ambushed and cobwebbed by a plethora of issues which tend to hamper its optimal potentials, independence, and operationalization. The Integrative Literature Review method was adopted in this study to enable the researchers to objectively critique and attempt a discourse on the perceived issues plaguing health broadcasting in Nigeria through an integrated/systematic search, categorization, and thematic analysis of previously published extant literature on the subject. In the final analysis, it was submitted that even though some issues bedevil the actualization, operationalization, and entrenchment of robust health broadcasting in the country, they pose matter of operational disputes, controversies or conflicts which are eminently domiciled in the public sphere, and which give rise to frantic calls for change and resolution in the status quo.

Keywords: Issues; Health; Broadcasting; Health broadcasting; Nigeria

Abbreviations: BMMIF: Broadcast Media Multi-Sociological Issue Framework; NBC: National Broadcasting Commission; BON: Broadcasting Organization of Nigeria; ENG: Electronic New Gathering; EFP: Electronic Field Production

Introduction

Health broadcasting in Nigeria is plagued with some profound issues. These issues, when appraised holistically, exert certain layers of pressure, influence or impact on the full realization of the potential of the broadcast media in mainstreaming health communication and health intervention programs in the country. The issues plaguing health broadcasting in the country are multi-modal in philosophy and multi-dimensional in scope.

Beyond their multi-modality and multi-dimensionality, the issues are also endemic in nature. This is considered in the sense that they are uniquely tied to the prevailing political, economic, cultural, religious, and social conditions massaging broadcast media operations and frameworks tenable in the country [1]. This is particularly appraised in contexts where the formally/informally assigned fate of the broadcast media as public informers, mass educators, sensitizing agents, knowledge builders, and attitude molders on health topics in particular health interventions in the country are philosophically determined and questioned [2].

As the state of health communication in the country appear almost as an evolving discipline which always seek to incorporate lessons learned as well to use a multidisciplinary approach to all interventions [3], health broadcasting would have presented unique opportunities for tailored and targeted health campaigns. But the plethora of issues that arise while implementing health broadcasting philosophy and framework present unique challenges in search of action. Thus, making it clear that though action-based attempts could be made, there is no magic bullet that can address the issues [3].

This is consequent on the endemic nature of the issues within the country's broadcast mediascape. This strongly suggests that

they are multifaceted and entangled within the operational and sociological frameworks of broadcast media professionalism in the country. Especially, as it concerns the transmission of health narratives, interventions, or campaigns. While these issues are peculiar and deeply connected to the country's broadcast media framework and sociology, they constitute some sort of dynamics that shape and influence the focus of broadcast media practices vis-à-vis health promotion and the envisaged behavior change.

By linking these issues to the broadcast media framework and sociology in the country, they seem not to be stand-alone concepts, figment of imagination or by-products of creative spirit. Rather, they are traced to the palpable intricacies shrouding Nigeria's prevailing political culture [4], legal and regulatory frameworks [5], political economy [6,7], and existing social and economic realities in the country [1,8].

Implicitly or explicitly, the issues besetting health broadcasting in Nigeria could be culturally laden, ethnocentrically rooted, or religiously inclined [9]. They could also be the resultant effects of systemic malfeasances such as institutional decay, misplaced priorities, administrative myopia, poor regulatory frameworks; and policy misdirection in the broadcast sector. They could as well manifest in forms of dearth of technical proficiencies in handling broadcasting hardwares; paucity of access to technologies of broadcasting; poor level of broadcast professionalism in midwifing health-related broadcast contents; or matters of outdated, moribund, and obsolete broadcasting technologies whose technicity are in obsolesce to current realities in health broadcasting.

From the foregoing analogies and anecdotes, tangible impressions of the manifestations and existence of issues shrouding health broadcasting are established. This points to the fact that those issues do exist and their resultant effects and impacts on health broadcasting are felt in the public sphere and marketplace of ideas. Although they seem to bedevil robust actualization of health broadcasting in Nigeria, they present unique opportunities for improvement and mitigation. Hence, even though these issues bedevil robust actualization of health broadcasting in the country, they pose matter of operational disputes, disagreements, controversies or conflicts which is domiciled in the public sphere, and which give rise to frantic calls for change and resolution in the status quo [10].

Objectives of the Study

The general objective of this study is to evaluate the issues plaguing health broadcasting in Nigeria. The specific objectives of this study are to:

- Evaluate the systemic issues plaguing health broadcasting in Nigeria.
- Appraise the professional issues plaguing health broadcasting in Nigeria.
- Discuss the political issues plaguing health broadcasting in Nigeria.
- Analyze the socio-economic issues plaguing health broadcasting in Nigeria; and
- Demystify the philosophical issue plaguing health broadcasting in Nigeria

Conceptual Clarification

Conceptualizing Health Broadcasting

Health broadcasting simply refers to the process of transmitting aural or audio-visual contents that concern health issues, themes, events, situations or circumstances. Especially, as it may pertain to transmitting messages that bother on disease outbreak, history, nature, prevention, risk factors, treatment options, and lifestyle changes [11-14]. It is basically an approach that utilizes the radio and/or television to propagate health-themed messages to the receiving public in society. Health broadcasting suggests the use of broadcast media to inform and influence individuals and communities about health-related issues and to enforce behavior changes [12] that must consider individual and social prisms through which information is received and processed [15].

Health broadcasting is an aspect of health communication but limited in scope in the sense that while health communication is all encompassing of diverse media, approaches, techniques, and strategies to reach the public, health broadcasting represents an idea of broadcast-mediated attempt to reach the public with health messages. In this sense, health broadcasting is limited, restricted and confined within the precinct of radio and/or television broadcasting. This implies that if the members of audience are not in possession of the receiving sets of broadcasting (radio and television), they cannot have access to health messages.

It may sound trite to emphasize, but it is true that lack of acquisition of broadcast receiving sets is still a major issue plaguing people's access to broadcast contents such as health programs. This reality is even more alarming in rural and poverty-stricken areas of the world where acquisition and possession of broadcast receivers are considered luxury that cannot be afforded by a great majority. Available evidence shows that a wide margin exists between lack of ownership of broadcast receiving sets and access to socially relevant broadcast programs [16]. If this empirical evidence is something to go by, then, it is implicative that a great percentage of potential audience of health broadcasting domiciled in poverty-stricken areas are technically decimated from accessing health-related messages on the broadcast media.

The Nature of the Broadcast Media and Health Broadcasting

The nature of the broadcast media and the changing nature of audience's media consumption pattern have made it imperative for health broadcasters to rethink their broadcast

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media strategies if they must reach and sustain a large audience base. This is consequent on the fact that alternative broadcast mediated strategies are necessary in promoting healthy practices and behaviors in low-resource settings by leveraging innovative approaches such as mobile theatres, community radios, and SMS-based platforms [17]. These strategies can be designed to engage communities, mobilize stakeholders, and promote healthy practices and behaviors [17].

The fleeting, temporal, and ephemeral nature of broadcast messages raise concerns in health broadcasting as far as audience retention, content appreciation, and reception are concerned. Broadcast audiences who are not in terms with how broadcast messages are presented are turning to alternative media to satisfy their health-related media needs. As the evaluation of broadcast communication interventions is challenging given the fact that root causes of human behavior reside at multiple levels that reinforce each other, health promoters must adapt to changing and dynamic ways of using broadcast communication channels [15].

The uniqueness of the broadcast media being utilized in spreading health-related messages is that audiences who have access to the broadcast media are exposed to the ideals of the messages in real time. This means that breaking stories about health can be communicated on the spur of the moment and simultaneously to diverse audiences dispersed by time and physical location in fragment of seconds compared to interpersonal approaches. Pertaining to health broadcasting, the broadcast media have been found to be unique in giving members of the audience what they want more than what they need [18].

The sound bites and visual illustrations that accompany radio and television broadcasting accord health-related issues that are transmitted with descriptive and explanative imageries and analogies that push believability and understanding of the subject matter further. The audience, through health broadcasting, seemingly get to 'hear' and 'see' the events, situations, circumstances, and conditions unfold before their 'eyes' and within their 'ear shot'. The audience members get to deduce meaning from the broadcast messages as they form impressions of the subject matter displayed or narrated before them. The display or narration about health themes is transmitted to make the audience have an idea of what they must deal with or what is about to befall them if they do not take precautionary actions.

The animative and emotive language style that are unique to broadcasting make health-themes portrayed vivid, clear, and real rather than appearing or sounding strange and abstractual. Also, in the case of television, the animation that accompanies moving pictures makes the health messages come to life. Audience can easily relate with health messages characterized by motion, animation, visuality, and sound. These characteristics make health broadcasting concrete, forceful, exciting, and active.

Purposes of Health Broadcasting

The purposes of health broadcasting are to inform, educate, mobilize, sensitize, and awaken the consciousness of the receiving public to the mysteries, misconceptions, misperceptions, and misunderstanding shrouding health conditions, realities, and eventualities in society. The purposes of health broadcasting also include "disseminating health knowledge, delivering health concepts, teaching health recovery methods, and building a platform for health communication" [19].

The essence is anchored on the premise that when the public are knowledgeable, informed, educated, and exposed to the health conditions and realities in their immediate environment, they can take informed actions in safeguarding their state of health. The health broadcast made available to the receiving public is to put them at a vantage point to acquire and vent knowledge on health-themed issues that affect or may affect them. Health broadcasting aims to promote understanding, awareness, and action regarding health issues, as well as to improve health literacy, and health outcomes [14]. It also serves as a communication link and social service channel for health promoters in promoting long-term health issues in the aspect of introducing health care methods, conducting psychological counseling, disseminating popular science knowledge, providing leisure and entertainment, as well as organizing offline interactions [19].

Health broadcasting and Literacy Demands

Another unique dimension to health broadcasting is that it does not demand high literacy skills from the receiving public before the messages are appreciated and acted upon. The audio-visual dexterity, chitty-chatty conversational tone, the flexibility of language codes used, and mode of presentation give audience of all categories and demographics a fair idea of what is communicated. Hence, health broadcasting, drawing on the strengths of radio and television media concerned, breaks the monotony of language used in health communication and blasts the barriers to understanding that may be imposed by literacy demands. Therefore, health broadcasting appeals to the illiterates, semi-literates, and the literates.

Theoretical Framework

The theoretical foundation to this study was laid by Obong and Ukpabio's [1] Broadcast Media Multi-Sociological Issue Framework (BMMIF). Developed in 2022 in their published article titled 'Social Dynamics and Broadcast Contents in Nigeria', the scholars labelled the framework 'Broadcast–Contents Multi-perspective Sociological Model' to portray the idea that the broadcast media industry in Nigeria is ambushed and cobwebbed by a plethora of issues that tend to hamper its optimal potentials, independence, and operationalization. The scholars believed that such issues, when appraised holistically, exert certain layers of influence on how broadcast media's raw materials are sourced

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and refined into finished cultural products as well as shaping how the refined cultural products are consumed in society. This framework is diagrammatically presented in the model below. (Figure 1).

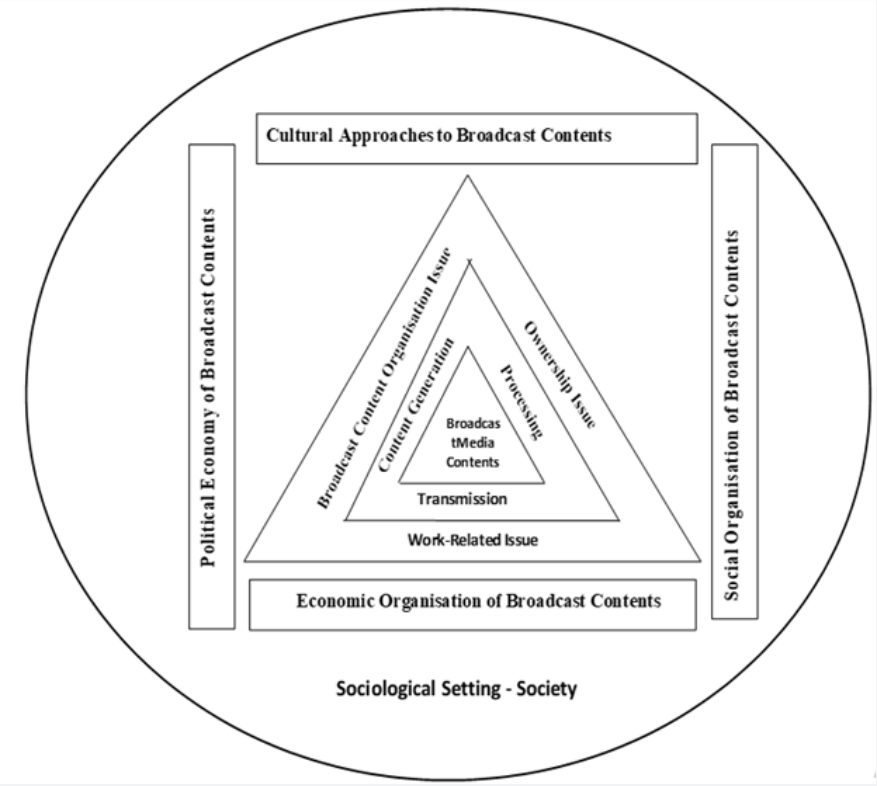

Figure 1: Broadcast-Contents Multi Perspective Sociological Model
Source: Obong & Ukpabio [1]

Explicitly illustrated in the model, there is a presupposition that the broadcast media industry is entrapped in a multi-layered sociological complexity during content production [1]. Considered very critical in the sociological complexities that influence broadcast contents are the political, economic, social, and cultural forces [1]. The scholars, by using the model, sought to explicate the idea that certain social dynamics palpable in the political, cultural, economic, and social realms affect how broadcast media contents are sourced, generated, processed, produced, and disseminated to audience in society [1].

According to Obong and Ukpabio [1], those social dynamics impact three fundamental broadcast production issues which comprised organization of broadcast contents; methods of broadcast contents delivery; and the extent to which broadcast journalists are allowed to produce contents objectively. At the heart of the framework is the 'broadcast media contents' whose production, processing, and transmission are heavily gagged by existing political, cultural, social, and economic forces tenable within the social context where the broadcast media, broadcast media professionals, broadcast media practices, and broadcast content consumers co-exist.

This framework provide insight into the current study by attempting to explicate the issues that shroud and plague robust health broadcasting in Nigeria. The framework preempts that certain issues lurking within Nigeria's cultural, political, economic, and religious systems are likely to exert considerable bottlenecks in setting up frameworks and sustaining the practice and professionalism of health broadcasting. Hence, it is implied that with the existing cultural, political, economic, and religious systems in the country, the realization of benign circumstances where health broadcasting can thrive is likely to be embroiled in multi-dimensional issues that will, more than anything else, signal its dead before arrival.

Methodology

The Integrative Literature Review method was adopted in this study. As adopted in the study, the method enables the researchers to objectively critique, summarize, and draw

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conclusions about issues in health broadcasting in Nigeria through a systematic search, categorization, and thematic analysis of previously published extant literature on the subject [21]. As a non-experimental method, it is more appropriate for this study as it gives ample opportunity to the researchers to immerse themselves in a pool of qualitative and quantitative empirical publications to provide a more comprehensive understanding of the phenomenon under discourse [20]. To gainfully utilize the method, a systematic technique was employed to search, identify, and select thematically related, relevant, and extant literature on search engines and requisite research databases such as Google Scholar, Semantic Scholar, ResearchGate, Scopus, and CORE. The researchers used thematic search indices and Boolean strings such as "political issues and health broadcasting in Nigeria"; "economic issues and health broadcasting in Nigeria"; "professional issues and health broadcasting in Nigeria"; "systemic issues and health broadcasting in Nigeria"; "cultural issues and health broadcasting in Nigeria"; and "social issues and health broadcasting in Nigeria." The collected data were analyzed using a thematic discourse and analytical approach, which involves identifying, analyzing, and reporting patterns (themes) within the data [21].

Results and Discussion

The thematic concerns of this study were categorized, patterned, and critically discussed as follows:

Thematic Discourse One

What are the systemic issues plaguing health broadcasting in Nigeria?

The systemic issues plaguing health broadcasting in Nigeria are critically discussed under the following thematic concerns:

Paucity of Regulatory Frameworks

There is paucity and absence of regulatory frameworks in health broadcasting. This stems from the fact that the philosophy of health broadcasting as a specialized genre of broadcasting has not been formalized, institutionalized, or entrenched. This makes it difficult for it to be officially treated and recognized as an independent genre of broadcasting. So, regulating this genre of broadcasting demands enforceable legal, professional, moral, and operational frameworks which, for now, do not exist. Paucity of regulatory frameworks is because of non-existence and non-operationalization of health broadcasting as an independent genre of broadcasting. The closest effort made in regulating this specialized field is by using generic regulatory mechanisms enforceable by National Broadcasting Commission (NBC) and Broadcasting Organization of Nigeria (BON) which treat health broadcasting as a generic broadcast program that falls under the 'social' and 'advertising' categorization. This is an issue that questions the intents and purposes of national communication policy as it calls for health broadcasting framework to be set up so that it can be regulated and its sensitivities checked.

Lack of Broadcasting and Programming Standards

Even the National Broadcasting Code (NBC) [22] has no provision on broadcasting and programming standards pertaining to health contents or programs. In short, the NBC Code [22] p.17 makes it clear when it states inter alia that "the Code expects the Broadcaster to always consider what is beneficial to the audience in terms of cultural, moral, economic, social, and political values of the Nigerian society." Health issues are hereby considered generic, trite, and are lumped up under minions of other issues that are categorized as 'social' and 'economic' (in the case of advertising). Whereas the code is explicit on matters of religious, political, economic (advertising), diversity, crises and emergencies programming. Do some, if not all, of these issues not also have social relevance or categorization but yet are given prominence? Health broadcasting needs to be unbundled from the 'social' and 'advertising' umbrella and treated as a lone matter due to its sensitivity, importance, and relevance. This calls for the entrenchment of deliberate communication policies and regulatory frameworks to institutionalize programming standards for a robust health broadcasting in Nigeria.

Lack of Clear-Cut National Communication Policy on Health Broadcasting

With the return of democratic rule in 1999 to date, several national communication policies have been introduced [23]. None of those policies have specifically attempted to mitigate the myriads of issues pertaining to health broadcasting. Even the 2004 'Review of Mass Communication Policy' which attempted to revamp broadcasting by liberalization, accessibility and pluralism of broadcasting and the 2016 'Towards a Comprehensive National Communication Policy and Strategy' which sought to find policy solutions and strategies to the nation's communication problems [23], have failed to institutionalize regulatory, strategic, legal, technical, and professional frameworks for the entrenchment of robust and independent health broadcasting. The policy directions in most of the national policies on communication in the country are generic and not specific to tackling thematic concerns in communication, information, and broadcasting domains. This has constituted significant issues that seek to threaten the realization of the concept, philosophy, practice, and operation of health broadcasting in the country.

Inadequacy and Uncertainty of Health Broadcasting Curriculum in Tertiary Institutions

As part of the major issues besetting the realization of health broadcasting in Nigeria is the issue of inadequate and uncertain curriculum for the teaching and training of future health broadcasting personnel. Currently, some tertiary institutions offering Mass Communication, Journalism, Communication, and Media-related courses are yet to fully entrench health broadcasting curriculum. In such institutions, health broadcasting, if at all it is mentioned, is sparsely treated

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as a specialized topic in courses such as Health Communication, Specialized Reporting, Introduction to Broadcasting, Broadcast Production or Development Communication. Seldom has it been taught as a stand-alone course that could benefit from curriculum design, development, and implementation. Even with the current unbundling of Mass Communication education in the country, health broadcasting has not been considered fit to stand as a discipline. Even in the discipline of broadcasting where it is supposed to feature prominently, there is no universal/central consideration of health broadcasting by curriculum developers in the field as befitting of broadcast education. Its fate is rather left for respective institutions to decide whether it could be shortlisted as part of the institutions' local content. With myriads of emerging technological trends and developments in broadcast education in the 21st century that fiercely compete for limited space in the curriculum, it is not sure if most of the institutions would even consider health broadcasting befitting of scholarly attention. If there is no curriculum provision and scholarly interest to train future professionals, it therefore appears that the future of health broadcasting profession in Nigeria remains pallid, uncertain, cheerless, and miserable.

Poor Funding

As funding remains one of the issues crippling the operations of government-owned broadcasting, the fate of health broadcasting cannot be ascertained. The justification is that if the current funding template for broadcast operation is to be followed especially in the areas of technological acquisition, manpower development, and infrastructural development, then health broadcasting will be an idea that is dead on arrival. This is to say that health broadcasting will be a child of circumstance that will always struggle to survive due to suffocating demands in professionalism amidst comatose funding style, template, and format government and concerned agencies often relied on.

Epileptic Power Supply

The current epileptic power supply in the country would discourage the full entrenchment of health broadcasting experience that serves stakeholders' interests across board. Health promoters and program producers would be discouraged from producing health programs and contents and the receiving public would be technically disconnected from accessing the health programs produced and packaged for them. Access to produce and receive health programs would rather be considerately expensive and unconducive because of over-reliance on power generating sets which would impose certain levels of economic and financial hardship in purchasing the required fuel to maintain the status quo. Economically disadvantaged audience and broadcast stations would be severely affected in the health broadcasting chain and may cut off at breaking points.

Thematic Discourse Two

What are the professional issues plaguing health broadcasting in Nigeria?

The professional issues plaguing health broadcasting in Nigeria are critically discussed under the following thematic concerns:

Lack of Mastery of Health Topics among Professionals

One of the critical issues plaguing health broadcasting in Nigeria is the paucity of broadcast professionals with deep, well-entrenched, and specialized knowledge in health reporting and communication. A vast collection of health presenters and program anchors have deficit and shallow knowledge of specialized health topics, events, issues, and conditions. The few who struggle to report or present contents on health are still grappling with how to provide professional depth, perspective, and bearing to the broadcasting of health issues. Lack of mastery of health topics impacts the quality of health broadcasting.

Dearth of Health Broadcasting Professionalism

As majority of the so-called health presenters lack mastery of the subject of presentation and appear not to possess requisite health reporting skillset and knowledge, they bring their perceived level of mediocrity in health reporting to bear. This affects professionalism in health broadcasting.

Technological and Technical Issues

Health broadcasting requires some technical and technological proficiency that most broadcast stations in Nigeria are still grappling with. Technologically, it requires sophisticated Electronic New Gathering (ENG) and Electronic Field Production (EFP) facilities in gathering, processing, and disseminating health stories. It also demands high technological motion graphic tools, high fidelity sound capturing devices, and high-definition visual enhancers to simulate the health issues for public scrutiny. The sad reality is that most broadcast stations lack the wherewithal to acquire these technological tools or resources. For some broadcast stations that have managed to procure some of the requisite tools, the technical proficiency in setting up, operating and optimally exploiting the tools is still lacking. Hence, there has been technological and technical deficiency in relaying health issues for audience to have full appreciation.

The Emotionality, Intentionality, Personality, and Sentimentality of Professionals

It is very difficult to separate the so-called health broadcast professionals from their emotions, intentions, personality traits, and sentiments while attempting to relay health messages. Health broadcasting, it must be noted, is humanistic in nature. That is, it

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is emotionally sapping as it concerns the good and horrendous developments affecting people's health in society. There is always a tendency for the presenters' emotionality and sentiments to interject the reportage which therefore influence the presenters' poise to either understate or overstate the obvious to instill the desired and intended behavior change among the populace.

Hence, as health broadcasting revolves around people and what is happening around them, the biggest factor that affects the quality and objectivity of broadcast-mediated health contents are the so-called health broadcast professionals [25]. The justification is that "…it is unnatural to think that broadcast professionals can ever be dispassionate, undetached, unbiased, and uninvolved in the process of producing and transmitting broadcast contents" [1], p. 59. Because the so-called health broadcast professionals are not robots, they bring their emotions, intentions, personality traits, ideologies, worldviews, perspectives, idiosyncrasies, and sentiments to bear [1]. All these shapes the approach, depth, angle, strategies, and the choice of language they adopt in relaying health messages.

Inadequate Health Broadcast Scheduling and Programming

Added to the litany of issues of health broadcasting in Nigeria is the unprofessional way in which health topics and subject matters are treated produced, scheduled, and delivered on broadcast stations. A great number of broadcast stations do not give adequate attention to the coverage and reportage of health issues. Most broadcast stations do not give sufficient airtime to health-themed programs. A review of most broadcast stations in the country would reveal the existence of trite, shallow, parsimonious, and sparse treatment of health issues. The programming of most broadcast stations is health deficit. It is sad that a topic or subject matter as critical, sensitive, and relevant as health is not given adequate attention. Most broadcast stations that treat health issues do so sparsely as part of the segments in their magazine programs.

Some broadcast stations have resorted to the trend of sprinkling health issues in their news programs against the idea of treating them as specialized formats with considerate allocation of time in the stations' running order. Other broadcast stations that seemingly treat health issues do not give more than two hours to health-related content in their weekly programming. When they give a fragment of minutes to health issues, the supposed 'health programmes' are produced and delivered in form of panel discussion or talk shows where presenters or anchors depend solely on health authorities for expertise perspective to anchor the health programs. In the events where the health authorities may not honor invitations to the supposed health program, the program suffers substantial setbacks in depth and delivery. This makes it seems as if broadcast stations are not professionally prepared for health broadcasting.

Lack of Dedicated Health Broadcast Stations

The issue in health broadcasting in Nigeria is further exacerbated given the fact that there is yet to be any broadcast station in the country that is solely dedicated to the delivery of health themes and contents. Hence, sufficient treatment of health issues suffers major setbacks as the audience are stuck with the current arrangement of health broadcasting in the country.

The Barrier of Language Imposed by the Terminologies in Health Broadcasting

As the jargons and terminologies of health are scientifically inclined and abstractual in nature, it has posed significant issue in terms of their understanding and appreciation among the receiving public. The scientific way in which health broadcast contents are presented has made the receiving public misconstrue the ideals and contexts of the health messages given the accompanied difficulty in relating the message to real life scenario. The bigger challenge is that even the so-called health presenters lack composite and deep understanding of the language they use in presenting health topics. The misunderstanding is further transmitted to the lay people in society. Though most health presenters/promoters often make concrete attempt to nuance the technical jargons that comes with health topics or themes they present or promote, the nuanced version seldom represents the exact true meaning of the jargons in local dialects. Hence, variance exists between technical health jargons and the nuanced version, and the audience are often at crossroads in trying to make inroads into the understanding of health messages being presented. The hard truth is no matter how the presenters or promoters attempt to nuance the technical jargons accompanying health broadcasting, it is good to note that there is hardly any substitute in local language or dialectics that can fully provide fuller description, explication or representation of the jargons in local contexts. A typical example is the case of COVID-19. To date there has not been any broadcast station that has provided the locally nuanced synonym of the health terminology "COVID-19". Rather, what is common is alternative translations coined from the nature or mode of transmission of the disease. The terminology and others in health broadcasting need local equivalent in language deployed by most broadcast stations in communicating them to the public.

Thematic Discourse Three

What are the political issues plaguing health broadcasting in Nigeria?

The political issues plaguing health broadcasting in Nigeria are critically discussed under the following thematic concerns:

Nigeria's Political Culture

The shaky, dynamic, checkered, and chameleonic nature of Nigeria's political culture has made it difficult for a universal

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national communication policy that favors the entrenchment of specialized and thematic mass communication concerns such as health broadcasting to be implemented. Hence, as regimes and governments keep changing, political culture also changes to reflect the sentiments and ideologies of the powers that be [8]. This affects the consolidation of national communication objectives and the likely bid for the entrenchment of health broadcasting which may not be favored by the incumbent government or regime. The political culture also affects the process of granting operational license for specialized health broadcasting stations to thrive. As assent to operate or not to operate broadcast establishment is often the prerogative of the political actors and the prevailing political culture per time, the lack of will for health broadcasters to act independently of the political forces in entrenching health broadcasting frameworks is a major constraint to the realization of the philosophy of health broadcasting [8]. This situation justifies the position made by Senam and Edor [4] that the prevailing political culture in which the broadcast media operate dictates the way they should operate in society.

The Political Economy of Health Broadcasting

Health broadcasting is not given the pride of place on most broadcast stations in Nigeria. The few times it is given considerable spot on the broadcast media, it is sponsored for political motive or expediency. This is to say that reportage or coverage of health issues have been politicized on the broadcast media. This trend in health broadcasting justifies why Ukpabio and Obong [8] maintain that in Nigeria, it is practically difficult to detach political expediency from any form of journalism practice and professionalism. Most of the health coverage that some broadcast media are concerned with has been the ones that involve the activities of government, government officials, government parastatals, agencies or ministries, etc. By portraying the health actions, activities or efforts of government and the likes, the essence is to create a positive impression among members of the public that government is doing all it takes to save the life of its citizens. In such coverage, one is likely to be informed of the financial commitment government has made or is making and the relief materials or medical equipment/apparati/facilities donated. Although most intentions may be genuine in some contexts, from the standpoint of critical theory, they have been about scoring political points.

Urban-Rural Political Dichotomy

Also, worth considering is the idea that an outbreak of disease in rural communities which are bereft of politically exposed individuals will attract shallow, slow, unqualifiable, non-qualitative, and insignificant coverage by the broadcast media, especially government-owned broadcast stations. But if the reverse was to be the case, broadcast media will give their supposed 'balanced' and 'qualitative coverage' of the issue. There is also a strong case that health conditions that affect, tend to affect or revolve around political elites and their cronies or families attract sufficient or significant attention on the broadcast media. This undertone and more suggest the notion of politicization of health broadcasting. It is in this notion that it is considered that most health broadcasting are facades of political campaigns, propaganda, and causes geared towards predetermined ends.

The Politics in Health Broadcasting and the Politics of Health Broadcasting

This suggests that there are politics in health broadcasting as well as the politics of health broadcasting. Going by the former, certain political intrigues and intricacies are engaged and scrutinized before health broadcasting is attained. This includes the personnel to be assigned health beats and the scale of work in which their level of expertise in health reporting can allow. The sad reality is that most of the reporters allowed to cover health have no proficient skills and knowledge in health beat but are assigned based on preconceived biases or sentiments of their superiors. Assigning beats in the media industry can somewhat have the similitude and coloration of political appointment where 'juicy' beats are assigned to friends, mistresses, associates or cronies of the powers that be within the broadcast station. Reporters, in most cases, must lobby to get beat of preference and not beat of expertise. In this case, it is likely for reporters with specialization or expertise in health to lobby for political beat based on pecuniary sentiments while reporters fit for other kinds of beat are 'moved' to cover health beat. This politics has affected health broadcasting in the sense that most reporters assigned to report health know nothing about the beat and hence, lack the motivation and passion to make the issues in the beat come alive.

In the case of politics of health broadcasting, it is pertinent to know that broadcast stations do not report all the health issues, realities, and conditions palpable in society. The selective approach they engage in deciding what health issues fit into their scope of coverage or frame of reference is the 'politics' behind health broadcasting. This is informed by their definition of what health report is to them and the consequence or scale in which they can be considered broadcast-worthy to their elitist fan base. Any health issues that fall out of their scope of preference or frame of reference are not reported no matter how significant they may appear to some set of the impoverished majority in the public. This reflects the politics of health broadcasting.

Thematic Discourse Four

What are the socio-economic issues plaguing health broadcasting in Nigeria?

The socio-economic issues plaguing health broadcasting in Nigeria are critically discussed under the following.

Economic Dynamics

Economic forces in the social sphere exert considerable influence on health broadcasting in Nigeria. Broadcasters are often caught up in a quagmire of dual mandate syndrome. They

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are often trapped in between two conflicting decisions of whether to fulfill their social responsibilities to the public or to serve advertisers' interests. As commercialization has eaten deep into broadcast operations, broadcasters, to achieve their productivity benchmarks, have not yet developed the will power to say no to the over-enduring and credulous influence of advertisers on their programming and content delivery. Since they all run as enterprises, their profit motives have made advertisers have a strong hold on them [24].

Most broadcasters have damned public trust and pitched their tent on the side of the advertisers in view of profit maximization over provision of socially conscious contents such as health and wellbeing. While this may look harmless on the surface, a critical examination of such romance would reveal the subtle influence that the broadcasters-advertisers romance has on the independence of broadcasters. Hence, the (broadcast) media give a lot of preference to advertisers, even to the detriment of other stakeholders in the broadcast media industry, all to secure the advertisers' patronage to generate revenue from them [5].

Advertisers who manufacture hazardous and health-risks products such as tobacco, cigarettes, carbonated drinks, cancerous skin care products, ecological hazardous products, and so on are likely to subliminally discourage broadcasters from producing and presenting health-conscious programs whose ideals are at variance with the advertisers' products. Take the case of a tobacco company who have paid a broadcaster heavily to carry sales massages of its products (which have dotting traces of a strong trigger for heart and lung-related diseases) and within the campaign period, a prolific health presenter or producer want to broadcast commentary or documentary on the adverse effects of smoking on public health. Between the advertising campaigns on tobacco products and the socially conscious health program which aims to instigate anti-smoking habit among the public, it is not often a surprise to see broadcasters ditching the health programs for the tobacco advertising campaign. Advertising is presumably money while health-conscious programs are not.

It is in this light that it is established that beyond media gatekeepers, censors or regulators, that advertisers exert over-enduring influence on health broadcast messages [1,5]. Hence, the economic forces have a way of influencing the dimension, depth, angle, and extent to which health issues are covered and reported on the broadcast media.

Social Dynamics

A critical issue to consider is the inextricable pressures that forces within the social milieu exert on the broadcast media and influence the kinds of content they make available for public consumption [1]. From culture, cultural variation, social stratification, audience variations, intra or inter-familial orientation, religious interests, elitism, ethnic tensions, and groupthink, etc. [1], the forces exerting pressure on how health issues should be broadcast are enormous. As the broadcast media and health reporters are by-products of society, it is very difficult for them to outgrow some social influence or matrices within their social environment. These matrices are the social conditioning elements that shape their media practice and professionalism.

However, in a society that has profound apathy for knowledge and information about health, the broadcast media, nevertheless, reflects the attitude of society. But in a society where people have great demand for health information to vent knowledge on the topic, the broadcast media are always put under pressure to actualize the yearnings of society.

In Nigeria where a great margin of media consumers opts for entertainment contents instead of specialized contents like health, science, technology and innovations, the broadcast media have programmed their contents to meet popular demand. This is to the detriment and trite treatment or coverage of health issues. It is a valid proposition that the media are reflections of what is tenable in a society and can hardly overgrow the matrices imposed upon them by society. Social forces exemplified in forms of audience's media content preference, media consumption habits, age, literacy level, income level, social class, values, lifestyle, attitudes, world views, perceptions, etc. which are inherent in a society greatly influences how health issues are gathered, treated, and broadcast.

Social Advocacy by Non-Governmental Forces

Health broadcasting has witnessed a new and recurrent trend in Nigeria. Non-Governmental Organizations (NGOs) have taken over the concerns of health broadcasting in their efforts to reach wider stakeholders through their advocacy campaigns. Currently, most of the health programs on most public, private, and campus broadcast stations are either sponsored, endorsed or wholly produced and broadcast by NGOs to aid their health communication campaigns and outreaches. Although this does not orchestrate inimical challenges or issues to health broadcasting, but it is gradually institutionalizing a phenomenon that seems to suggest that without the endorsement, sponsorship, and intervention of NGOs that health broadcasting cannot be independently and sole-handedly produced and broadcast by most broadcast stations in the country.

Thematic Discourse Five

What is the philosophical issue plaguing health broadcasting in Nigeria?

The philosophical issue plaguing health broadcasting in Nigeria is critically discussed under the following thematic concern

The Consequence Philosophical Dimension of Health Broadcasting

Considered critical among the issues plaguing health broadcasting in Nigeria is the very philosophy in which health themes, stories, events, realities, situations or circumstances are

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broadcast. All the health reports and stories disseminated by the broadcast media in Nigeria have been reactive in approach. They have all been about breaking news which in themselves are reactions to the negative consequences of some health disaster or outbreak of diseases.

This reactive reportorial approach has occasioned a kind of consequence dimension to health broadcasting. Hence, there have been no health broadcasts that do not show the dangers, catastrophe, and consequences of an outbreak of disease on a population considered to be victims. The stories have always been about the aftermath of an outbreak of diseases. Thus, showing what health workers and concerned stakeholders are doing to reduce further incidence of a disease after the initial outbreak. This trend in reporting makes it imperative to ask if the wheel cannot be reinvented. There is need for a reinvention of reactive broadcast reportorial approach to make way for proactive approach. A proactive approach should be engaged to prepare the minds of the public and to enforce social action before the emergence or outbreak of diseases.

It is hypothesized that by partnering with the scientific community or health researchers, patterns or trends associated with diseases can be predicted or forecast. In this instance, health broadcasting would be entirely proactive by warning the public ahead before the outbreak of the disease. Heeding the warning has the potency to avert the outbreak of the disease and the public can be safe from the panic, fear, and anxiety that come with adhering to precautionary measures to stay safe, healthy and alive during health eventualities. Importantly, they will be spared from becoming victims of the disease by circumstance.

Conclusion

From the discourse sustained in this work, it can be said that issues bedeviling the entrenchment of health broadcasting template, framework, and operationalization in Nigeria are multi-faceted, and multi-dimensional. This therefore suggests that these issues are endemic and are deeply rooted in and conditioned by the country's political, economic, cultural, professional, social, and philosophical intricacies and complications. The manifestations of these issues have some sense of occasion in discouraging robust actualization of health broadcasting. Hence, for there to be a change in the status quo, there is urgent need for the root causes of these issues to be addressed from the roots. Desperate issues, they say, warrant desperate measures. This work has suggested desperate issues in health broadcasting in Nigeria that require desperate attention. It is hoped that with the resolution of these issues, health broadcasting can be fully entrenched in Nigeria.

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