

An assessment of the role of TV broadcasting in dissemination of health information in Tanzania

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Abstract: An analysis of health information dissemination by television was carried out in Morogoro Municipality and Dar es Salaam City in eastern Tanzania. Stations involved were Abood Television (ATV) and Dar es Salaam Television (DTV). Quantitative and qualitative approaches with purposive and simple sampling strategy were used to collect information among television watchers in the two areas. Interviews were also conducted with TV presenters. A total of 100 individuals (age= 20-55 years) were interviewed. The TV programmes presented included news, entertainment, advertisements, announcements, health and other educational programmes. The majority of the respondents (41%) watched news programmes followed by entertainment (34%), educational (11%) and health programmes (11%). Eighty-two percent of the respondents were watching health programmes at different levels from both ATV and DTV. The number of health programmes viewers from each station was 38 (76%) and 44 (88%) for ATV and DTV, respectively. Most of the health programmes addressed general health and HIV/AIDS. About 68% of the respondents thought the health programmes were clear and they understood them well. Six percent of the respondents did not understand them at all. Only 48% of the respondents indicated that both TV stations met their health information need. The few health programmes that were available had a high viewership being watched at different levels by the majority of the respondents. In addition, the programmes were reported as useful and had an impact on the viewers by influencing change of behaviour for some of the people. Results revealed that if well managed, TV broadcasts can effectively disseminate health information. In addition, it is concluded that TV stations need to be more dynamic in their approach to disseminate health information in order to educate their viewers.

Keywords: Health information, dissemination, Television, Tanzania.

Introduction

Dissemination of information through television (TV) is a relatively new phenomenon in Tanzania. For a long time after independence, information dissemination through mass media was mainly limited to radio and printed materials such as newspapers. Before and immediately after independence, there were two public radio stations namely Radio Tanzania Dar es Salaam (RTD), established in 1951 as "Sauti ya Dar es Salaam" (Voice of Dar es Salaam), and "Sauti ya Tanzania Zanzibar" (Voice of Tanzania Zanzibar) established six years later. By then there was only one government newspaper, the Tanganyika Standard Newspaper (now the Daily News), which was established in 1930. As a result of limited types of mass communication media, coupled with low literacy rate, little information was reaching out to a wider audience.

Tanzania was slow in adopting technological changes that was taking place worldwide partly because of some of the country's historical policies. For instance in 1974 the government through a Government Notice No. 142 in the Tanzania Government Gazette, issued an order banning the importation into the country of all television sets and

computers (Shila, 1998). Such discouragements lead to a long period of stagnation in establishing and adopting modern technologies (Sheya, 1992). TV adoption in particular was regarded as a luxury that would widen the gap between the rich and the poor. The emergence of liberal policies in 1990s led to the establishment of the Independent Television (ITV) in 1994, becoming one of the first TV stations in Tanzania mainland. The situation was slightly different in Zanzibar where the first TV station was established several years earlier in 1972 (URT, 2003b).

Currently there are more than 10 TV stations across the country including the public television (Television Tanzania), which was officially launched in 2001. Although TV viewing is available to the minority, mainly in urban areas and may still be seen as a luxury affordable by only a few Tanzanians (Bomani, 2000), various sectors have gradually seized the opportunity to use TV for disseminating information to the public. TV set ownership in Tanzania is increasing rapidly, rising from 0.8% in 1991/92 to 20% in 2000/2001 in Dar es Salaam alone. The respective rise in the rest of the urban areas is from 0.6% in 1991/92 to 7% in 2000/01 (URT, 2002).

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This low rate in TV ownership could be attributed to economic constraints to a large extent rather than anything else. Therefore with improvement in the economy, literacy and exposure to technological changes, the percentage of household TV ownership is likely to rise in the near future.

There have been very few studies related to TV broadcasting in Tanzania and therefore the role, effectiveness and constraints in TV broadcasting as far as dissemination of health information is concerned. It is with these reasons that this study was carried out to determine the effectiveness of TV broadcasting in dissemination of health information in Tanzania, and what can be done in order to get optimum benefit from TV health information programmes. The study also examined whether or not the TV broadcasting disseminates health information according to the information needs of the intended audience.

Materials and methods

The study was carried out in Morogoro Municipality (6°49'S, 37°40'E) and Dar es Salaam City (6°51'S, 37°40'E) in eastern Tanzania. The study covered two privately owned TV stations namely Abood Television (ATV) in Morogoro and Dar es Salaam Television (DTV) in Dar es Salaam. ATV was established in August 1998 as a private commercial oriented TV station. It broadcasts educational and entertainment programmes and covers Morogoro region only. On the other hand DTV was established in December 1994 and its broadcast coverage is within eight regions of Tanzania mainland.

A purposeful sample of 100 residents who acknowledged to have a television set and do watch at least some TV programmes were selected from Morogoro and Dar es Salaam in equal representation of both men and women. Methods used for data collection included a semi-structured questionnaire, interviews, direct observation, and documentary review. A questionnaire was administered to a total of 100 respondents, 50 for each television station. Some of the respondents filled-in the questionnaire by themselves while assistance was offered to respondents who could not comfortably fill-in the

questionnaire. Under the researchers' supervision, the respondents were given time to fill in the questionnaire. Respondents were presented with a list of TV programmes that were available at that time, and were required to indicate which ones they preferred most. The programmes presented included: news, entertainment, advertisements, announcements, health programmes, and other educational programmes.

Interviews were conducted with both ATV and DTV presenters. The interviews were conducted using written guides. Direct observations were made in the TV studios and by watching some of the TV health programmes in order to document what was being aired. In addition, a documentary review related to the research topic was done to gather more information concerning the topic.

Data was analysed by relating variables of the study to the responses by the respondents. A coding frame that consisted of the major themes of the study was made and it was used to categorise the responses as presented in the questionnaire and interviews. This was followed by analysis of the contents in each of the identified variables.

Results

A total of 100 individuals (age= 20-55 years) were interviewed. Fifty-six percent and 44% were male and female respondents, respectively. All the programmes were in Kiswahili (the Tanzanian national language), but for the sake of this paper names of the programmes have been translated into English.

In general, the majority (41%) watched news programmes. News programmes were also given the first rank (out of five ranks) in the programme importance ranking. On responding to reasons for their choice, most of the respondents said they liked to know what was happening within and outside the country as far as politics, sports and other events are concerned. The second programme watched by many people was entertainment (34%), followed by educational (11%) and health programmes (11%). Announcements and advertisements were least watched (3 and 2% respectively) and scored the lowest ranks of 4 and 5 respectively (Table 1).

Table 1: TV programmes and number of respondents in respective age groups

Age group	News	Entertainment	Adverts	Announcement	Health	Others	Total
10-20	-	7	1	-	-	3	11
21-25	3	10	-	-	3	3	19
26-30	11	10	1	-	2	2	26
31-40	14	5	-	1	3	2	25
41-55	13	1	-	2	2	1	19
Percent	41	34	2	3	11	11	100
Ranks	1	2	5	4	3	3	

It was observed that the younger the age of the viewer, the higher the liking of entertainment programme and this trend fell gradually with advancement in age. All age groups regarded educational and health programmes to have an average importance by giving both of them rank number 3 out of 5 ranks.

Responses from leaders of the TV stations showed that programmes aired by both ATV and DTV were similar with exception of the religious programme that were aired on ATV only. The general observation as captured from the questionnaire was that once you have watched one of them, then it was as good as having watched the rest, because the general content, the presentation style and trend were similar.

stations kept on changing according to the number of advertisements and announcements received. Business was said to be the primary purpose of the stations hence the time allotted for commercial advertisements and announcements was longer depending on what is affordable by the advertisers.

Eighty-two percent of the respondents were watching health programmes at different levels from both ATV and DTV. The number of viewers of health programmes for each station was 38 (76%) and 44 (88%) for ATV and DTV, respectively. In this context, health programmes were those programmes aired during specific times allocated by the TV station. They did not include health information or messages disseminated through educative entertainment, news or advertisements.

Table 2: The programme types with respect to their allotted airtime per week

Programme	ATV			DTV		
	Air time(hr)	%	Rank	Air time(hrs)	%	Rank
News	49.30	39%	2	58.30	46%	1
Entertainment	65	52%	1	42.30	34%	2
Health	2.30	2%	4	2.30	2%	4
Educational	8	6%	3	22.30	18%	3
Religious	1	1%	5	-	-	-
Total	126	100%	-	126	100%	-

The degree of importance the respective TV stations attached to their programmes on the TV broadcasting schedules is indicated by the rank given (Table 2). The ranks ranged from 1 being most important to 5 being least important. The rank as allocated by the respondents was taken to reflect the overall objective of the station.

It was observed that ATV station had allotted more time (52%) to entertainment programmes than to all other programmes. This was followed by News (39%), educational (6%), health (2%), and religious programmes (1%). On the other hand, DTV station had allotted more time to news (46%) followed closely by entertainments (34%). The time allotted to advertisements and announcements on both TV

Health programmes on ATV (Table 3) included "Your health" which dealt with health care and disease prevention measures particularly HIV/AIDS information. The programme was intended for the general public. "The Youth" dealt with health and other educational information on youths and their activities; "Social Values" dealt with health and other cultural information and traditional values; and "Women" programme dealt with health and other issues concerning women such as women economic development activities. The programmes were aired for half an hour each from Monday to Wednesday. Out of the four health programmes aired by ATV, the majority of respondents indicated "Your health" as their most preferred health programme. The "Women"

programme appeared to be less popular and was least preferred by the respondents (8%) and scored the lowest rank.

Health programmes on DTV included "AIDS and society", "Our society", "Know your health", and "Focus on youth". The DTV health programmes were aired for half an hour each from Thursday to Sunday. However, "AIDS and society" was aired for an hour on Sunday evening. The majority of the respondents (50%) preferred most the "Know your health" programme (Table 4), which, like a similar programme on ATV, covered various health issues that concerns a bigger group of the population. The "Know your health" was followed by the "AIDS and society programme", which had 28% preference score. This was followed by "Focus on youth" programme with 16% preference and "Our society" which had 6% preference. The preference attached to the programmes could be taken as an indication of the usefulness of respective programme to the viewers.

programmes by chance and 11% knew the existence of the programmes from members of their families.

The respondents were asked to give their opinions on whether they understood the health programmes from both ATV and DTV. Sixty-eight percent of the respondents thought the health programmes were clear and they understood them well whereas 16% reported to understand the programmes very well. Ten percent, reported to slightly understand the health programmes while 6% of the respondents did not understand them at all.

Respondents were asked to state how frequently they watched health programmes. Fifty-five percent watched the health programmes occasionally because of their busy schedules. Twenty two percent preferred to watch health programmes most of the time when they are aired, whereas 5% watched health programmes all the time they are aired and 18% were not watching health programmes at all. It was evident that only a few people watched health programmes on a regular basis.

Table 3: Health programmes on ATV, number of respondents per programme and their preferences

Age group	Health	Youth	Social values	Women	Total
10-20	0	3	1	1	5
21-25	0	2	1	2	5
26-30	6	3	3	0	12
31-40	5	0	3	1	9
41-55	4	0	3	0	7
Total	15	8	11	4	38
Per cent	40%	22%	30%	8%	100%
Ranks	1	3	2	4	

Table 4: Health programmes on DTV, number of respondents per programme and their preferences

Age group	AIDS and society	Our society	Know your health	Focus on youth	Total
10-20	-	-	-	2	2
21-25	2	1	4	3	10
26-30	3	-	5	2	10
31-40	4	2	6	-	12
41-55	3	-	7	-	10
Total	12	3	22	7	44
Percent	28%	6%	50%	16%	100%
Ranks	2	4	1	3	

The respondents were assessed on how they became aware of the existence of the health programmes. Most respondents (52%) knowledge was attributed to advertisements on television and newspapers. However, 20% of the respondents became aware of the programmes through their friend(s). Seventeen percent of respondents knew the existence of the

The respondents were also asked to indicate whether they were satisfied with the health programmes schedules and contents that were aired. Fifty-nine percent of the respondents were satisfied while 41% were not satisfied. The reasons given for not being satisfied included: lack of well organized programmes, programmes were not aired consistently

and most of the time programmes were on air at times when adult family members were not at home or were having family routines to take care of. This was true mostly with ATV health programmes. They also mentioned repetition of the information already known which made the programmes boring. Other respondents thought the programmes were shallow and narrow in scope and coverage. The absence of promotion of the health programmes particularly for ATV programmes, and absence of local programmes reflecting the real life situations in the society were mentioned as areas requiring improvement. In addition they mentioned time allotted to health programmes being too short for the TV presenter to explain the health issues in detail.

Forty-eight percent of the respondents indicated that both TV stations met their health information needs, while 52% respondents indicated that both TV stations did not meet their health information needs. Respondents suggested for TV stations to have some live programmes where viewers would be allowed to make telephone calls to ask questions or air their views while the programmes are on to allow the identification of the information needs of the audience. The respondents were presented with other ways used in disseminating health information, and were required to mention the ones they used apart from TV broadcasts. It was clear that many people preferred newspapers (83%) to other ways of getting health information. This was followed by radio (77%) and libraries and information centres (41%). The seminars and workshops took the fourth position with 31% preference, followed by health community workers with (15%). Others that were mentioned included Internet (14%), friend(s) (10%), schools (6%) health facilities (4%), and church (3%). Teleconference, posters, and theatres were also mentioned to be the least ways used by the respondents.

The few health programmes that were available had a high viewership being watched at different levels by the majority of the respondents. In addition, the programmes were reported as useful and had an impact on the viewers by even influencing change of behaviour for some of the people. Two programmes in particular were most useful and preferred by the viewers. These included "Know your health" aired by DTV and "Your health" by ATV.

The ATV sponsored some of its health programmes while DTV sponsored all of its health programmes. Some of the financiers of ATV health programmes included Tanzania Health Project (THP) and AIDS Prevention Network. Both ATV and DTV health information programmes targeted the general public with exceptions of the Youth and the Women programmes in ATV and the Focus on Youth programme in DTV that targeted in particular youths and women viewers. Seventy two percent of respondents for ATV and 84% of respondents for DTV

viewers indicated to have changed their behaviour following watching the health programmes.

The TV stations did not have any formal means to cater for the feedback process. Instead, both TV stations claimed to be receiving some form of feedback through audience's postal mail and telephone calls. Telephone calls were either before and after the health programme broadcasts or within the health programme during the few times they air live programmes.

Discussion

These findings are clear evidence that TV is among the major sources of health education in urban settings in Tanzania. Others included newspapers, radio and libraries or information centres. It is surprising that health facilities that regularly conduct health sessions were among the least preferred ways of getting health information. This observation may be a reflection of the unpopularity of the health sessions conducted to the patients who are obliged to attend them before presenting their medical problems for attention. The unpopularity of the sessions however is not surprising because in most cases the patients are as expected, pre-occupied by getting attention for their illnesses rather than first getting health information. Although Internet and teleconference were mentioned, and could be effective ways of disseminating health information, the technology is still new to the greater majority and even in urban areas it is being used by only a few among the educated minority. Moreover the service centres are still unequally distributed and very few compared to the urban population.

The study reveals that TV broadcasting in Tanzania although recent is one of the rapidly growing media that could be effectively used in disseminating health information at least in urban areas where the majority of TV broadcasting reaches. However, there were several factors that limit the dissemination of health information through TV broadcasts in Tanzania. These include; financial constraints making TV stations to have limited programmes, bureaucracy and institutional policies in getting the programmes; cultural norms which necessitate evaluations and sometimes censoring of the programmes for those that may not be culturally acceptable; slow rural electrification that limit broadcasting to mostly urban areas, and inadequate feedback from viewers.

Notwithstanding the above findings, it was also noted that health programmes like other educational programmes were allocated an average rank of importance to the respondents. In addition it was also revealed that the available health programmes did not meet the health information needs of the audience. The present health programmes were made without involving the audience as a process of determining the information needs of the viewers. Some respondents put forward a few suggestions regarding

timing, content and scope of the programmes in order to improve their usefulness. Then this led to the conclusion that TV give people on what they want more than what they need in the essence that it broadcasts health information without identifying health information needs of the audience. This is contrary to what is usually advocated (Katunzi, 1995). Therefore, if TV uses this potential by focusing health programmes around the real health information needs of the people, by respecting their diversity and accepting them and not apparent viewers, but as active partners, then it will be able to serve the Tanzanians' people more effectively.

Television broadcasting coverage and TV set ownership is increasing rapidly in Tanzania, and these findings confirm the usefulness and capability of the TV broadcast in health information communication. However, government policy on TV broadcasts is needed so that TV stations can be allowed to operate when they have a particular broadcasting field, with identified gap they are going to fill. Unfortunately, what is apparent today is that all the TV stations rush in for entertainment and news, with the result that the TV owners make money through commercials, thus leaving many needful pertinent health issues that would be served not catered for. The policy should also address the duplication of services by guiding rationing of TV broadcasts based not only on the commercial interests of the owners, but also on broader national health improvement interests. The government should also extend the TV coverage in order to ensure nation-wide reception of the health programmes. Currently, only government owned TV stations are allowed to broadcast throughout the entire country while private TV and radio stations are not allowed to broadcast to more than 25% of the country or five geographical regions.

TV stations should also take the advantage of the apparent popularity to blend or mix health issues into other TV programmes in order to ensure the sustainability of health programmes as many TV stations are competing to win viewers and increase their incomes through advertisements, entertainment and news. Therefore, TV can present the pertinent health issues together with the live entertainment programmes which will still ensure their commercial gains. The great potential of TV station should be geared into providing updated informative, inspirational, well-researched, well-concentrated (more clear health information in less expended time) health contents, in order to meet health information needs of the targeted population.

Health education programmes should also be allotted more time consistently aired and properly scheduled at hours convenient to viewers. This would

ensure that health information is disseminated to the right audience at the right time. Moreover, the health workers together with the audience should be well educated in order to support the openness of various sensitive health issues (i.e. Sexually Transmitted Infections (STIs) and HIV/AIDS issues) when they are disseminated. The study found out that many health workers are not comfortable to broadcast these issues while the audience complains that the disseminated health information concerning STIs and HIV/AIDS go beyond their cultural norms and traditions. In addition, further researches should be done to gain in-depth knowledge of different aspects of TV viewership in the country and on how to realize the full potential of TV as a medium for disseminating health information in Tanzania

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