APPLICATION OF PUBLIC RELATIONS TOOLS IN ENHANCING HEALTH CARE DELIVERY IN SELECTED SOUTH- EASTERN STATES OF NIGERIA (2000 – 2010)

BY

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DEPARTMENT OF MARKETING
FACULTY OF BUSINESS ADMINISTRATION
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ENUGU CAMPUS

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DECLARATION

I, Onyiaji, Judith Chiaka, a postgraduate student in the Department of Marketing, Faculty of Business Administration, University of Nigeria, with Registration No: PG/Ph.D/08/47604, hereby declare that this work is original and has not been submitted in part or full for the award of Degree of this or any other University.

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(Supervisor)

APPROVAL PAGE

This thesis has been duly read and approved in partial fulfillment of the requirement for the award of Doctorate Degree in Marketing (Public Relations) in the Department of Marketing, Faculty of Business Administration, University of Nigeria, Enugu Campus.

……..... **DATE……**

PROF. J.O. NNABUKO

SUPERVISOR

……..... **DATE……**

DR. A. E EHIKWE
(HOD)

DEDICATION

To Almighty God
the One in charge
the Great Ocean Divider
the Ruler of the Affairs of men
the Source of my confidence and knowledge
the Final Judge whose judgment no one can appeal
Everlasting King, the only one who knows the beginning
and end of everything!

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I am also greatly indebted to all my academic colleagues who helped in either supplying the necessary data and materials for this research or in peer-reviewing the work. Without them the preparation of this work would not have been possible, especially Mr. Ben. Odigbo.

To my beloved hubby, Engr. Sam Onyiaji and son, Neto, for all their matchless support and encouragement that gives essence to my life.

Above all I say, Glory to God in the highest for his mercies and provisions.

TABLE OF CONTENTS

Abstract

Over the years, public health care delivery programmes in Nigeria have been beset by one problem or the other. These include sometimes public apathy towards such health initiatives. The case of the cold murder of nine nurses on routine immunisation exercise in Kano State early this year is still fresh in our minds. Hence, the motivation for this study which is a critical appraisal of the application of Public Relations tools in enhancing health care delivery in selected South-Eastern States of Nigeria. The main objective of the study was to examine how the application of public relations tools can help health care delivery in the south eastern states of Nigeria. The specific objectives were to ascertain the extent public relations information disseminating tools were used in the execution of health care programs in South East, Nigeria; the relationship between use of public relations research tools and successful health care delivery programs; the significance of public relations inter-personal communication tools of counselling and health-talks and the potency of public relations socio-cultural tools of town criers, village meetings and cultural ceremonies for successful health care information dissemination in the area. The study adopted survey research design. The population comprised PROs/communication officers and select healthcare beneficiaries in Anambra State, Ebonyi State and Enugu State. A sample size of 400 was determined using Taro Yamane statistical formula. Kumarôs proportional allocation technique was employed in the distribution to the chosen states. Data collection was by questionnaire and interview. Cronbach Alpha was used for the reliability test and a value of 0.75 obtained. The hypotheses were statistically tested with Chi-square (X^2) and Spearman correlation co-efficient (rs). Results obtained indicated that: Public relations information dissemination tools were not significantly used in the execution of health care programs in South-East, Nigeria. The relationship between use of public relations research tools and successful health care delivery programs in South East Nigeria were highly significant. Public relations inter-personal communication tools of counseling and health-talks were significant for successful health care delivery programs in the South East of Nigeria. Public relations socio-cultural tools of town criers, village meetings and cultural ceremonies were significantly potent for successful health care information dissemination in South East Nigeria. Thus, we recommended that: Public relations information disseminating tools/strategies, more public relations experts, better public relations funding and more public relations research should be made a priority in the public health care programs and campaigns in Nigeria, in order to enhance public awareness, acceptance and cooperation for such programmes.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The fact that there are lots of problems bedeviling the Nigeria Health Care Delivery system is not debatable. The debate, however, would rather be on the singular most important change that needs to be effected within the system, given the current trend in the system to bring about improvement. Health care delivery in Nigeria and most of its federating states have remained comatosed despite the efforts governments and individuals have made toward global best practices in the health sector and the huge sums of money sunk therein on yearly basis. Throughout the world, as Lucas and Gilles (2003:283) posit, the health sector is in crisis. They further asserted that with the United Statesô annual spending of 1000ï 3000 US Dollars per head of the population, the developed nations of the world cannot afford to provide universal access to all modern health technologies to their citizenry. Nigeria, though a developing nation, is not isolated from this.

Ogbebulu (2009) noted that the 2003 National Demographic Health survey observed that Nigeriaôs immunisation coverage was put at 13% and that led to some of the reasons why some Nigeria children were dying everyday of preventable illness. He believed that the rate at which women were dying of preventable and avoidable complications of pregnancies across the entire nation was alarming. Nigeria accounts for 10% of the global estimate of maternal death, even though the World Health Organisation assessment puts her population at about only 2% of the world population. Whereas the advances in biomedical sciences have made available many new effective technologies for the prevention, diagnosis and treatment of diseases, adequate healthcare services have remained and may still remain a mirage to many people in the country, particularly the South-east, Nigeria; at least in the foreseeable future.

Highlighting the decadence in the Nigerian health sector, Uduji (2006: 81) writes that about twenty years ago, General Sani Abacha while broadcasting to Nigerians on 31 December 1983, following the General Ibrahim Babangida coup dô etat, told Nigerians that their hospitals had become mere consulting clinics without drugs, water and equipment. He further asserts that at present, there is even nobody to consult again in some areas as many have fatefully taken their healthcare issues in their own hands. In the Ministry of Health (2009: 3), the Nigerian Federal Ministry of Health painted a gory picture of the health situation in the country thus:

> *"The Nigeria health system and the health status of its citizens are In deplorable state. Nigeria's overall health system performance was ranked in the 187th position among the 191 Members States by the World Health Organization in 2000. Health status indicators are worse than the average for sub-Saharan Africa and a source of embarrassment to the government and people of Nigeria".*

The World Health Organization, through the Alma-Ata Declaration in Russia in 1985 recognized health to be a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector. The declaration went further to note that the people have the right and duty to participate individually and collectively in the planning and implementation of their health care. It is based on this that the WHO members believed that governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.

Consequently, in 1981, the member states of WHO (including Nigeria) pledged themselves to an ambitious target to provide health for all by the year 2000, that is attainment of a level of health that will permit all persons to lead a socially and economically productive life. Since the year 2000, up till eleven years afterwards, the situation before which the declaration was made still persists in the Nigerian health sector. Park (2009:9) puts it succinctly:

> *"Only 10 to 20 per cent of the population enjoy ready access to health of any kind. Death claims 60-250 of every 1,000 live births within the first year of life, and life expectancy is 30 per cent lower than in developed countries. Large numbers of people have no access to health care at all, and for many of the rest the care they receive does not answer the problems they have".*

On the other hand, the records of global healthcare delivery systems of the nations of the world as contained in the Encyclopedia of Nations (2005) add credence to Parkôs position, especially about Nigeria thus:

> *"In 2000, 57% of the population had access to safe drinking water and 63% had adequate sanitation. As of 1999, total health care expenditure was estimated at 2.8% of GDP. Despite the receding influence of such endemic diseases as yellow fever, health problems in Nigeria remain acute. Malaria and tuberculosis are the diseases of most frequent incidence, but serious outbreaks of cerebrospinal meningitis still occur in the north. Just under half of all deaths are thought to be among children, who are especially vulnerable to malaria and account for 75% of registered malaria deaths. The prevalence of child malnutrition for children under age five as of 1999 was 46%. Goiter was present in 20% of all school-age children in 1996. Nigeria had the highest number of measles cases reported in 1995 of all African nations (95,915 cases and 12,393 deaths).*
>
> *In 1995, diarrheal diseases claimed 204,400 lives. As of 2000, almost 15% of all Nigerian children did not live to their fifth birthday. Malaria and diarrheal diseases accounted for, respectively, 30% and 20% of childhood mortality. Immunization rates for 1997 for children up to one year old were as follows: tuberculosis, 53%; diphtheria, pertussis, and tetanus, 45%; polio, 45%; and measles, 69%. Only 1% of children were immunized for yellow fever in 1993.*

> *HIV/AIDS has reached epidemic levels in Nigeria. At the end of 2001, the number of people living with HIV/AIDS was estimated at 3.5 million (including 5.8% of the adult population) and deaths from AIDS that year were estimated at 170,000. HIV prevalence in 1999 was 5.1 per 100 adults.*
> *Only 15% of married women used contraceptives in 2000. The fertility rate in 2000 was 5.3 children per woman surviving her childbearing years. The life expectancy for the Nigerian was only 47 years in 2000. As of 2002, the crude birth rate and overall mortality rate were estimated at, respectively, 39.2 and 14.1 per 1,000 people".*

The scenario painted here is as fearful as it is dreadful. Today, a large part of the South-east populace, due to poverty and ignorance have resorted to other forms of unconventional healthcare delivery system apart from the orthodox healthcare, ignorant that adequate healthcare (at least at the primary level) is their constitutional right. Whereas some have died in this ignorance, others have been unnecessarily exploited, or maimed both clinically and psychologically. The World Health Organization (1976), is of the standpoint that the right to health was one of the last to be proclaimed in the Constitutions of most countries of the world. At the international level, Park (2009:8) agrees that the Universal Declaration of Human Rights established a breakthrough in 1948 by stating in Article 25 that everyone has the right to a standard of living adequate for the health and well-being of himself and his family. However, the Preamble to the WHO Constitution equally affirms that it is one of the fundamental rights of every human person to enjoy the highest attainable standard of health. Park further clarifies this right to include the right to health and medical care.

There is a fundamental need in many countries to reach the whole of the population with adequate health care services. The basic purpose of health care delivery, therefore, is to reach every member of the society with health facilities adequately and within affordable cost. Since the large hospitals could no longer deliver healthcare, the rising costs in the maintenance of these hospitals and their failure to deliver the health needs of the communities have led many countries to seek alternative models of health care delivery with a view to provide health care services that are reasonably inexpensive, and have basic essentials required by the rural population. One of such alternatives could be found in the area of public relations.

Public Relations (PR), of all the professions in the world, writes Okoye (1980:285) is the most used, most misunderstood and most unused. To many people, PR is publicity, to some it is giving gifts in expectation of rewards, to some others it is propaganda and the likes, while to yet others, it is advertising and/or marketing. Whereas some of these assumptions seem to be true and could be subsequently used as PR tools, none is entirely PR unto itself. According to Udeze (2010:2), PR is typified by the story of the blind men who went to see an elephant. Each of them described the

elephant to match the part of the body he touched. While none of them was absolutely wrong in their analysis, yet none was wholesomely right.

Black (1989), quoted in Okoro, et al (1999: 2) sees Public Relations as the art and science of achieving harmony with the environment through mutual understanding based on truth and full information. Udeze (2005: 2) asserts that this mutual understanding is very important to both the organization and the members of its publics, if PR is to be effectually effective. However, Broom (2009: 25), looked at the concept as being the management function that establishes and maintains mutually beneficial relationships between an organization and the publics on whom its success or failure depends.

Other professionals and scholars looked at the concept of Public Relations from differing prisms. Newsom, *et al* (2010:2), compactly defined the term Public Relations in a way that it could suitably be adopted for this study as a management function which involves responsibility and responsiveness in policy and information to the best interests of the organization and its publics.

Whereas Public Relations has been identified as a management function, a convergent of all ideas canvassed in the definitions offered so far showcases Public Relations as reputation or image making effort, responsive and responsible interface, two-way communication and education, corporate and social responsibility among many others. This study, although agrees with the definitions of Public Relations as canvassed, but will narrowly adopt Public Relations as a social responsibility function to aid the healthcare delivery services, vis-à-vis investigating its applicative impact in the healthcare delivery in the South-east, Nigeria. According to Newsom, *et al* (2010:10), health maintenance organizations, hospitals, other health care agencies, pharmaceutical companies, medical clinics, health-science centers and nonprofit health agencies all employ public relations professionals. They further posit that the demand in this field is for public relations practitioners who either know or have the educational background to learn about medical science to translate that information accurately for the organizationôs publics. Basically, the Public Relations profession is in high demand in the healthcare sector, especially now that the world is looking away from the normal orthodox medicine for alternatives to medicine. This, however, will create the much sought after paradigm shift in the industry and justify the need for Public Relations in the health sector. Moreso, Public Relations tools in business organizations have moved from mere attempt to maintain public goodwill to social marketing and social responsibility activities where organizations try to give back something to the society from where so much have been taken to sustain their organizations.

Public relations has been used or applied in almost all the facets of human existence. Be it the corporate world, education or health, public relations has a function to perform in the effort to achieve organizational goals, one of which is community relations or corporate social responsibility (CSR). To achieve the desired goals, public relations must be able to communicate organizationsô plans, policies and programmes to their publics, hence communication cannot be divorced from public relations.

Communication and public relations are like Siamese twins that cannot easily be separated one from the other. It, therefore, becomes imperative to ask one pertinent question: what has communication got in common with public relations vis-à-vis health care delivery? The answer is quite obvious. Public relations is a channel of communication and the support from the general public is pivotal for the mobilization and galvanization of healthcare delivery.

Communication has been given various interpretations and meanings by scholars and experts. Dance (1970) in Ndolo (2006:10) sees communication as a process by which we understand others and in turn endeavour to be understood by them. Dance further posits that it is dynamic, constantly changing and shifting in response to the total situation. But Agee et al (1988) quoted in Ndolo looked at the concept from the perspective of an act of transmitting information, ideas, and attitudes from one person to another.

Ndolo and Udeze (2008: 34), believe that communication is part of the building blocks of public relations. Communication, postulates Broom (2009: 211), affects and is affected by the social setting. It manifests as a structural process within evolving systems of related components and activities. Communication transfers information. Communication is initiated when there is information to be shared or passed from one person to another. However, information is marketable product of communication, hence perishable as well. This necessitates the sharing of health information between the PR practitioners and the publics of the health care service providers in order to enhance their health. Lucas *et al* (2003: 286), posit that the public often lacks information that would enable them to make informed judgements about health-care issues. They went further to suggest that this situation arises because health officials do not often present technical information in the language that would inform the lay people nor do they clearly explain the significance of the specific issues. This therefore becomes a burden which public relations should try to alleviate.

Communication and public relations, when adequately managed have the potentials to enhance sharing and dissemination of health related information to all interested parties and individuals

within any given environment. Communication-related resources containing important health information and disseminated through the organized health education media and such others as newsletters, pamphlets and brochures, billboards, special publications among others have being identified as PR avenues that could be used to enhance healthcare delivery. There could still be many others.

The importance of public relations in the healthcare management and administration sub-sector is therefore, to create awareness among the citizenry of the channels that are opened in order to improve their health care and access the services therein, with the objective of making them stay healthy. Persuasive and vigorous PR campaign is therefore necessary to mobilize and educate the populace towards that direction. The application of PR in health care delivery requires the type of structural positioning, which not only facilitates communication, but stimulates interaction among those in charge of hospital administrations, health care givers and the potential patients and indeed clinical patients. This is focus of the new tools to health care delivery system which will slightly take PR away from its application of the conventional PR tools to breaking new grounds to ascertain adequate health care delivery to the people of the South-east zone of Nigeria.

All these cannot be achieved without adequate planning, which is what public relations is all about. Beaton (1974:65) observed that public health is planning, carrying out and evaluation of health measures and systems services that both maintain and improve the health of a population group and prevent and control diseases within that population group, on the other hand. This is, however, the meeting point between public relations and healthcare delivery system in any organized society.

Public healthcare necessitates the application of administrative methods and procedures that are very imperative for carrying out health services. Olewe et al (1996:188) postulate that sound health policy and its implementation is sine-qua-non for achieving efficiency in health administration. They further noted that in most countries, health policies abound but the problems had been how to communicate such to the target groups and implement the policies accordingly. It is in this area of communicating health-related education to the individuals that public relations is seen as a veritable tool for adequate healthcare delivery.

Lack of information as to know what to do, when to do so and how to do it has been the bane of healthcare delivery, especially among the rural poor of the South-east, Nigeria. A well informed people will always be better positioned to access the channels of healthcare delivery at their disposal. This is why information placed within the door-steps of the people will always continue to be a quality tool for effective healthcare delivery. However, the role of the media as the

conventional information dissemination channel need not be over emphasized. However, the need for paradigm shift from the conventional or formal media to the unconventional or informal media of information dissemination suffices. This is where Public Relations comes in as a medium that could impact healthcare delivery in the South-east, Nigeria, which is the gap this study seeks to fill. This entails passing health information through unconventional socio-cultural means in a way that it will not only be public relations oriented but will enhance pubic heath care delivery.

The impoverished people of the region, by the forces of nature and the environmental factors surrounding them, directly or indirectly, lack information that could help mobilize them for efficient healthcare delivery. Even when such information are available, greater per cent of them seem elitist to the rural people who constitute a greater portion of the population. Moreso, such information may not take into cognizance their socio-cultural setting. This is where Public Relations becomes paramount in redressing the situation and filling the missing link. In recognizing this fact, the World Health Organisation (WHO), in 1980 reported a strong relationship between aggregate poor health status, poverty and underdevelopment, which could be alluded to the people of the South-east geo-political zone of Nigeria. Also Akile (1992) and Aluko (1998) quoted in Aluko (2000: 37) recognizes that:

> *"Most often we tend to equate poverty with lack of money or desirable income, while this may be so, there are other substantial variables of poverty apart from income. For instance, we have such as ignorance, illiteracy, inequalities in power/proportion possession as other variants of poverty. Others are unemployment, unequal movement along social structure, inability to procure necessary means of substance and lack of effective resources mobilization, are of equally very important indices of poverty that affect the health of any society".*

The importance of placing the desired information at the domains of the public who will need it cannot be over-emphasized in the contemporary setting. No wonder the Ministry of Health (2009: 3), recognized this importance in its Agenda for Health 2009 and articulated the theme ñTaking health to the people with primary healthcare that worksò, with emphasis on communication and Public Relations management as vital tools for achieving this.

This study, therefore, is an attempt to investigate how effective the application of Public Relations tools have been in the discharge of healthcare delivery in some selected states of the south east Nigeria. The states in focus in the study are Anambra, Ebonyi and Enugu. The findings from the states will form a prism from which to look at the use of Public Relations tools to advance healthcare delivery, not only in the South-east, Nigeria but nationally and beyond.

Consequently, the pertinent questions to ask in this study suffice: how have the three tiers of healthcare delivery system (primary, secondary and tertiary) deployed in the South East, Nigeria, been able to manage communication and PR to enhance quick and easy access to health care delivery? Have these induced behavioural change tilted towards improved healthcare? How then have the health PROs and policy makers, standing on these existing, though demanding platforms, used PR to assist the people to access quality and quantity healthcare in spite of all the prevailing challenges staring them in the face. Has it been effectively impactful? Has it been efficient? Have the people benefitted qualitatively from this application of PR? Can the application of PR in the healthcare delivery system in the South East, Nigeria, further the hope of Nigeria achieving the Millennium Development Goals (MDGs) on healthcare delivery, at least in the region? These constitute the crux of this study.

1.2 Statement of the Problem

General Sani Abachaôs wake-up call to Nigerians on 31 December 1983 invokes a deep thought into what the Nigerian healthcare delivery has been over the years. Where there is health, there is a way but when health collapses, the way could be temporarily or permanently shut out. In the milieu of issues surrounding human existence, especially in the evolving society, the issue of how to get people access quality and quantity health care delivery quickly and easily arises.

On the other hand, one wonders if hospitals, saddled with the onerous task of discharging health care to the citizenry, have any need to give public information to the populace for their improved health care. Can these information, given within the ambit of PR, help the populace access good and quality health care quickly and easily? Apart from disseminating health-related information, the health care givers need to assist the global search for alternatives to orthodox medical care. This seems to be lacking in the South-east zone of the country.

In the zone, the health care delivery system has hinged much on the conventionally established 3-layers structure of health care delivery system; viz: primary, secondary and tertiary. But a closer look at the zone and the health challenges therein shows that the socio-cultural setting of the people could be exploited for enhanced health care delivery. This, of course, could become more successful if inter-laced with the conventional public relations tools or pursued as a complement to public relations. It is the assumption of this researcher that this will enhance access to health information to promote quality healthcare as the conventional health care delivery system has not yielded the desired benefits to the people maximally. Rather, they are on daily basis being bombarded with avalanche of media information, which are elitist and has urban-oriented undertone. This has negated their health status and by extension, their social well-being, thereby

hampering their contributions to national development. A popular maxim says that health is wealth (Sartwell 1973: 633), hence a healthy mind in a healthy body makes for a citizenry that is an asset for national development. To stay healthy, therefore, requires obtaining requisite information and other strategically positioned organizational efforts that could enhance healthcare quality and quantity-wise.

1.3 Objectives of the Study

The main objective of this study is to examine how the application of public relations tools can help healthcare delivery in the South Eastern States of Nigeria (specifically; Anambra, Ebonyi and Enugu States). Other specific objectives include:

1. To ascertain the extent public relations information disseminating tools were used in the execution of health care programs in south East, Nigeria.

2. To ascertain the relationship between use of public relations research tools and successful health care delivery programs in South East, Nigeria.

3. To determine the significance of public relations inter-personal communication tools of counseling and health-talks for successful health care delivery programs in the South East, Nigeria.

4. To determine the potency of public relations socio-cultural tools of town criers, village meetings and cultural ceremonies for successful health care information dissemination in South East, Nigeria.

1.4 Research Questions

The following research questions guided the study:

1. To what extent were health information disseminating tools used in the execution of healthcare programmes in South East, Nigeria?

2. What is the relationship between the use of public relations research tools and successful health care delivery programs in South East, Nigeria?

3. Are public relations inter-personal communication tools of counseling and health-talks significant for successful health care delivery programs in the South East, Nigeria?

4. Are public relations socio-cultural tools of town criers, village meetings and cultural ceremonies significantly potent for successful health care information dissemination in South East, Nigeria?

1.5 Research Hypotheses

Based on the research questions stated above, the researcher proposed the following null hypotheses for tests in the study:

1. Health information disseminating tools were not significantly used in the execution of healthcare programmes in South East, Nigeria.

2. There is no significant relationship between the use of public relations research tools and successful health care delivery programs in South East, Nigeria.

3. Public relations inter-personal communication tools of counseling and health-talks are not significant for successful health care delivery programs in the South East, Nigeria.

4. Public relations socio-cultural tools of town criers, village meetings and cultural ceremonies are not significantly potent for successful health care information dissemination in South East, Nigeria.

1.6 Significance of the Study

The focus of this study is to find out to what extent the application of public relations tools in the healthcare has really impacted on health care delivery in some selected states of the South East, Nigeria. The study will be significant in many areas.

In the first place, the study provided explanations as to the need for public relations in the delivery of healthcare in the South-east, Nigeria. Ignorance has been likened to a disease and also identified as the bane of many deaths recorded in the healthcare delivery system in Nigeria, with particular reference to the south-eastern part of the country. As there are several rural populations and communities in the area, so also are there several traditional beliefs which tend to hinder adequate and proper access to healthcare system. Furthermore, there is prevalent illiteracy which tend to inhibit accurate dissemination of programmed information on health care. Consequently, attempt to reach the people in their own language, using their cultural setting among other PR tools may wet their appetite to seek health care the right way. This study, therefore, will shed some light on why pr could be a vital instrument in helping the rural people of the region access medical care adequately, taking a cue from the area under investigation.

The study will also offer some levels of assistance to stakeholders in the health sector on how to apply pr tools effectively in the management of quality and quantity healthcare delivery, both at national platform and international fora. All efforts to improve the healthcare of the people will come to naught if effective and strategic application of pr is not vigorously or persuasively pursued. Year in, year out policies are rolled out to aid the quick dispensation of health care. But most times, such policies lack direction therefore, could not be implemented at the long run due to full understanding thereof. So, this study will guide stakeholders on how to strategize effectively for adequate healthcare accessibility through the application of the instrument of public relations in the area.

Additionally, the study will be significant in serving as a medium to educating the masses on how to access health care using non-conventional-non-drug administering channels. This is necessary because any information gathered which cannot be disseminated to the appropriate publics becomes useless and all the efforts invested therein a waste. Based on the premise, this study will serve as a medium for educating the masses on how to access quality medical care with less cost implication. Furthermore, it is envisaged that through the body of knowledge obtained in this study, it will serve as a medium to educating healthcare planners and policy makers on how to employ other media of information dissemination and communication to reach the populace who are the major beneficiaries of healthcare delivery. These other channels of information dissemination are vital in the contemporary health care delivery system. This is premised on the fact that they are grassroot-based and people-oriented. They also seem to take into cognizance the socio-cultural background of the target groups.

More specifically, the study will serve as a part-fulfillment of the requirement and terminal effort in the pursuant of the award of the Doctor of Philosophy (Ph.D) in Public Relations of the University of Nigeria, Nsukka.

1.7 Scope of the Study

The study will investigate how public relations tools can be applied in the planning and execution of healthcare programmes in South Eastern, Nigeria. Specifically, the study will examine how these tools could be used to enhance the state of health of the people living in the geographical zone. The study will be narrowed to using 5 primary health centres, 3 secondary health institutions and 1 tertiary health facility in each of the three selected states in the zone. The study will also discuss public relations as a new concept in the management of healthcare delivery in the zone.

1.8 Operational Definition of Key Terms

Onyeneho (2011:12) postulates that a good treatment of any subject starts with a definition of the concept so that everybody will understand what the subject of inquiry is all about. Consequently, some vital terms used in the study are given conceptual and operational definitions as follows:

Healthcare delivery system

Healthcare delivery system is intended to deliver health care services. According to Park (2009:802), it constitutes the management sector and involves organizational matters and operates in the context of the socio-economic and political framework of the country. **Operationally**, the concept of healthcare delivery system will be taken in this study to mean all efforts made by health care providers in the South-east, Nigeria to manage or administer health care services to the populace, quantity and quality-wise.

Publics

The concept of publics as elucidated by Uduji (2012: 88), means those groups of people, internally and externally, with whom an organization communicates. Each organization has its own special publics with whom it has to communicate. MacBride *et al* (1980: 195), postulate that the term publics is more than a mathematical total of individuals. In their view, it is a collectivity which exists because individuals share certain experiences, memories, beliefs, traditions and certain conditions of life. This collectivity, however is not a uniform whole, even in quite a small community. Based on the above definitions, the term publics will be **operationalized** in this study to mean the people living in the rural and urban communities and health care services providing organizations that exist in the South-east geo-political zone of Nigeria.

Media

The concept of the media has been generally described as an organized means of information dissemination to the general public. Ogbuoshi (2011: 161) sees the term as referring to the organs of media used in dissemination of information to the audience of mass media which include the newspapers, magazines, books, radio, television, and public relations among several others. However, the term will be operationally defined in this study to mean all channels of disseminating health education through the use of public relations tools.

States

Aderibigbe (2001:2) describes the concept of a state as a community of persons more or less numerous, permanently occupying a definite portion of territory, independent or nearly so of

external control and possessing organized government to which the great body of inhabitants render habitual obedience. States, as applied in this study will be operationally taken to mean the five states of the South-east geo-political zone of Nigeria, with particular reference to the selected three viz; Anambra, Ebonyi and Enugu States.

Tools

According to Wikipedia (2011), a tool is any physical item that can be used to achieve a goal, especially if the item is not consumed in the process. Informally, the concept is also used to describe a procedure or process with a specific purpose.

Tools that are used in particular fields or activities may have different designations such as "instrument", "utensil", "implement", "machine", or "apparatus". The set of tools needed to achieve a goal is "equipment". The knowledge of constructing, obtaining and using tools is technology. In this study, therefore, tools will be **operationalized** to mean the various procedures or tools of public relations that are used to enhance healthcare delivery in the South Eastern Nigeria.

Healthcare Receivers (Masses)

Healthcare receivers are the masses who access the healthcare programmes of the public health facilities in the study area. They constitute the external respondents of the study who are not under the employment of the hospital facilities in the study area. These external respondents also live within the geographical area of the study.

PROs / Communication Officers

Healthcare delivery PROs constitute the internal respondents of this study. They are the members of staff or employees of the hospital facilities in the study area whose views will be sought through the questionnaire designed for this study.

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CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This study is targeted at investigating the application of public relations tools in enhancing health care delivery in selected states of the south-east, Nigeria. Specifically, the study zeroed in on three states of the Nigerian geographical zone namely; Anambra, Ebonyi and Enugu States. To accomplish this task, the review of relevant literature cut across published books, academic journals, health reports, seminar/workshop papers, website surfing and other channels of empirical information deemed fit for the topic and the study.

2.2 Theoretical Framework

Many aversions for the concept of theory may abound, yet it is very important in guiding practical action or in the understanding and control of an empirical or experimental situations. Theories stand to give a clear meaningful understanding to a concept or phenomenon. Best (2006:37), sees a theory as an idea or belief about something arrived at through assumption and in some cases a set of facts, proposition, or principles analyzed in their relation to one another and used especially in science to explain phenomena. On the other hand, Asika (2006: 9), offers a definitive explanation of the concept thus:

> *"A theory consists of constructs or concepts, definitions and Propositions (hypotheses) and all these are put together to present a systematic view of phenomenon, specify relationships between the concepts and constructs or variables of the phenomenon and explain and possibly predict the phenomenon".*

Wartofsky, quoted in Asika (2006: 9), describes theory as a higher level law because apart from being a statement of invariant relationship between variables of a phenomenon, it also explains and predicts the properties of the phenomenon. The goal of any theory is to explain something which has occurred with a view to dealing with problems which arose or may arise as a result. In as much as it helps to understand the past, it offers a predictive meaning to the future. Wartofsky further highlights this, tracing the genealogy of the concept of theory from the level of a hunch or a hypothesis:

> ñ*A theory is an embodiment of all components of scientific thinking….*
> *A hypothesis is a hunch, a guess, a speculative and as yet unconfirmed posit; it is the child playing with alternatives but not yet seriously engage din work. The law is a hypothesis which has attained to citizenship in the republic of science: no longer playful or operating on hunches, it is more serious and having outgrown childish experimentation and imagination, it is busy*

> *working and making a living. The theory is the legislator, judge and executive of the public (of science). Having earned his position through successful performance as a law, the theory now assumes a certain objectivity and detachment, in the reflective wisdom of old age and others look to it for guidance".*

However, Lattimore *et al* (2009: 44), simply defined theory as a prediction of how events and actions are related. Consequently, a poser may be advanced: what is the relationship between public relations and health care delivery? Or taken from another perspective, what do pr applicable tools have as an interface with the enhancement of health care? The meaning of these questions will continue to look vague unless they are theorized accordingly.

In the field of public relations and healthcare delivery, several theories and models abound, thereby giving meaning to practice and study in the areas. On its part, public healthcare delivery parades an array of theories and models that are found to be relevant to this study. These include the Health Belief Model (HBM) advanced by Geoffrey Hochbaum and his work colleagues in the 1950s, Systems-Based Practice (SBP) theory developed by biologist Ludwig von Bertalanffy in the 1930s to simplify world complexity to human mind and make it more understandable and Social Interaction and Conflict Theory propounded by Karl Marx. On the other hand, among the theories of Public Relations relevant to this study are the Social Judgement Theory, the Dialogic Public Relations Theory of Martin Buber and the Two-way Asymmetrical and Symmetrical Models.

Among all these theories, however, the dialogue public relations theory is found to be a more relevant theory to this study. The theory is rooted in a variety of disciplines: philosophy, rhetoric, psychology, and relational communication. Philosophers and rhetoricians have long considered dialogue as one of the most ethical forms of communication and as one of the central means of separating truth from falsehood. Theologian Martin Buber is considered by most to be the father of the modern concept of dialogue. Buber suggested that dialogue involves an effort to recognize the value of the other- to see him/her as an end and not merely as a means to achieving a desired goal. Buber suggested that individuals should view others not as objects and as such his work is based on reciprocity, mutuality, involvement, and openness.

The field of relational communication also has considered at length the concept of dialogue as a framework for thinking about ethical and fulfilling relationships. Johannesen (1990: 64), drawing on several intellectual traditions, identified five characteristics of dialogue: genuine, accurate empathetic understanding, unconditional positive regard, presentness, spirit of mutual equality, and a supportive psychological climate. Stewart focused on relationship building and argued that it can lead to a reconceptualization of the phenomenon which is variously labeled relationship. In public

relations, dialogue sometimes is described as communicating about issues with publics. As Grunig and White (1992: 5) suggest, public relations might, for example, set up a dialogue between tobacco companies, smokers, and antismoking groups. However, at other times, dialogue is equated with debate, or what Heath calls rhetorical dialogue. According to Heath (2000: 61), dialogue consists of statement and counterstatement. Evident in this conception of dialogue is the advocacy function of organizational communication in the public policy process.

The concept of dialogue as a feature of ethical/moral communication predates the concept of symmetrical communication by decades. However, what exactly is meant by dialogue is unclear from much of the scholarship on two-way symmetrical public relations. Because of the recent shift to a relational approach to public relations theory development, it is now necessary to more fully understand the many aspects of dialogue and ensure that we all understand the implicit and explicit assumptions of dialogic communication. Botan (1997: 192), suggested that dialogue manifests itself more as a stance, orientation, or bearing in communication rather than as a specific method, technique, or format. Kent and Taylor (1998: 321). addressed dialogic relationship building on the Internet and argued that dialogue is product rather than processò. They viewed the symmetrical model as a procedural way to listen or solicit feedback.

Although a dialogic approach to public relations cannot be easily operationalized, or reduced to a series of steps, dialogue does consist of several coherent assumptions. An extensive literature review of the concept of dialogue in communication, public relations, philosophy, and psychology reveals five overarching tenets of dialogism. These tenets are the first step toward articulating a public relations theory of dialogue.

Since dialogue involves ñtrust,ò ñriskò and ñvulnerability,ò dialogic participants (and publics) can be manipulated by unscrupulous organizations or publics. In such cases, strategic communication might be more effective at achieving the interests of the organization or the public in question than would a dialogic approach to communication. Beyond the possibility of dialogue being used immorally is the fact that not all interpersonal relationships require dialogic orientations- although many organization-public relationships would benefit from it. As Leichty noted, some public relations work is necessarily reactive. What dialogue does is change the nature of the organizationï public relationship by placing emphasis on the relationship. What dialogue cannot do is make an organization behave morally or force organizations to respond to publics. Organizations must willingly make dialogic commitments to publics. It is in the necessity of this dialogue commitment between the healthcare channels in the South Eastern Nigeria and the people living in the zone that the crux of this study lies. This dialogue as an orientation includes five features: mutuality, or the

recognition of organization- public relationships; propinquity, or the temporality and spontaneity of interactions with publics; empathy, or the supportiveness and confirmation of public goals and interests; risk, or the willingness to interact with individuals and publics on their own terms; and finally, commitment, or the extent to which an organization gives itself over to dialogue, interpretation, and understanding in its interactions with publics. These tenets encompass the implicit and explicit assumptions that underlie the concept of dialogue. Moreso, because the concept of dialogue as a feature of ethical/moral communication predates the concept of symmetrical communication, this theory becomes paramount in addressing the base of this study. Further more, because the essence of adopting a re-orientated value for health which is sought for the rural people of the South eastern, Nigeria through advocacy campaigns and dialogue, this theory cannot be easily wished away in this study.

2.2.1 Public Relations Conceptualized

The concept of public relations has been variously defined by professional and scholars alike. In the words of Nwosu (1996:4), whereas some have viewed it from sensical point of view, some others had defined it from a non-sensical perspective. No wonder, those who viewed and defined it from a non-sensical point of view term the profession to be an all-comersô affair. According to Nwosu (1996: 5) public relations experts are of the view that there are more than 600 recorded definitions of public relations advanced so far in the history of the profession.

Ivy Lee and Edward Louis Bernays in 1924 established the first definition of public relations as a management function, which tabulates public attitudes, defines the policies, procedures, and interests of an organization, followed by executing a program of action to earn public understanding and acceptance. In August 1978, the World Assembly of Public Relations Associations defined it as the art and social science of analyzing trends, predicting their consequences, counseling organizational leaders, and implementing planned programs of action, which will serve both the organization and its public interest. The Public Relations Society of America (PRSA) further defined public relations in 1982 from the functional point of view, holding that public relations helps an organization and its publics adapt mutually to each other. Between 2011 and 2012, the PRSA developed the latest crowd-sourced definition of the concept as a strategic communication process that builds mutually beneficial relationships between organizations and their publics. Public relations, when aligned with the need for health communication can also be defined simply as the practice of enhancing communication between an organization and its publics.

Further to the avalanche of definitions advanced above, one of the pioneer writers in the field of PR, Sam Black quoted in Okoro, Udeze and Agbo (1999:2) sees the concept as the art and science of achieving harmony with the environment through mutual understanding based on truth and full information. Grunig and Hunt (1984:4), however, simply defined the concept as the management of communication between an organization and its publics. Newson (2010:2) believes that PR involves research into all stakeholders: receiving information from them, advising management of their attitudes and responses, helping to set policies that demonstrate responsible action to them and constantly evaluating the effectiveness of all public relations programmes. This role embraces all activities connected with ascertaining and influencing the opinions of a group of people. Public relations, most times, is tied to image or reputation management, hence many people tend to align it with managerial roles. Consequent upon this, the British Institute of Public Relations (IPR) says that public relations is about reputation- the result of what you do, what you say and what others say about you. They further assert that public relations practice is the discipline which looks after reputation with the aim of earning understanding and support, and influencing opinion and behavior.

Lattimore *et al* (2009:4) looked at the concept of public relations from management and leadership functions. Consequently, they advanced that public relations is a leadership and management function that helps achieve organizational objective, define philosophy and facilitate organizational change.

The power of a well-defined public relations programme, writes Uduji (2012:1) should be able to solve some societal and organization problems. This is so because public relations can be regarded as a powerful instrument for the reconstructions, transformation of industrial, technological, educational, clinical and socio-economic development. This necessitated a convention of public relations professionals and associations in Mexico City in 1978 to fashion out a definition which they had thought would have universal acceptance and application, and further offer professional explanation. A definition that arose out of this convention, described as statement of Mexico saw PR as the art and science of analyzing trends, predicting their consequences, counseling organizationôs leadership and implementing planned programmes of action which will serve both as organizationôs and the publicôs interest. The institution further believes that it is a deliberate, planned and sustained effort to establish and maintain mutual understanding between an organization and its public.

From all the above definitions advanced, it could be deduced that public relations practice, any where it is practiced involves the followings:

- anticipating, analyzing and interpreting public opinion, attitudes, future trends and issues which might be relevant to any section of a corporate organization;
- counseling management in all the departments within the organization;
- establishing and maintaining two-way communication between the organization and its various publics in order to win co-operation;
- reputation management to enable an organization maintain respect and quality image before its public;
- communicating with the internal and external publics on the policies of the organization and the needs of the publics associated with it.

Because health delivery involves planning, research, prediction and evaluation of trends to enable the publics of the health care providers remain healthy vis-à-vis having quality information communicated to them timely, this study adopted the definition of PR as advanced through the Statement of Mexico as the operational definition therein. In the context of this study, therefore, public relations will be seen from the perspective of enhancing health care delivery in Nigeria, and the South east geo-political zone in its specialty. The import of this will be to investigate the extent the application of public relations has helped in the promoting health care delivery in the area.

2.2.2 Functions of Public Relations

The functions of public relations in the contemporary business world are multifarious. However, the level of functions it performs in any organization, to a large extent depends on the size of the organization and the management perception of the practice. Notwithstanding, according to Nwosu (1996:5) and Okafor (2006: 49) the conventional roles of pr will inexhaustively include:

- **The research function**- collecting, collating and analyzing data that could be relevant in accomplishing organizational tasks and objectives;
- **Information and communication function**- serving as information and communication bridge between an organization and its various internal and external publics;
- **Organization and management of special events and programmes**- organizing and enhancing special occasions and events like beauty contests, end of year party, press conferences, anniversaries, promotion of company products, social mobilization and public education/awareness;
- **Advisory or counseling function**- advising management on the importance of such issues as good performance, sensitivity to public interest and related matters;
- **The protocol function**- This includes planning and management of engagements, receiving visitors, community visits, courtesy calls, sitting arrangements in events, etc;

- **Community relations**- This ensures that the organization and its staff relate well with the community in which the organization exists;
- **Corporate social responsibility**- This ensures that the organization functions and is seen to be responsible and responsive corporate citizen. This includes the involvement of the organization in such things as environmental protection campaigns, scholarship awards to students with outstanding academic records or indigent children, contributing to rural and national development;
- **The marketing support function**- This entails helping the organization ensure effective customer relations and understanding, thereby helping to promote sales as a marketing tool;
- **The employee relation function**- This amounts to the pr practitioner in the organization ensuring that there is a cordial relationship between the employee and management. This is a two-way flow of communication which enhances industrial harmony through proper management.
- **The financial relations function**- Public Relations helps to ensure healthy shareholder relations, financial information, management, legal and stock exchange information management, financial advisory function, etc; and
- **Corporate strategy and policy formulation, corporate image and** sustenance-This includes media relations and liaison, organizing special events like the Annual General Meetings (AGMs), plant visits, etc. In this function, practitioners are regarded as event marketers and image making PROs.

In the health care delivery system, some of these functions are very practicable in private hospitals but will meet brick walls in attempt to integrate them into hospital management in the public sector health care. The reason for this is quite obvious. While the private hospitals are competition-prone in the delivery of their services, the public sector health practitioners may see their services as being very essential for which they are remunerated accordingly whether there were patients or not. No wonder Abodunrin *et al* (2010) in their study carried out in Ilorin, Kwara State pointed in their findings that:

> *"The preferred and usual choice of health facility as first point of call for medical care was private hospital (35.2%) followed by pharmaceutical or patent medicine store (27.9%). About 12.3% of respondents preferred to go to Basic Health Centers while only 7.6% said they did not have any preference but will attend any hospital convenient for them at any time. However, among those that indicated preference for medical store and basic health center, 32% said they would change their mind if they felt the illness was severe in which case they would choose teaching hospital or private hospital for their care. Another 76% of the respondents reported that they can only utilize Primary Health Centres for immunizations and not for delivery or treatment".*

2.3 Types of Public Relations Set-up

The types or levels of public relations set-up that are prevalent in the industry are tied to the size and management decisions in each corporate organization. The set-up, however, largely depends on the size of the organization and its financial base on one hand and the type of services provided by the organization on the other. While small organizations may not care for well-established departments of public relations, large organizations that are losing grip of their publics need on. In doing this, Okoro *et al* (1999: 29) identified the following procedures should be considered:

a. **Secondary Responsibility**

Where the size of an organization is small and its finance so low but has the interest of organizing public relations activities, another department may take up such responsibility. The personnel department looks very suitable to take up such responsibility as a secondary function until the organization has increased to the size of maintaining a full-fledge public relations department.

b. One-man Public Relations Department

Apart from delegating the human resources department to take up the public relations activities, a small organization may set-up a one-man public relations department. The activities of the public relations manager, according to Okoro et al (1999:30), vary widely accordingly to the size of the organization.

c. Policy Group

In some organizations, heads of principal departments are appointed to policy group to determine public relations policies and ensure effective co-ordination of the programmes.

d. De-centralized Public Relations Department

Some organizations decentralize public relations activities into smaller subsidiary companies. This is most prevalent in large corporate organizations. The difficulty and lack of effectiveness in PR activities from one central PR manager makes room for a decentralized public relations department.

However, Okoro et al (1999: 30) further classify public relations set-up in organizations into two main types. According to them, these include in-house public relations and consultancy public relations.

e. In-House Public Relations

At times, organizations and corporations may decide to establish a full-fledged public relations department with well trained personnel. The personnel will be responsible to the public relations manager handling research and various other public relations functions. Reasons abound why in-house public relations could be considered. These include that it is on the long run, cheaper since the staff are also part of the organizationôs staff, earning salaries like any other employee. The staff of the department are familiar with the internal operations and problems of the organization. The in-house public relations influences the policies of the organization better than outside consultancy.

f. Consultancy Public Relations Set-up

An organization can employ the services of an outside consultancy firm to enable it meet up with their public relations needs. This is most common with small organization with a lean financial base or resources. With increased publics of the organization and enlarged financial status, a full public relations department becomes imperative. The reasons why consultancy public relations set-up could be established include the fact that a consulting firm has more expertise personnel than in-house public relations. It is on the short run cheaper to engage consultancy since they are used only when the need arises. A consultancy firm is equally more objective in its counseling since it will not be influence by any bias as the insider would.

However, whether in-house or consultancy set-up, several factors run common between them despite the nature of activities carried out by each. Black (1989:28) enumerated such areas of commonality to include:

- Good organization which enhances the best use of available staff and facilities;
- Flexibility in projects handling to ensure uninterrupted continuity due to one staff illness or vacations.
- Reliability and efficiency of staff cannot be compromised in order to to attain the overall PR goals.

2.4 Public Relations Tools

There are several tools that could be engaged to achieve public relations aims and objectives. The public relations practitioner uses these tools whenever possible to enhance the organizationôs public relations activities such as press conferences, anniversaries, crisis situations, exhibitions, special events among many others. Depending on the situation or purpose of engaging public relations in

the organization, one or more tools could be adopted. Okafor (2006:28) and Abugu (2010:143) identified the tools of public relations to include advertising, public opinion, propaganda, special events, periodicals, film and effective communication.

2.4.1 Advertisement

Advertisement is described as a form of effective media communication about products, services or ideas, paid for by an identified sponsor(s). Whetmore (1985), in Okpoko (2008:1), sees advertising as a sales message which is directed towards a specific audience and seeks to sell goods and services and the promotion of ideas through the media by a paid sponsor. Moemeka (1983:5) noted that advertising means messages published in newspapers, billboards, radio, television and cinema for the sales of products and services. It could also entail the processes of marketing an institution with the purpose of creating awareness for the institution, thereby attracting public patronage or swaying the mind of the target audience to look in the direction of the object.

Advertising has several functions it performs in an organization. Okpoko (2008:18) chronicles some of such functions as:

- It promotes cost effectiveness in operation;
- It provides useful information on products, events and services;
- It promotes the quality of goods;
- It encourages healthy competition and growth;
- It promotes the development of new products and services;
- It influences general management towards result and profit orientation thereby creating jobs and business opportunities; and
- It provides subtle entertainment which educates easily while achieving its main target to sell.

Although advertising has been variously criticized as being used in selling injurious products and services, as a part and parcel of capitalist system, helping to increase the price of commodities, being a mind control and gauge and several other criticisms, yet advertising has contributed in creating awareness of the public healthcare delivery channels in the South Eastern Nigeria. Not only that, it has enhanced patronage of the public hospitals as the Governors of the South Eastern States had at one time or the other declared free health care for some categories of the members of the public. It has also increase public awareness of the facilities available in the hospitals, thereby giving appropriate direction to the members of the public on where to go for medical care.

2.4.2 Public opinion

Public opinion is seen as the aggregate the views or consensus of a group of people over a particular issue of public concern. Ogbuoshi (2011:180) defined it as an aggregate of the individual

views, attitudes and beliefs about a particular topic, expressed by a significant proportion of a community. Several scholars have emphasized that public opinion is a process of interaction and mutual influence rather than a state of broad agreement. Public opinion, however, can be positive or negative over time.

Ogbuoshi, further highlights some of the factors that influence public opinion to include environmental factors, the mass media, interest groups, opinion leaders and other complex influences. These factors have a way to directly or indirectly influence the people of the South East, Nigeria in their choice to access healthcare delivery through the public channels of healthcare delivery system. The opinion of the people, especially the rural publics can easily be sway by the opinion leaders who at times may be acting on ignorance or misinformation.

2.4.3 Special events

Okoro et al (1999:12), are of the opinion that the objective of special events is to inform publics of the aims, policies and activities of the organization as well as to gain goodwill of the press, government and other publics. Special events may include anniversaries, conferences, award nights, and other seemingly social activities as features of organizationsô public relations programmes.

Newsom et al (2010: 265), recognize the importance of special events as a tool for achieving public relations objectives that they noted nine advisory steps that must be taken into consideration. According to them, these steps include:

- Start planning early;
- Make a blueprint and a timetable;
- Form many committees as deemed feasible;
- Use professionals wherever possible;
- Provide special attractions to ensure attendance and to make the event memorable;
- Provide giveaways and souvenirs;
- Arrange for parking of vehicles to ensure free flow of traffic;
- publicize the event well in advance; and
- Thank everyone when the event is over.

Although some of the steps may not be seen to be too necessary for the healthcare delivery channels, but the fact remains that there are some of the special events which are not organized by the local communities which the care givers can exploit.

2.4.4 Periodicals

Sometimes called company magazines, house journals or industrial publications are used by corporations and non-profit making organizations in communicating with employees and other organizational publics. Okafor (2006:309) described periodicals as the numerous kinds of company publications such as in-house journals, company bulletins, company organs among many others. These are used to disseminate messages from the source to the receiver with a delayed feedback mechanism. She went further to identify 3 types of periodicals which exist for the internal, external and combined publics. Although periodicals may be narrowly looked at as an affair of the organization for its internal staff members, it has been proved to a good medium to inform the external public of the events happening within the organization, thereby offering quality information that could elicit the external publicôs decision in the right direction, especially in the health sector.

2.4.5 Communication

There cannot be success in the inter-play between health care delivery and the application of public relations tools in the absence of effective communication. It is the process of information or message dissemination which elicits a desired feedback through dialogue, face-to-face interaction or group discussions. It creates room for understanding between the organization and its public, thereby enhancing cordial relationship. Benson-Eluwa (1999:55), sees effective communication as part of a total picture in public relations. According to her, it takes place not only through words, but also by attitudes and actions, covering all aspects of human behavior.

Coulson-Thomas (1979) noted that because of the advent of modern technology, the speed with which channels of communication are identified and the effectiveness with which they are used depend largely upon the thoroughness of examination of the information, interest and needs of the publics. He further observes that once the channel and the people are linked, the channel selection components of the systematic approach to the public relations problem become a matter of tailoring the use of the appropriate channels to the objectives of particular communication.

Public relations, especially in the contemporary age cannot be actualized in the absence of these prevalent tools. They do not only give the practitioner the confidence to practice the profession, they also enhance quality practice and easy packaging of PR messages. For the PR practitioner in the health sector, these tools are indispensable; especially special events, film and effective communication.

While he could explore the special events maximally, especially considering that most of the people in his external publics constitute mainly rural illiterates, this tool becomes indispensable, film becomes a good complimentary tool. On the other hand, information dissemination through effective communication is quite another tool that could be maximally utilized in communicating healthcare information. Although some of these tools are quite conventional and acceptable tools of public relations, they cannot be quite effective in mobilizing the rural people for effective health care delivery.

2.5 Healthcare Delivery System in Nigeria: South East in Perspective

Adundu (2007), described health system as an amalgam of various elements, parts or subsystems that are, although interrelated, but interdependent and rely on each otherôs contributions for the attainment of set health objective. The success or failure of one part affects the entire system. She went further to argue that a health system comprises of functionally interrelated components that provide diverse health services to the people through work performed by professional, and non-professional health workers in the community and health facilities.

However, this researcher tend to look at health system as the various functional units and elements within the health sector that interact and interrelate to ensure the efficiency of the health sector. It is important to see the health environment as a sector because the health system holistically considered would involve other sectors as well.

The Nigeria Minister of Health, Professor Onyebuchi Chukwu recently is an interview with *ThisDay* (2012) stated that Nigeriaôs health care delivery system had worked in the past. According to him, there was then adequate staff whose morale was high, equipment was functional and the environment was neat and conducive. He was further of the view that maternal deaths in the Nigeriaôs hospitals were unusual. But the progressive decline started about 25 years ago and is continuing unabated. Everything- equipment, infrastructure, personnel- has gone haywire!

To make an exhaustive assessment of healthcare system in Nigeria, therefore, and going by the view of the minister, Uduji (2006:80), postulates that this will entail having a holistic look at all aspects of activities that will culminate into the delivery of efficient, high quality, accessible and affordable health services to the citizenry. He further asserts that this will involve looking at the equipment and infrastructures, manpower, including the retraining of existing ones and the development of new ones to meet the challenges of modern health care delivery; cost and availability of services; funding of the system and the motivation of the personnel.

Odumosu, et al (2000: 49), are of the view that medical and health practices, as it were, are elitist in nature, especially in the developing countries of the world; reflecting the imperialist nature of the advanced countries. Thus adequate healthcare in Nigeria had indeed been looked at from the elitist point of view, especially by the poor and rural citizenry who cannot afford it. No wonder, large cases of mortality in the nationôs hospitals involve these class of Nigerians because they try to access healthcare too late or not resourcefully equipped to do so.

Today, the goal of modern medicine is no longer merely treatment of sickness. The other and more important goals which have emerged are prevention of disease, promotion of health and improvement of the quality of life of individuals and groups, especially in the developing nations of the world, Nigeria inclusive.

Demographically, by the 2006 population census in Nigeria it was established that about 140 million people were living in the country but recent projected estimate says Nigeria is made up of a population of close to about 152 million people. Ndolo and Udeze (2008: 33) agreed that the years of military dictatorship completely destroyed the social, health, educational and infrastructural fabrics of the nation, thereby exposing the people to harsh health conditions. However, the 2006 national census had a figure of 16,395,545 people living in the South-east, Nigeria with over 70 percent of them living in the rural areas. Poverty, illiteracy (by western standard), lack of social infrastructure and absence of adequate communication that could assist them access good healthcare are endemic in the area, especially in the rural areas. In the geo-political zone, battle for life seems to exist between good healthcare delivery and these extraneous variable, the association between poverty and poor health is a constant finding. According to Lucas *et al* (2003: 285), the poor die young and their diseases, material and perinatal conditions, and nutritional deficiencies; not only are they at higher risk from the diseases of the poor but they also suffer more from the lifestyle health problems that are prominent in affluent communities. Roberts (1996) in Odumusu et al (2000), posit that a woman may not die as a result of postpartum haemorrhage because she is suffering from chronic-under-anaemia but as a result of lack of communication to access healthcare promptly.

The concepts of healthcare and healthcare delivery system cannot be fully explored without first trying an attempt at understanding what health entails. The term óhealthô, like public relations has been viewed from different perspectives, thereby making it one of those terms which most people find it difficult to define, although they are quite confident of what the concepts entail. A cursory look at the many definitions of health offered from time to time will include Berthetôs (1979:23), analysis of what the term portends:

> *"We no longer ought to define health only in terms of sickness, but rather in relation to the harmonious development of every individual personality. After all, it represents a balanced measure of a person's total potential- whether biological, psychological and social; and to the notion of individual health we should add the concepts of family and community health".*

Other scholars and practitioners have made other varied attempts at defining the term. While the Webster Modern Dictionary defines health as the condition of being sound in body, mind or spirit, especially freedom from physical disease or pain; Perkins in WHO (1957) sees the term as:

> *"A state of relative equilibrium of body form and function which results from its successful dynamic adjustment to forces tending to disturb it. It is not passive interplay between body substance and forces impinging upon it but an active response of body forces working toward readjustment".*

However, in an attempt to offer a holistic approach to the definition, the World Health Organization (WHO) conceived the term to mean a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity. In the recent years, the definition was amplified to include the ability to lead a socially and economically productive life.

The definition of health, as advanced by WHO and other experts had been open to criticisms. While some argued that health cannot be simply defined as a state, some see it as a process of continuous adjustment to the changing demands of living and of changing meanings man gives to life. Many of the definitions tend to look at health as affecting the multidimensional aspects of physical, mental and social.

Philosophically, health has been looked at in the recent times to have acquired a new meaning. Park (2009:13) chronicles this new dimension as:

- Health is a fundamental human right.
- Health is the essence of productive life, and not the result of ever increasing expenditure on medical care.
- Health is inter-sectoral.
- Health is an integral part of development.
- Health is central to the concept of quality of life.
- Health involves individuals, state and international responsibility.
- Health and its maintenance is a major social investment.
- Health is worldwide social goal.

Putting these descriptions and an avalanche of definitions by other scholars and experts in the health sector together, it means that a healthy person is one who is physically fit, sexually fit and mentally alert.

Invariably, healthcare can be described as health administration. This is that branch of public service that seeks to optimize medical action; and ensure the social well-being of the entire population inhabiting the state. Goel (1981:33), sees it as a branch of public administration which deals with matters relating to the promotion of health, preventive services, medical care, rehabilitation, the delivery of health services, the development of health manpower and the medical education and training.

Going by this understanding, the onus is on the health administrators to provide complete public healthcare services to the populace with economy and efficiency. Halon (1964) in Olewe *et al (1996: 187),* highlights the essence of health administration describing it as the science and art of preventing diseases, prolonging life, promoting health efficiency through organized community effort for the sanitation of the environment, the control of communicable diseases, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, the development of social machinery is ensure to every citizen a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birth right of health and longetivity.

Since health is influenced by many factors such as adequate food, housing, basic sanitation, healthy lifestyles, protection against environmental hazards and communicable diseases, Park opines that the frontiers of health extend beyond the narrow limits of medical care. According to Last (1983: 137), it embraces a multitude of services provided to individuals or communities by agents of the health services or professions, for the purpose of promoting, maintaining, monitoring, or restoring health.

Nigeria health care statistics show that the country has 18 federal medical schools and 71 nursing schools. According to Labiran *et al* (2008), with approximately 37 physicians, 91 professional/registered nurses, and 64 registered midwives per 100,000 population-members in 2007, Nigeriaôs healthcare capacity was said to be adequate. With only 2 lab technicians per 100,000 population-members, the diagnostic capacity of these physicians and nurses is even further hampered. *WHO Report* (2010) highlights that care for those who delay or cannot afford hospital visits also remains in short supply, with data from 2004 indicating the presence of only 5 pharmacists and 91 community health workers per 100,000 Nigerians.

From Udujiôs point of view, any discussion on health care delivery system in Nigeria, especially in the South east zone of the country should take a holistic approach; cutting across all the facets, variants and variables of the sector.

The South East geo-political zone of Nigeria, comprising Abia, Anambra, Ebonyi, Enugu and Imo States, is one of the most homogenous and cohesive geo-political zones in the country. The zone covers the bulk of the Igbo-speaking ethnic territory, with the remainder extending westwards into Delta State and southwards into Rivers State. The zone also includes a few non-Igbo speaking communities on the northern and eastern borders. In pre-colonial times, Igboland maintained a strong organic unity, with strong genetic and cultural linkages among the communities and deep interpenetration of their societies and economies through migration and trade. Under colonial rule and from independence until 1976 the area was administered as part of the Eastern Region, with the creation of a 12-state structure in 1967. It became a state of its own as the East Central State, but could not attain full operational status until the end of the civil war in 1970. Progressive state creation in the country restructured the area into two, then four, and later the current status of five states. Through all this, the area and its people have retained a recognizable identity and character within the Nigerian nation.

By territorial size, the South East zone is by far the smallest in Nigeria, accounting for mere 3.2% of the national space. However, the 2006 census data credited it with 11.7% of the population, giving it a population density nearly four times the national average. High population pressure is indeed one of the basic facts of life in the zone. Analysis of migration data shows that the South East is a zone of strong net emigration, with some 15% of persons born in the zone resident outside the zone and only 5% of the residents of the zone coming from outside the zone. The zone contributes significantly to the populations of all the major cities, industrial and market centres in Nigeria. Notwithstanding all the socio-cultural cum economic mainstay of the zone, it is faced with certain health care delivery challenges which conventional health care delivery system interlaced with the application of public relations tools have not been able to address adequately. A cursory analysis of the three states investigated in this study will suffice.

Anambra State, the 2011 medical and health statistics show a population of 1 tertiary hospital, 25 secondary hospitals, 428 primary healthcare centers (including cottage hospitals, comprehensive health centres and dispensary homes) (See Appendix C). On the population of healthcare PROs, only the population of doctors at the General Hospitals which stood at 97 as at 2008 was made available to the researcher. According to Anarado (2012: 64), the state has over 200 health centres

spread across the 21 local government areas of the state, especially in the rural communities, for primary health care delivery. There are 5 General Hospitals located at Amaku, Awka, Ihiala, Onitsha and Nnewi which serve as secondary level healthcare delivery channels. There are also 2 Teaching Hospitals in the state- Nnamdi Azikiwe University Teaching Hospital, Nnewi and the Anambra State University Teaching Hospital, Awka which double as referral hospitals as well as tertiary health care delivery channels for the state. The statistics of the hospitals in the state shows a mixture of government, religious bodies, private and organizational ownership of health care delivery channels in the state (obtained from the Wikipaedia). See Appendix C.

In Ebonyi State, there are 5 major urban towns- Abakaliki, the state capital; Afikpo, Izzamgbo, Aba Omege and Onueke, among others in the 13 local government areas in the state. By the 2009 population estimate, the state had about 2.3 million people living in it. In the urban area, the economic-mainstay of the people include extractive industry (quarry among others), agriculture (rice farming), civil service and trading. The rural population engage mostly in pottery, subsistence farming and petty-trading. The state has about 296 health wards or more that carter for the primary health care needs of the people. The State Health Management Board, Abakaliki gave the population of state-owned facilities to include 13 General Hospitals, with 24 doctors and 111 nurses. Also in existence is the Ebonyi State University Teaching Hospital (EBSUTH), which complements the General Hospitals as secondary channel of health care delivery system in the state. At the tertiary level, there are the Federal Medical Centre, Abakaliki and a Federal Teaching Hospital also located in Abakaliki. These complement the secondary channel of health care delivery system in the state as well as 2nd level referral centres. To further strengthen healthcare system in the state (especially as it concerns women), the Federal Government took over the VVF centre in Abakaliki which was established by the wife of the state governor.

In Enugu State, 3 main urban cities exist which include Enugu, the state capital; the university town of Nsukka, and Oji-River. The main occupation of the people include trading, civil service, farming and huge investment in education. The rural people engage more in farming and petty trading. The state parades more than 150 basic primary health care channels in its 17 local government areas. Enugu State has, according to its 2006 mapping of health facilities, has a population of 436 varied levels of hospitals scattered all over the state with medical staff population of 14,186 (as at August 2009).

Complementing the General Hospitals for efficient health care delivery system in the state is the Enugu State University Teaching Hospital (Park Lane Hospital), Enugu. There are also the Federal Government-owned University of Nigeria Teaching Hospital (UNTH) located at Ituku-Ozalla at the

outskirts of Enugu and the National Orthoppaedic Hospital (which handles orthpaedic cases), in Enugu town for tertiary level of health care delivery. Other health care delivery facilities also exist in the state. See Appendix C.

A large proportion of the population of the south east people live in rural areas, where issues of poverty, cultural references, inadequate transport and lack of education contribute largely to low utilization of health facilities for antenatal and delivery care, as well as, utilization of non-skilled attendant at birth. Odumosu et al (2000: 43) believe that in many cases, government-owned health facilities located in rural areas operate under very poor conditions. Consequently, they are unable to deliver adequate health care to the people. Among others, poor infrastructure, inadequate equipment, lack of medical supplies and inadequate human resources for health (in quantity and skills) prevent these facilities from providing quality care in general and particularly emergency care.

2.5.1 Components of Health Care Delivery

Health care delivery can be grouped into five distinct components. This is necessary in order to conveniently group each health element within which service it belongs and further clarify understanding. Lucas et al (2003: 297) are of the standpoint that the five major components include:

- Curative services which entails providing care for the sick people;
- Preventive services which is for the protection of the health of the population;
- Special services which deals with specific problems (e.g. malnutrition) or special groups (e.g. pregnant women);
- Social welfare services- providing support services for disadvantaged groups (e.g. chronic sick, mentally and physically handicapped, orphans, etc);
- Health education- giving the people essential information to modify their behavior in matters affecting their health.

Lucas *et al* further posit that this classification can be used as a simple check-list for reviewing the health services in any community regardless of the details of the organization. He application of this check-list, therefore, cannot be underplayed in an effective interplay of public relations in the health sector. Prevention, a popular maxim has it, is better than cure. To prevent the people from contacting certain types of diseases and maintain a healthy living, public relations research and education become indispensable, hence the application of John Marstonôs RACE model of PR strategic planning and problem solving formula becomes paramount.

According to Newsom *et al* (2010: 218), the model which stand for Research, Action, communication and Evaluation helps an organization (this time the hospitals and health care deliverers) to research their environments, identifying problems, putting up action plan to counter the problem, communicating the action plan to the beneficiaries, obtaining feedback appropriately from them and evaluating the worth of the efforts put into the problem-solving mechanism. Against this background, it will be apt to say that public relations efforts cannot be distanced from the health sector, especially in the South-east Nigeria with high prevalence of diseases and various types of sicknesses.

Park (2009: 796), however, added yet another dimension to the components of health care services. This he referred to as the promotional services of health care delivery. By this, it is enough to pursue the curative, preventive, and others advanced by Lucas *et al*. Promotion of the health of the people is also very important. Promotional service assists the people stay healthy and maintain a healthy lifestyle. Mass mobilization and social support become indispensable in the health care delivery.

2.5.2 Levels of Healthcare Delivery in Nigeria

In Nigeria, health care system comprises both public and private health facilities. In the public sector, Lucas *et al* (2003:300) identified three levels of health care as primary, secondary and tertiary) which corresponds to the three tiers of the government, synonymous with the three levels of government recognized in the 1999 constitution of the Federal Republic of Nigeria though nothing to is the extent is expressly stated in the constitution.

The essence of the segmentation is to service the populace better down to the grassroot; both the rural and urban populations; the rich as well as the poor. Although some scholars had argued that the essence of this segmentation is to distance the health care status of the rich from that of the poor or the rural people from the urban, hence Lucas and Gilles (2003: 284) have postulated that the inequalities in health status reflect inequalities in the health care system. The argument could be weighted on the basis of the big hospitals and specialists hospitals are all located in the urban-elite cities. In so far as this argument may look agreeable, it is far from being the truth.

A discussion on these 3-tiers of health care delivery system will bring into focus the role each plays in pursuant of efficient health care in the society and the inequality thereto. Inequity in economic distribution among the beneficiaries of these health services however, affect their access to the 3 levels. According to the Alma Ata Declaration of the World Health Organization (1978: 304), the existing gross inequality in the health status of the people particularly between developed and

developing countries as well as within countries was politically, socially and economically unacceptable, hence a common concern to all. Most times, the economic level of one determines the level of care that is accessible to them. While the poor go for the baseline (primary) health care, the rich and affluent tend to go for specialties.

However, because Nigeria operates a mixed economy, private providers of health care have played a visible role in health care delivery. Akhtar (1999: 264) agrees that the federal government's role is mostly limited to coordinating the affairs of the University Teaching hospitals, Federal Medical Centres and all other federal government health care delivery facilities which are classified under the tertiary health care delivery system while the state governments manage the various general hospitals, state university teaching hospitals and other secondary referral hospitals (generally classified under the secondary health care delivery system) while the local government areas focus on dispensaries, health centers, health posts and cottage hospitals (generally referred to as primary health care delivery system). However, the primary health care delivery system is regulated by the federal government through National Primary Health Care Development Agency (NPHCDA).

Each of the three levels of health care delivery has its own outlined roles to play to enhance the adequate functioning of the system. A summary of the United Nations standards for each level of medical service cited in Leslie, (2008: 114) shows the type of medical assistance offered at each level of health care delivery. These include:

Level 1: (Primary Health and Emergency Care)

This is the first level of health care service delivery in Nigeria. The services provided at this level of care which are also regarded as the first level of contact with the countryôs health system include, preventive, promotive, curative and rehabilitative health services. It is managed by the local government councils. This level of support is usually provided by organic medical teams who provide resuscitation, stabilization, triage and evacuation of ill or injured. In their work, *Defence Health Maintenance,* The Nigerian National Health Scheme (2010: 12) agreed with Leslie that this level of health care delivery carries out the following functions (although not exhaustively):

- Handles routine sick calls and the management of minor sick and injured.
- Handles emergency care, child welfare services, family planning education and general patient care (blood pressure, temperature, etc).
- Implements disease control and stress preventive measures.
- Is responsible for education and promotion of awareness and prevention of the spread of HIV in their various areas of responsibility.

- Provides treatment to 20 ambulatory patients or more per day, holding capacity of 5 patients up to 2 days, medical supplies and consumables for 60 days.
- Provision of medical services to the populace in their areas of responsibility and offer emergency medical services.
- Handles out-patient care (including consumables).
- Handles emergency care, child welfare services, family planning education and general patient care (blood pressure, temperature, etc).

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. If forms an integral part of both the country's health system, of which is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. According to the WHO programme on health management, the PHC components include:

- Reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
- Addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
- Includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases;
- Prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
- Involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
- Requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest

use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;

- Should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;
- Relies, at local and referral levels, on health workers, including doctors, nurses, midwives, allied health and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

Based on these, WHO advised all governments to formulate national policies, tools and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally. This, however led to the establishment of the 8 Millennium Development Goals (MDGs) at the Millennium Summit in 2000, where all world leaders present and at least 23 international organizations adopted the United Nations Millennium Declaration, and pledged to achieve the goals by the year 2015. All the 8 goals have one effect or another on health-related issues, viz:

Goal 1: Eradicate extreme poverty and hunger.

Goal 2: Achieve universal primary education.

Goal 3: Promote gender equality and empower women.

Goal 4: Reduce child mortality rate.

Goal 5: Improve maternal health.

Goal 6: Combat HIV/AIDS, malaria, and other diseases.

Goal 7: Ensure environmental sustainability.

Goal 8: Develop a global partnership for development.

Actual composition and number of Primary Health care personnel may vary depending on the operational requirements and disease prevalence of an area. However, because of the importance attached to the PHC, especially as it concerns the rural poor people, Ogbebulu (2009) suggests that it should be the cornerstone of health development in Nigeria and a revised working document be developed for the revitalization of the implementation of primary Health care as part of Government contribution to reach the MDGS. The primary health care (PHC) facilities which are the prerogative of the local government are often poorly managed and funded as evidenced by lack of skilled and competent personnel, inadequate equipment, irregular drug supply and poor state of infrastructure in which many centres are actually in a state of dilapidation and waste. For example,

while less than half of PHC facilities in Nigeria provide antenatal care (ANC), a reproductive health resource inventory carried out by FMOH and WHO found that almost 60% of PHC offering ANC and delivery services had no midwives and another 17% had neither midwives nor senior community extension workers. This has rendered them underutilized sometimes making the tertiary facilities overburdened.

Level 2 - (Secondary Health Care)

The secondary level of care in Nigeria render secondary health services using Cottage Hospitals, Maternities, General Hospitals and state specialist hospitals. It deals with complicated health conditions that are referred from the primary level and is managed by the state government. It has a limited specialist expertise doctors and limited (basic) surgical, intensive care, dental, laboratory, x-ray, ward, sterilisation and pharmaceutical capabilities. (e.g., life, limb and organ saving surgery, definitive treatment against a wide variety of common diseases/illnesses. The level does the following functions:

- Capability of 3 - 4 surgical operations/day, hospitalization of 10 - 20 sick or wounded up to 7 days, up to 40 outpatients/day, 5-10 dental.
- Consultations/day, medical supplies, fluids and consumables for 60 days.
- Provides climate-controlled storage and transport capability (cold chain) to prevent the deterioration or contamination of blood and blood products.
- Administers blood and blood products according to the compatibility of blood groups and rhesus factors using approved hygiene to prevent contamination.
- Performs blood testing and grouping.
- Provides advanced specialist medical care to stabilize serious injured persons for referral to Level 3 medical facility.
- Can provide a specialist team for collecting seriously injured persons from the site of injury and referred to higher level care.
- Provision of medical and dental services based.

Actual composition and number of Level 2 medical personnel may vary depending on the operational requirements and health care delivery challenges at the various areas of responsibility.

Level 3 - (Tertiary Health Care/Specialist Hospital)

This is a health care level where specialized health services are rendered. It handles very complicated cases or health conditions that require higher level of specialization compared to those managed at the secondary health care level. These services are rendered in the University Teaching

Hospitals attached to colleges of medical or health sciences of various Universities. They also include; Orthopedic Hospitals, Eye and Psychiatric Hospitals among others. Recently, Federal Medical Centre are enlisted among tertiary health institutions with a very lean difference between services rendered in these centres and the General Hospitals of the states. Nevertheless, they are still regarded as tertiary health institutions and managed by the federal government.

The tertiary level offers advanced health care delivery in the country, with fully equipped and highly-skilled staffed multi-disciplinary (advanced) hospital which provides all major medical and surgical specialties. Some of the services this level of hospitals offer include:

- Provides advanced services in surgical, intensive care, dental (emergency dental surgery), laboratory, x-ray, ward and pharmaceutical capabilities;
- Performs up to 10 surgical operations/day, provides hospitalization of 50 patients up to 30 days, up to 60 outpatient consultations/day, up to 10 dental consultations/day, up to 20 x-rays and 40 lab tests/day, medical supplies and consumables for 60 days;
- Provides climate-controlled storage and transport capability (cold chain) to prevent the deterioration or contamination of blood and blood products;
- Administers blood and blood products according to the compatibility of blood groups and rhesus factors using approved hygiene to prevent contamination;
- Performs blood testing and grouping;
- Supplies specialist services according to the needs of the inhabitants in the area of responsibility (e.g. gynecologist, specialist in tropical medicine, stress counsellor);
- Provides a specialist team for collecting seriously-injured persons in serious conditions in emergency cases from the site of injury to higher-level care, if need be; and
- Provides medical and dental services based on demand and operational definition.

Actual composition and number of Level 3 medical personnel may vary depending on the operational requirements and situation on ground. There are also high risk areas (e. g. Epidemiological) which the level 3 health care delivery system attends to. These include the following:

- Provision of medical supplies, chemoprophylaxis and prevention in areas with a high incidence of endemic infectious disease for which there is no vaccine;
- Provision of specialized dental care to maintain the dental health of the populace;
- Provision of basic or emergency dental procedures;
- Maintenance of a sterilization capability;
- Conducting of minor prophylactic procedures; and

- Provision of oral hygiene education.

The health system in Nigeria is structured along these universal three levels of the primary, secondary and tertiary levels of care and run concurrently such that all the three levels of government - local, regional/state and national/federal, even though they hold primary responsibility for only one level of the system each, can exceed it and provide services at any of the other two levels of care. Asuzu (2005:2) noted that one of the effects of this fluid system, in the face of the many social and infrastructural problems facing the nation, is that the pursuit of the politically attractive tertiary health care can remain the only attractive area of the health system, to the detriment of the other levels of care. He further regretted the neglect of the primary health care system, its maldistribution as well as the secondary health care, which will result in an inverted health care pyramid. He further opined that this will not produce any health for the people but will always have the threat to collapse on itself.

In Nigeria, as Oguntola (2012) stressed, majority of the secondary health facilities are located in the rural and semi-urban areas where majority of the population resides. Most of the secondary health centres are either owned by the various state governments, private individuals or religious organizations. This is also the case with the South East states under study. Asuzu (2005:3) argues that the primary or Level 1 health care delivery, especially in the zone is comatosed. He believed that there are many things that are responsible for the system not working, the most important of which is the inadequacies of the community or primary health care services. The whole international community had agreed both at the Alma Ata and the following Riga Conference, that primary health care is the only viable way to go in order to produce optimum health for the peoplee. This, however, is seen to be existing as a policy statement in the zone rather than fully implementable plan thereby lacking the desired strategic push.

2.5.3 Roles of the Various Tiers of Government in Health Service Delivery

The responsibilities of the various levels of government are not expressly mentioned in any legislation especially the 1999 constitution. In fact, the constitution is not only silent, but also deaf on the issue. And this has indeed caused a lot of confusion as to who does what, how, when and where. Rightly so of course some critical minded commentators have argued that, this is one of the reasons for the inefficiency of the health system. As Erinsho (2006) rightly stated the roles and responsibilities of the various tiers are not clearly stated in any enabling law or statute. This confused state was subsequently addressed in the Nigeria national health Policy. According to Uduji (2006: 79), primary health care are to be provided by the local governments, secondary health care by the state governments and tertiary health care by the federal governments. He

further noted that in executing this policy, the federal and state governments established health institutions in each state of the Nigerian federation. An x-ray of the roles and responsibility of the various levels of government in the health sector will suffice:

Federal government:

The roles/responsibilities of the federal government in health service delivery include the following but limited to the following:

* Formulation of broad based health polices and tools;
* Management and supervision of all tertiary health institutions;
* Coordination of development partners;
* Representation of the country at international health fora and forum;
* Provision of technical and logistic assistance to states and local government, and management of port health services;
* Response to epidemic and endemic diseases.

State government:

The role and responsibilities of the state government in terms of health care services delivery include:

* Formulation of state health policy based on peculiar health needs, but with reference to existence federal policies;
* Implementation of federal government health policies;
* Management of secondary health institutions;
* Preparation of primary health care polices;
* Provision of technical, financial and logistics assistance to local Governments;
* Response to state epidemics and endemic diseases.

Local government:

The role and responsibilities of the local government in terms health services delivery include:

* Formulation of primary health care implementation tools;
* Provision of essential drugs and local logistic for the delivery of health service;
* Management of primary health care facilities;
* Notification of epidemics;
* Training and recruitment of primary health care staff;

* Implementation of immunization campaign and other child survival tools among others.

However, since there is not water tight compartmentalized of their roles in any statute, the federal government acting through the federal ministry of health perform some state and local government roles vice versa the states and local governments.

2.5.4 State of the Nigerian Health Care System

Lambo (2005:1), cited in Uduji (2005: 83) painted a gory picture of the state of the Nigerian health system thus:

> *The health indicators of our country, in comparison to others, is one of the poorest globally, given the high incidence of maternal and infant/ child mortality, high HIV/AIDS prevalence rate, predominance of malaria and other vaccine preventable diseases.*

Citing Enugu State health care system as a peculiar case, Uzor (2005: 2) tended to agree with Lambo when he identified that since 1999 democratic administration in the state, the state Ministry of Health embarked on situation analysis of the sector which revealed the following lapses:

- Fragmented delivery of health services with weak referral system;
- Absence of proper health services delivery initiative;
- Decayed infrastructure;
- Paucity and poor capacity of the human resource with attendant ill motivation;
- Absence of essential health commodities;
- Unreliable data;
- Poor inter-sectoral collaboration;
- Poor community ownership, and involvement in prioritization and planning of their health care needs;
- Poor management system that should underpin health service delivery;
- Poor patronage of public health facilities; and
- Lack of satisfaction on the part of health care service consumers.

(Uduji, 2006: 84)

This scenario is not only prevalent in Enugu State. It speaks volumes of the deplorable condition of the health care delivery system in all the states of the South-east, Nigeria. Not only that, an analysis of the health care delivery system in the Nigeria health sector, from the east to the west, north to the south will leave similar stories. In its Programme Memorandum Paths (2007: 11) observed that

Nigeriaôs health indicators were extremely poor and were unlikely to meet the health aspirations for the MDGs by 2015. This was based on the WHO report in 2002 which ranked the Nigerian health care system 187 out of 191 member countries. According to the report, the system was in a near-collapse state.

This is in tandem with the view of the Nigerian federal government in formulating the health components of the National Economic Empowerment and Development Tools (NEEDS) which lays emphasis on improving the health status of Nigerians in order to reduce poverty, emphasize the strengthening of preventative and curative primary and secondary health care services (NPC, 2005: 38ï 40). Nwosu (2008: 3) was suggestively in support of this position when he advocated a reform in the health sector. According to him, the policy will involve comprehensive health sector reforms, aimed largely at strengthening the national health system and enhancing the delivery of effective, efficient, good and affordable health system.

2.5.5 History of Health Services in Nigeria

The history of health care delivery services in Nigeria dates back to the colonial days in the country. Although, Nigerian has its own traditional health services history before the advent of either trade across the Sahara Desert and the Atlantic Ocean, it is important to mention that what is referred to here is the history of modern health care services in Nigeria. the entry of missionary activities which stepped up modern medical services in Nigeria.

According to Kale (2006), during the first phase of the pre-colonial era, all communities had some form of organized social structure, an important component of which was a health care system. Attention for the provision of personal health care usually centered on individuals with expertise in preventive, creative and rehabilitative medicine.

However, there is no consensus as to the exact date health care services commenced in Nigeria. But most scholars hold the common denominator that it was during the period of the trans-Atlantic Slave trade and Sahara Trade, and the missionary exploit that modern health service was introduced to complement the already existing Nigeria traditional health system. The Catholic Mission in Abeokuta and subsequently the Army medical corps were recorded to have initiated the modern health care delivery system in Nigeria. It is on these bipodal structure that all other efforts were engineered towards what is today referred to as modern health care delivery system in Nigeria.

Since the emergence of independence in Nigeria, subsequent governments have been initiating one policy or the other to enhance effective health care delivery in the country. A ten-year National

Development Plan was evolved in 1964, incorporating the health sector policy plan. The glaring deficiency of this plan was that it was mainly curative and urban-based. This was followed by the second national development plan which spanned from 1970 ï 1974 (immediately after the civil war). The ravaging diseases and infectious sicknesses after the war gave rise for the government to attempt to reach the rural people with a health care package that would address their health needs.
The third national development plan of 1975 ï 1985 was a concerted effort to roll out a comprehensive health policy which gave rise to a Basic Health Services Scheme. According to Uduji (2006: 73), disease control, efficient utilization of health resources, medical research, health planning and management were thus given priority attention in the plan. This was, however, engineered by the collaboration of the Nigerian government and the World health Organization (WHO) on the health challenges in Nigeria. Since then up till date, a lot of further efforts had been made towards re-engineering and transforming the health care delivery in Nigeria for optimal efficiency.

However, yielding the WHO calls for improved healthcare delivery among member-nations of the United Nations Organization, Nigeria came up with the National Economic Empowerment and Development Strategy (NEEDS). This vision, articulated in the 2001 Kuru declared thus:

> *To build a truly great African democratic country, politically united, integrated and stable, economically prosperous, socially organized, with equal opportunityfor all, and responsibility from all, to become the catalyst of (African) Renaissance ,and making adequate all-embracing contributions, sub-regionally, regionally, and globally.(NEEDS Document, 2001: p. 2)*

The document further reiterated the constitutional roles of the different tiers of government in the fulfillment of the programme and the National Health Policy draft document (pp 18 ï 20) thus:

a. Federal

The roles of the Federal Government mainly concern the following:

- Å Formulation of health legislation;
- Å Coordination of all national health work and international cooperation;
- Å Allocation of resources,
- Å Provision of guidelines, definition and setting of standards to help States prepare, manage, monitor and evaluate their tools;
- Å Promotion of research and coordination of research institutions and scientists concerned with health matters;
- Å Promotion of cooperation among stakeholders and interest groups;
- Å Surveillance, monitoring and evaluation of health situation;

ÅThe Federal Ministry of health is responsible for special hospitals and teaching hospitals. It also takes control of communicable endemic diseases and national inter-sectoral health care linkages.

b. State

The responsibilities of State Ministry of Health closely resemble those of the Federal Government. These functions include:

ÅEnsuring political commitment to national health policy at the State level;

ÅEnsuring economic support of economic planners and institutions;

ÅWinning over the support of professional groups by providing tangible incentives;

ÅEstablishing managerial processes;

ÅProviding public information and education;

ÅMobilisation of financial, material and human resources; allocation of the resources and providing assessment performance;

ÅCoordination of health actions with other sectors of the economy;

ÅOrganising health care in communities and manpower development;

These functions are broad and were envisaged to pose difficulties in determining the limitations or boundaries with which the states could go in actualizing their individuals state efforts for the NEEDS, hence SEEDS health policy tools were formulated. However, the State Ministry of Health was to cater for specialist and general hospitals, care services, training institutions for sub-professional levels and any other health programme that was of interest to the State.

c. Local

The national policy provisions on Local Government health responsibilities are clearly those stated in the 1999 constitution and further stressed in the LEEDS document. These functions are essential elements of primary health care that include:

ÅEnvironmental sanitation;

ÅProvision and maintenance of health services;

ÅPrimary health education;

ÅElicit the support of formal and informal leaders like the traditional chiefs, religious and cultural organisations and any other influential persons or groups, especially on the area of healthcare.

The Local Governments are also responsible for the motivation of the communities, maintenance of essential infrastructure for PHC, family planning, immunisation, general outpatient services, registration of birth, collection of relevant data on health, among many other responsibilities.

2.6 Application of Public Relations Tools in Enhancing Health Care Delivery in Nigeria: South East Situational Analysis

Like in every other sector of the national socio-economic life of Nigeria, public relations can be applicable in the health sector. Corporate organizations make efforts to reach their publics and live up to their social corporate responsibility and expectations from time to time. The level and amount of public sufferance the organization enjoys with its publics determine how the public perceive the organization, either as a corporate socially responsible or otherwise. According to Udeze and Onyeneho (2012: 24), this stems from the impression created and maintained in the public mind that the organization is a good corporate partner, dependable, law abiding, and major contributor to the activities of the community. They further posit that corporate public relations hinges on all the efforts of corporate image in building a corporate identity. Based on their postulation, good public relations gives rise to a quality corporate identity.

According to Uduji (2012: 239), public relations is charged with both helping rebuild credibility and maintaining or trying to restore public confidence in the many charitable agencies and voluntary groups that serve the needs of so many. He however, strongly believes that public relations played a central role in shaping both the national agenda and health care reform. He further opined that as social and economic conditions require the need for public support growth, public relations can therefore, help create the public policy environment, volunteer participation, and philanthropic support crucial to the survival of charitable organizations (of which hospitals can become one). This is in line with the Federal Government Agenda for Health for 2009 ï 2012.

Recognizing hospitals and health care facilities as non-profit organizations, Uduji further x-rays some of the objectives that the application of public relations in the health care delivery system could address. These, according to him, will include the followings:

- Gain acceptance of an organization;s mission;
- Develop channels of communication with those an organization serves;
- Create and maintain a favourable climate for fund raising;
- Support the development and maintenance of public policy that is favourable to an organizationôs mission;
- Informs and motivates key organizational constituents (such as employees, volunteers, and trustees) to dedicate themselves and work productively in support of an organizationôs mission, goals and objectives.

It is apt to recognize that although these missions seem common among most non-profit organizations, the strategic approach and level of sophistication and application of public relations practice differ greatly. Hospitals ideally are established as social services outfit, especially the public health care system (form the primary to the tertiary levels). On the contrast, this is not the case with private hospitals. It is based on this that Uduji (2012: 241) further noted that:

> ñ*In recent years, many non-profit hospitals converted to for-profit Corporations or support affiliations with other hospitals or healthcare organizations. These new hospitals and organizations often take an integrated approach to public relations and marketing similar to and every bit as sophisticated as that other hospitals are compelled to match in order to survive"*

Following the positions of Nwosu (1996:5) and Okafor (2008:48) on the information and communication function of public relations, Benson-Eluwa (2003: 12), underpinged the importance of this role which public relations must play in the health care sector in it must assist the possess information that could help them improve their clinical well-being. The information the public gets about the organization affects their support or otherwise. According to her, the aim of general public relations policy is to inform the general public about the institutions policies and operation affecting the public welfare, in the understanding that it can merit the support of its various publics. It is only after gaining their understanding that the institution can be expected of making some important contribution to the public general social welfare. It is a two-way communication, which contributes towards the formulation of these policies and then explains, reveals, defends or promotes them to the publics so as to secure mutual understanding and goodwill.

In recognizing that public relations practice is founded on the principle of mutual understanding and acceptance, and health care delivery institutions being public service organizations, the application of the practice in the health sector is therefore explainable. The health institutions, Benson-Eluwa (2003:62) asserts should be among the principal users of pr techniques in securing mutual understanding and confidence in the publics. She further posits that medical people who were once coldly aloof to public relations views are now learning to be public opinion conscious under the pressure of criticisms from their operations.

Public relations, also becomes essential in hospital administration because as Benson-Eluwa further puts it, there is too much effort by medical professionals to justify their practice rather than correcting some irritating practices. It is on this standpoint that the publics mostly criticize the care givers. Pr here, therefore needs to be more concerned with the prevention rather than doctoring

unacceptable practices which tend to hinder good relations hence frustrate mutual understanding. Basically, Benson-Eluwa believes that sound pr practice cannot change publicôs opinion about a hospital with inferior, drab or shabby treatment and poor care of the patient. It is based on this that she concluded that the lack of public relations unit in health care institutions have some attendant problems which include lack of awareness of prevailing problems in the sector by their publics, lack of trained pr practitioners that could enhance pr research and misconception of what pr should be with its benefits to the health sector.

Broom (2009: 465), is of the view that todayôs public relations professionals must understand the business of health care, know about health care issues, have an ability to think and plan strategically, possess research skills to monitor consumerôs perceptions, and be able to work as part of a team, especially with the marketing department. He further noted that this has become increasingly necessary because of the increasing overlap among many health care departments which requires a working knowledge of other disciplines to facilitate decision making and more effective communication.

Public relations can help the health care givers mount successful health campaigns that could help mobilize and educate the publics on the tools and importance of quality health care. Newsom *et al* (2010: 299) see campaigns as designed and developed coordinated, purposeful, extended efforts to achieve a specific goal or a set of interrelated goals that will move the organization toward a longer-range objective expressed as its mission statement. They went further to suggest that a campaign may be constructed around a positioning statement thereby communicating planning objectives to achieve the mission in the light of how an organization positioned itself. Newsom *et al* finally agree that whatever the pr projects, the internal publics should be kept informed. But it is not only the internal publics, but the external publics as well. This is necessary to discourage lack of adequate information dissemination which could lead to frustration and criticism. A successful campaign, will however change behaviuor and lead to acceptance.

On the other hand, Lattimore *et al* (2009: 356) are of the strong belief that credibility once lost, is difficult to regain. Could it be said that the Nigerian publics have lost fait with the nationôs health care delivery system which has led to the patronage and seeking for medical care outside the country? Could it also be said that with the deplorable condition of the public sector health care delivery system in Nigeria, the publics prefer the private sector, despite the huge charges such facilities offer? Could it equally be said that because of the ignorance of the power of public relations in the health sector, management treats pr with a wave of the hand? Could it also be agreed that because of lack of strategic campaigns in the health care sector supported with public

relations, a lot of Nigerians do not know their health right, hence cannot live their lives in the fullest? All these are credibility questions which public relations can address in the health sector. But to do this and many more, the 12-point credibility restoration therapy of Leslie Gaines-Ross as highlighted in Lattimore *et al* (2009: 356) becomes necessary. These include the effort to:

- Take the heat-leader first- by acting promptly during troubled times with one voice, transparently, and decisively;
- Communicating tirelessly;
- Not underestimating your critics and competitors;
- Resetting the organizational clock;
- Analyzing what went wrong and right;
- Measure, measure and measure again;
- Righting the organizational culture;
- Seizing the shift- adopting change;
- Brave the media;
- Build s drumbeat of good news;
- Commit to a marathon;
- Minimize reputation risk.

All these will not only help the public relations man in the health care industry but in any other field of endeavour as well.

However, the states under study had at one time or the other made concerted efforts to improve on their health care delivery using the conventional tools or tools of public relations available to them. The Ebonyi state public health care system stands out by its use of public relations advocacy and campaigns to persuade the people to take their health care needs in their hands.

The Ebonyi State Ministry of Health and Environment (SMoH and E) put in place a plan to address some of the health issues of the people, though implementation is currently slow. There is a network of rural mission hospitals providing health services in Ebonyi State, with strong focus on provision of maternal health care services. The Mother and Child Care Initiative (MCCI) of the State Governorôs wife has taken these facilities on board in its pursuit of improved maternal and child health services.

The combination of all these tools and interventions is already yielding results. According to data provided by Ebonyi State Ministry of Health and Environment, the overall number of expectant mothers attending ante-natal clinics in Ebonyi State has tripled in 2009 as compared to previous

years. Similarly, the number of deliveries in health facilities has doubled in the same period. The number of reported maternal deaths in health facilities decreased in 2009 as compared to 2008 (25 deaths versus 33 respectively), but increased as compared to 2007 and 2006 (23 and 21 maternal deaths reported respectively). Since there is more interest in accounting for maternal deaths in health facilities, it is likely that to a certain extent the increased number of reported deaths is a result of improved reporting. Though a lot has been achieved through the activities of MCCI, there still remains a large portion which public relations is expected to fill.

In Enugu State, the determination of the state government to deliver quality health care to the people informed the government to introduce a new health policy which led to the creation of health districts in the state in 2004. The new policy was aimed at ensuring equitable distribution of health/medical facilities and medicaments through the harnessing of all health centres within 2 kilometers of peopleôs residence. It was also envisaged that the new policy will bring health administration into the districts, hence the establishment of District health System. The essence of this, according to the governmentôs bulletin *Service News* (2004:6), was for the decentralization of effective management of healthcare instead of the Hospital Management Board at the Ministry of health. With this system, there had been a continuous from health centre to cottage hospital and to district hospital, and fro. The district hospital had the departments of medicine, gynaecology, survey, X-ray unit, ambulance service, public health among others. A synergy, however, was established among government-owned hospitals, missions and privately-owned hospitals. This also brought health care closer to the people, enabling them to take part in their health activities as well as to make everyone know that health was an important issue to their lives.

Consequently, the state government established 7 health districts comprising Igbo-eze, Nsukka, Udi, Awgu, Nkanu, Isi-uzo, and Enugu metropolis health districts. Every district has a district hospital which served as a referral centre from health centres and cottage hospitals within the district. Under this new policy, grassroot health care was strengthened in terms of planning, inspection and expenditure, thereby giving room for bottom where the rural people participate actively in determining the status and forms of their health care delivery system.

To ensure quality monitoring and supervision of the health centres, the government instituted a system where town union presidents, women leaders, representatives of schools in the areas and -in-council formed part of the management of the health centres. This did not only bring enforce that the fund allocated for the centres were not misappropriated or misapplied but also served as public relations inter-face between government and the health care deliverers on one hand, and also with the grassroot populace on the other. With this, the people saw the governmentôs goodwill as being

progressive for their health care and were eager to access the facility adequately. This is, however, in tandem with the position of Ogbegolu (2009) when he suggested that Health service management should be decentralised and states enhance the health management boards responsible for the direct services delivery while the ministry of health should continue to focus on policy formulation, standard setting and monitoring and evaluation. He further encouraged community participation, strengthened through the Village Health Committees (VHC) and that the establishment of VHC should be emphasised in the health delivery reforms at states and national levels.

However, the successive government in the state saw the need to build on the provision made available to improve on the health care of the people. Consequently, the new health care delivery plan was initiated in 2007 where the aged of 70 years and above were to access health care delivery without making any payment thereto. Also pregnant women were allowed free ante-natal and post-natal care up to six after delivery. The infants were not left out as they were allowed free medical care until they were up to the age of 5. Recently, the state government, through its ministry of health established the Enugu State Emergency Response Out-posts to carter for emergency situations as it concerns accident and other similar victims.

In Anambra State the concerted efforts made by the various state governments pay-off greatly in improving health care delivery in the state. Although the details of the health care delivery system in the state has not been fully obtained, the people agreed that the administration of health in the state, especially at the grassroot had improved tremendously within the period under study. The belief was that the public health administrators were not only offering curative medical care, they also offered preventive and social/community health education which helped to improve the well-being of the people.

2.6.1 Publics of Health Care Institutions

The publics of health institutions, to a layman may include only the patients and their families. But it goes beyond this point. Benson-Eluwa (2003: 64) recognizes the following principal publics of health institutions:

- Employees- nurses, doctors, pharmacists, administrative staff and other team members;
- Patients and their relations (both in and out patients);
- Community neighbours- other hospitals, people in the host community, drug suppliers, suppliers of other consumables, governments (local, state and federal);
- The press;
- Insurance companies/agencies;

- The general public.

The list is not limited to the above. It is inexhaustive.

2.7 Problems Militating Against the Application of Public Relations in the Execution of Healthcare Programmes in the South East, Nigeria.

In the Nigeria south east geo-political zone, people die of minor illnesses that could have been prevented with simple medications and healthy lifestyle. Orabuchi (2005) is of the view that the health crisis in the area has taken another dimension because of the absence of constructive comprehensive national health policy. The federal government, he posits, seems to have no meaningful collaborative effort with the state and local governments. The implication this phenomenon could terrifically catastrophic. The effort of using public relations to address certain areas where conventional orthodox medicine could not address for effective health care delivery has remained problematic. Some of such identifiable problem areas may include:

Clear-cut policy implementation and interpretation by government and its agencies

Most times, good policies are misapplied through faulty interpretations and implementations. Obikeze and Anthony (2004: 92) recognize the fact that when policy is applied to specific situations, little confusions do emerge that might need some clarifications. They opined that it is the duty of management to make sure that these gray areas are cleared and the policy implemented smoothly.

Onyebuchi Chukwu, Nigeriaôs Health Minister, quoted in Oguntola (2012), however added another dimension to this problem as he noted that the critical problem area of health management in Nigeria at the federal and state levels is in the area of continuity. Once a new person comes, he just wants to start all over again, that has hindered progress in Nigeria. The minister noted that nowadays, all manner of patients die needlessly while health workers watch helplessly in our hospitals due to circumstances beyond their control.

Policies on health care, like so many other policies initiated by government on various other sectors, lack the administrative push it desires for implementation. The federal government agenda for health incorporates the use of public relations as alternative to the conventional media to disseminate health information and mobilize the people towards a healthy life-style and living (Ministry of Health, 2009: 10), yet the absence of public relations activities are absent in the hospital both at the primary, secondary and tertiary levels of health care. According to the document:

> *"The buy-in and support from the general public and the media is vital not only for the successful implementation of the strategic agenda ... but also to mobilize and galvanize the needed public support for increased personal responsibility for health through utilization of preventive and health promotive services.... campaigns for attitudinal and social re-orientation expected of health providers and PROs".*

Ignorance of the importance of public relations

Many people, both in the rural and urban areas, seem not to understand the need for public relations in their everyday lives. To such groups of people, it also sound ridiculous to talk about pr in the health sector. To them, pr practitioners could be likened to what Okoye (1980: 285) referred to as the mercenary prostitutes of the image-building industry or moreso, a cabal of lobbyists who without the crudity of commercial advertisers that buy conspicuous space in newspapers or time on radio and television as a method of operation, who work quietly and unobstrusively but infinitely flexibly and use all kinds of techniques to do all kinds of jobs for all clients.

This is not only erroneous, but abusive on the noble profession; thereby amounting to misapplication of public relations. This gross ignorance has led to people even shunning good intended pr programmes that were targeted to improving their health style thereby promoting their health. The Federal Ministry of Health (2009: 10) rightly sees cultural lining as one of the hindrances to the application of pr, especially when it concerns the rural people. According to their document on the strategic agenda for health care implementation for the year 2011, it is believed that inadequate information against the backgrounds of age long traditions, beliefs and conventions often times act as barrier to beneficial changes.

Poverty

In the South east Nigeria, poverty has been identified as an endemic problem starring the people in the face and tends to affect their social lives. It is been so glaring that the health sector some of the people living in the rural areas have resorted to traditional medical care instead of the scientific health care delivery system, hence negating the human right declaration on the citizensô right to efficient health care delivery.

Ogbebulu (2009) noted that the private sector provides nearly 70% of Healthy care delivery in Nigeria which deprives vast majority of Nigeria primary Health care. He therefore suggests that efforts should be on for increased public - private participation in health care delivery with a frame work for collaboration. To curb this, or at least bring this challenge to a minimal effect, this

researcher is of the view that prescription for malaria and typhoid should be free for those who cannot afford it as a show of social responsibility by the health care deliverers.

Because the rural people are predominantly poor, their level of poverty tend to affect their level of access to health care delivery. Jack (1999: 31) recognized that the structural relationship between income and health status has shifted over time. According to Lucas and Gilles (2003:284), the poor die young and their disease profile is largely dominated by communicable diseases, maternal and perinatal conditions, and nutritional deficiencies; not only are they at higher risk from the diseases of the poor but they also suffer more from lifestyle health problems that are prominent in affluent communities. He further opined that with the increasing emphasis on free market economy, the gap between the rich and the poor is widening. He concluded that improved quantity and quality of health care is necessary but not sufficient to correct and prevent inequities in health status associated with poverty and social deprivation.

Exclusion of the people in health policy planning

Another challenge in the health care delivery system, using the application of public relations is that the people are excludedq2 in the policy planning that concerns their health issues. Most times, there is a generalization that a health challenge noted in a particular area could be used as a yard stick to measure the challenges in neighbouring towns and villages. This is wrong and has negated the efficient delivery of health care, using public relations apparatus or otherwise. This therefore calls for health research and evaluation of each geographical area and integration of the inhabitants of the area in the policy plan. Okenwa (1998:57), believes that emphasis should shift from regulatory approaches to one in which roles are assigned and performances monitored. It will however, make the people identify the policy makers as partnering and planning with them for their own good and not just planning for them while standing aloof of their needs. It is probably based on this that the UNFPA (2010:68) recommended the establishment of Village Health Committees to provide support to facilitate and strengthen service delivery. The report, however went ahead to assert that there is the need to sustain functional VHCs.

However, Okafor (2006:210) noted some other challenges that hinder the application of public relations, not only in the health sector, but in all other areas where the practice could be applied. According to her, no matter how sound a plan may be, it can hardly work out well if these the challenges are not fully addressed. These include:

- Lack of management support;
- Improper diagnosis of environment;
- Lack of flexibility;

- Adequate budgeting;
- Lack of tangible objectives;
- Use of improper tools;
- Inability to follow change;
- Lack of clear delegation;
- Inadequate information and control.

Lack of management support

The success or failure of a public relations programme depends on the attitude and understanding of top management. If the management is pr conscious, there will be a show of support for the practice in the organization, competent staff will be recruited and equipped adequately for public relations job. Okafor (2006: 211) is of the view that the contrary will be the case where junior untrained and unskilled manpower are deployed to do public relations jobs, or even a senior staff is charged with the responsibility but without an established pr department.

Improper diagnosis of environment

Public relations practice will be endangered in a situation where the environment is not properly studied and correct forecast made of the public attitudes, beliefs and aspirations. Failure here may be very costly both form the organization and its publics. This is why it is necessary to understand the publics and their environment to ascertain the proper public relations strategy that will be able to address their health needs. To this stance, Nwodu (cited in Nwosu 2007: 134) agrees that one of the sure ways of appreciating the articulation and codification of the emerging body of knowledge called environmental public relations (EPR) as well as the need for it, is by taking a critical review of the state of manôs physical environment. It is based on this understanding that Maler (1998:252) defined the public relations environment as the conditions, circumstances and influences surrounding and affecting the development of an individual or group(s).

Lack of flexibility

This is perhaps one of the greatest challenges facing the application of public relations planning in the contemporary public relations business. In a society of rapidly changing technology, a moving social and ethical values, in an environment of an unpredictable socio-economic changes added to the global economic recession, the first caution any public relations programme will be wary of is flexibility. This will enable the practitioners and management to adopt any strategic plan that will enable it achieve its goal at no extra cost. Nickels, *et al* (2005:257) advocate that flexibility enhances restructuring which is the redesigning of an organization so as to effectively and

efficiently serve the purpose for which it is established to serve. However, it has been found to be true that many managements, including public relations set-ups still adhere to traditional course of doing things in their traditional ways thereby posing dimensional challenge to the flow of public relations activities.

Adequate budgeting

No public relations or management planned programme can succeed in the absence of adequate financial support. A public relations programme is step by step, time consuming and deals with a very large spectrum of the public. Adequate budgeting is, therefore, very necessary to buy goodwill. Nwosu (2006:90) recognizes budgeting as an intrinsic part of public relations planning hence he agrees that no matter how beautiful a public relations plan is on paper, if it is not backed up with money as spelt out in a well prepared budget, the plan will not work.

Lack of tangible objectives

Okafor (2006: 211) posits that there is only one possible way, of making sure that public relations programmes are applied according to plan in order to achieve set goals. This, she believes, is by setting meaningful objectives against which achievements can be evaluated. It will amount to groping in the dark if objectives are not clearly set. She concluded that it will amount to an inadequate dissection of strengths when there are no clear objectives for pr to accomplish, hence will be likened to a passport to failure.

Use of improper tools

When objectives have been properly articulated and control measures put in place, tools will fall in place to achieve the set objectives. Tools prescribe the directions of action and cut out uniform process of movement towards targets. Proper tools will be very necessary for the success of any public relations plan or programme. According to Uduji (2012: 161), any strategy employed should have a clear-cut message objective. He further posits that the message content should get attention, hold interest, arouse desire and obtain action (AIDA). The public relations communicator, based on this model, must therefore decide what to say and how to say it in order to achieve the desired goal.

Inability to follow change

The only permanent thing in life is said to be change. Okafor (2006:211) is of the view that change occurs because man as a social being has an ever changing psychology. Consequently, his actions is ever becoming historical. Even in the best desire to maintain previous action, it will still change. The only use of his previous actions therefore, must be very ready to accept change or to plan for change even of the shortest possible type. Plans that have stiff backs to change can be sure of lack

of success. Nickels *et al* (2005: 212) agree that todayôs management is becoming more progressive, hence a public relations manager who cannot adopt to changes in the industry will surely fall off the way.

Lack of clear delegation

Because public relations is time-consuming, for the practitioners to carry out their work schedules appropriately with a view to accomplishing their tasks, the need for duties to be delegated with backed-up authority arises. Consequently, public relations PROs must therefore, learn to trust their subordinates and work with them to achieve goals. Weihrich and Koontz (2003: 319) warns that failure to delegate authority clearly and appropriately is decidedly a mistake so many organizations make today, including public relations outfits.

Inadequate information and control

This is a vital requirement for the effective application of public relations in any organization. Uduji (2012: 170) recognizes the importance of adequate information in public relations and as such believes that effective public relations communications is the key process underlying changes in knowledge and health behavior. Information must be available at every point of the implementation of the plan for the purposes of examining and achievement. Continuous information must be gathered on the environments, on the impact of and reaction to the public relations campaign, deviations must be reported and corrections feedback into the system. Okafor (2006:211), however, sums up this argument when she opined that even the very best of plans will derail in the presence of inadequate information and faulty correction procedures.

It is because of the recognition of the importance of information in the application of pr in the health sector that poor access to basic health information tends to negate the totality of the efforts made towards efficient health care delivery. Lucas *et al* (2003: 286) agreed that the public lacks information that would enable them make informed judgements about health care issues. He posits that this is often because health officials do not present technical information in language that would inform the lay public nor do they clearly explain the significance of the specific issues. At times there may be deliberate suppression of information by health or government officials either for national security or sovereign rights of the nation. They therefore, assert that access to health information should be recognized as a human right.

Lack of adequate health information will pose more danger to health care delivery and this is where the challenges lie for the public relations practitioner in the health care delivery system. Efficient

application of this will enhance the health status of the people adequately. This is necessary because people have the right to know about health issues that can affect their lives.

Further to the above postulations advanced, Benson-Eluwa (2003: 21) identified some other problems which tend to militate against the application of public relations. These include:

- Practitioners and management frequently disagree as to its functions and objectives;
- Some corporations think public relations is largely for product publicity and communication;
- In many corporations, it is understood to be vaguely concerned with creating a corporate image;
- Public relations practitioners complain that management does not inform them on important matters or consult them in policy-making plans;
- Contrarily, management contends that the public relations officer knows little about corporate operations or problems but has an exaggerated opinion of the importance of public relations;
- The rapid growth of public relations attracted many inexperienced practitioners who tend to create false image of the activity, and frustrate the honest efforts of great majority of competent public relations people; and
- Certain unethical behaviours of the detractors make public critics to regard the public relations people as manipulators- people with deceptive persuasions.

All these problems or militating factors, no matter how infinitesimal as they may look stand to hinder the free flow of the practice of public relations anywhere; no matter whether it is in the health sector or elsewhere.

2.8 Enhancing Healthcare Programmes through the Use of Public Relations in the South East, Nigeria: A Suggestive Approach.

All efforts to galvanize a quality health care delivery will yield the added desired fruit in the health sector if a paradigm shift is made from the conventional tools of public relations to unconventional tools. This will cut across all aspects of traditional media of communication and mobilize the people more effectively to recognize the importance of their healthcare. Paths (2007: 15) recognized this need, hence the emphasis on raising the awareness of the public to their entitlement to quality health care and to enhance the capacity of citizens to prevent and manage priority health conditions themselves.

It is this paradigm shift that this study intends to fill having observed the gap existing between public relations and healthcare delivery. Many studies, as showcased herein, have observed the importance of public relations and the applicability of the practice in the pursuant of quality

healthcare delivery. On the contrary, most of the studies have been urban-based, thereby neglecting the rural people who make up the mass of the population of the study area. It is based on this finding that this study propose a suggestive approach that will remove healthcare accessibility and delivery to the people from the realms of public relations tools to the use unconventional tools. These are the unconventional or traditional means of communication to enable the reach of the grassroot people. It is based on this that this suggestive approach becomes paramount here. This, however, is the belief of this researcher and the yawning gap which this study intends to fill. This will entail the applicability of the following channels of communication, at least to mobilize and educate the rural people on their need for quality health care delivery. These new tools will include:

- Market square meetings;
- Town hall/union meetings;
- Town criers;
- Traditional modes of communication;
- Churches/mosques;
- Women August meetings;
- Age Grade Institutions;
- Cultural setting/ceremonies (coronation, anniversaries, new yam festivals, etc);
- Schools/colleges (advocacy visits during speech/prize giving days); and
- Mass mobilization campaigns / health awareness.

Market square meetings

Market square, especially in the rural setting of the South East, Nigeria has become a rallying point and meeting place for relatives, kits and kins and of course distant friends. Discussions at the market place can center on a variety of issues as they concern individuals and groups. This could become a forum for sharing health-related information or an avenue for the care givers to disseminate information that could be of value to the people on how they can live hygienic lives and stay healthy. Nwosu (1996: 75) recognizes the importance of the ruralites and the need to reach them, probably through the market square. He is of the view that without developing the right degree of empathy with the ruralites, there will be no way to effectively communicate to them the health issues that the care givers may wish to communicate to them. Empowering the rural health workers who live among them will go a long way in making their health care messages credible and believable.

Town hall/union meetings

Town hall or town union meetings have become synonymous with the Ibo race that it is employed in solving most of their communal problems and uniting the communities. It is a forum for rubbing of minds; deliberating on issues of common concern to all. It is culturally referred to as family meeting. Theodore Rosevelth, the 26th President of the United States, quoted in Nwanguma (2007: 60) was right when he alluded that it is the tasks connected with the home that are the fundamental tasks of humanity. Nwanguma further posits that the family is always viewed as the bedrock of the society. As such when families, making up the towns/unions are in disarray society reaps its disturbing consequences. These disturbing consequences can be in the form of poor health condition. Based on this, health challenges and crisis can be addressed using this medium. Health care providers can use this platform to educate the people on the prevailing health issues. It will not only help in promoting the health of the people, but will help project the health administrators as credible socially responsible people who also care for the social well being of the host community.

Town criers

Town crying still remain a traditional medium of communication which has refused to be swallowed by modernity. Town criers were traditional messengers within the communities used to disseminate messages to the people. The system has endured over the years with a limited area of coverage, usually the domain of the traditional ruler. Ogbuoshi (2011:203) says that the town crier employs sound through the rural elements of his voice, elocution, loudness, duration pitch, stress and the smooth rhythmic succession of words, tempo or modulation of voice as reflected in the mode of his presentation. Ogbuoshi further posits that among the numerous problems faced by the town crier is lack of training and distance of coverage. This can become a good ground for public relations to come in and offer quality training to the town criers and subsequently provide them with far-reaching mega phone. This will help them disseminate health information accurately and appropriately, making the people understand the messages better.

Traditional modes of communication

According to Ogbuoshi (2011: 205), traditional communication is a complex system of communication which pervades all aspects of rural and urban life in Africa. As a network of media systems which operate at various levels of society, it depends on trust and credibility. Ogbuoshi further says that it possesses characteristics of multi-media and multi-channel system, very authoritative, credible, definitive, time-honoured, transactional, customary, integrative and adaptable. The demonstrative mode of traditional communication consisting of music as a medium of entertainment can be adequately utilized as a vehicle for the spread of health messages. The

entertainment is punctuated with the right messages earlier packaged to make the people imbibe healthy living and access health care services adequately.

Women August meetings

Returning to the matrimonial villages/towns during the month of August has become synonymous with Igbo womenôs cultural identity. Thought to be a by-product of the well-known new yam festivals in Igbo land at the same season. According to Nwanguma (2007:xi) August meetings provide opportunities for cross fertilization of ideas. He further opines that women from abroad (urban cities) are expected to bring ideas gained from their places of abode to add to the ones nursed by women at home. Invariably, it becomes a meeting point of minds: some fertilized with ideas and some unfertilized yet ready and receptive of the ideas from the fertilized agents. Agents of health care delivery system could use this forum to market ideas that could be beneficial in the overall health care of the women and families. A popular maxim says that when you train a woman you train a nation. The health messages got from such meetings could be helpful in advancing the health of the South eastern people.

Nwanguma further posits that mothers are integral parts of families and have enormous responsibilities. Kofi Anan, in Nwanguma (2007:60), asserts that study after study has shown that there is no effective development strategy in which women do not play a central role. He believes that when women are fully involved, the benefits can be seen immediately: families are healthier and better. According to him, what is true of families is also true of communities and, in the long run, of whole countries.

Age Grade Institutions

The age grade institution among the Igbo speaking people of the South east Nigeria could become a veritable ground for the dissemination of health care information and propagation of quality health care among the people. Age grades (especially the young ones) could be sponsored and encouraged to help advance healthcare among within themselves and among the people through peer-education and improved quality of the hygiene of the people. Through this, certain diseases could be checked and hygiene improved among the rural people.

Cultural setting/ceremonies (coronation, anniversaries, new yam festivals, etc)

The Igbos have age-long ceremonies and anniversaries which bring them together from different and distant towns and villages. Among these ceremonies are the New Yam Festivals, Nmanwu (Masquerade) Festivals, Coronations/Chieftaincy Anniversaries among many others. This could be exploited by public relations experts to educate the people on certain health challenges prevalent in

their communities. Osuji (2012:64) advances that public relations in education becomes relevant because important policies, programmes and action have to be put in proper perspective to forestall crisis. This is however necessary when considering the unforeseen health issues that are traceable to such occasion.

Schools/colleges (advocacy visits during speech/prize giving days)

Schools and colleges form a fertile ground for catching young minds and directing or re-directing them towards improved societal/community health care. Health care givers could pay advocacy visits to schools and colleges or during their annual inter-house sports competitions, annual speech and prize-giving ceremonies among other similar occasions. Cutlip (1971) cited in Osuji (2012: 64) postulates that administrators responsible for framing and programming the public relations for school system should keep in mind basic goals and guiding principles. According to Cutlip, such programmes should be aimed at revealing facts, developing understanding, acquiring information and counsel and support, formulating policies in public interest, rendering service. In the light of this, everyday, every month, every year, there should be purposeful and continuous plans for informing and interpreting the school programmes.

The justification for using these public relations tools is based on the knowledge that over 80% of the South East, Nigerian population live in the rural area (Nwosu: 1996[b]; 3). Most of these tools will simmer down to what Ugboajah (1985) through Nwosu (1996:3) referred to as ñOramediaò. So referred as such because they are mostly traditional rural communication channels. However, Nwuneli (1984) in Nwosu took a swipe that for these tools to succeed, the information disseminator or health care mobilize must develop empathy for the people, be familiar with their tangible and intangible cultures and be familiar with such rural communication modes as gongs, drums, rites, rituals, festivals, age-grade assemblies and activities, market-square communications, village square meetings and many others. Nwosu (1986) also suggested that such a communicator or public relations practitioner trying to reach the rural people with health information should have an open mind in order to be able to interact with them, obtain necessary information and generally communicate effectively with them.

2.9 Empirical Studies

Field studies relating to the topic under study were reviewed as to ascertain their relevance to the research effort. Against this backdrop, the quantitative and qualitative review of the studies are hereby presented.

In the study, ñPublic relations- an intrinsic part of achieving organizational goals in Nigeriaò, Okafor (2008) highlighted certain benefits organizations stand to derive by employing the services

of a staff-member public relations expert. According to her, such a staff becomes the eyes and ears of the management and the organization as a whole. She however, recommended that organizations should employ public relations experts for sanity and general well being of the organization. She further recommended that management of organizations should be pr conscious in their decision-making, if they are desirous of enjoying public relations services.

In another study by Akpan and Nnaane (2010) entitled ñThe campaign on the prevalence of HIV/AIDS in the Nigerian morphological analysis of the ACADA model as a panacea for behavior changeò, the point argued upon through Daramola (2007) was that the human daily consumption of medical content tend to affect peoplesô attitudes, conduct and even their fundamental values. Daramola finally submits that the mass media shape culture, influence politics, create impact on business and affect the lives of people in many ways. This is where this researcher takes a dive from this position in that if the mass media can achieve this much, pr practice can achieve much more. This is hinged on the fact that media is a pr tool which can be effectively stretched to accomplish pr goals and objectives.

They however, recommended that governments at all levels (local, state and federal) should direct their relevant ministries, departments and agencies, working in concert with non-governmental organizations, opinion leaders, human groups, etc to use the ACADA model as a form of strategic intervention on HIV/AIDS in Nigeria. Following this trend therefore, this researcher will agree that using the RACE model will further enhance the impact of public relations on health care delivery in Nigeria and the South-east in particular.

Alom and Agaku (2010) in their study entitled ñEnhancing corporate image through sports sponsorship and promotions: A case of Globacomò, using 231 respondents among 977 staff of 8 sports management authorities in Abuja, Nigeria, it was established that the involvement of Globacom Nigeria in sports sponsorship and promotion enhanced the corporate image of telecommunication organization, the need for hospital and other health care facilities adopting public relations in their practice cannot be over-emphasized. This will go a long way in endearing the health care facilities to the minds of the people, not only as instruments of promoting their health issues but also as one that cares for their well-being. It will also project their image as social responsible organizations as pr entails doing good deeds and getting credit for it (Okoro et al: 1999; 2).

Based on the findings of the study, Alom and Agaku recommended that while underscoring the effectiveness of sports sponsorship and promotions in corporate image and reputation enhancement, corporate organizations in Nigeria should emphasize and sustain effective service delivery as the basis for image enhancement. They went further to say that this is because apathy will set in when

the public discovers that sports sponsorship and promotions are used by some organizations to veil their short comings and hoodwink favourable dispositions from the public towards them.

In another study carried out by Nwodu (2010) entitled ñMedical doctorsô knowledge and application of public relations in medical practice: implications for efficient service delivery and development in Nigeriaò advanced that:

- Public relations must be well focused;
- The action must be used systematically;
- The action must be properly communicated;
- The action must be goal-oriented (that is designed to influence for purpose of achieving favourable image); and
- The action must be aimed at achieving good social climate for corporate organizations (profit and non-profit), governments and communities.

Using a sample size of 443 respondents among 1,217 medical personnel in the teaching hospitals, the researcher found that most medical doctors were ignorant of the use of public relations in medical practices. Also the study revealed that a great percentage of medical doctors:

- Do not recognize pr as veritable tool for medical practice;
- Did not receive rudimentary training in pr;
- Do not apply public relations perceptions in their medical service delivery;
- Do not care about their patientsô perception of them vis-à-vis their patients when their place of work; and
- Ignore and/or shun their patients when their complaints become persistent.

The study however, revealed that for effective and efficient health care delivery to succeed and stabilize in Nigeria, and indeed elsewhere, medical doctors and allied professionals must of necessity show greater concern to their publicôs perception of them in addition to being empathic to their health situations. The study concluded that health care delivery service and other forms of developmental intervention are usually aimed at improving the lot of man in the society. It is important that healthy relationship should exist between the health care givers and health care recipients as one out of the few sure ways of guaranteeing efficient health care delivery in Nigeria.

In the UNFPA (2010) report on Ogun State titled ñHealth care services in UNFPA assisted states in Nigeriaò, the organization revealed that there were no health educators in the supported facilities to facilitate the achievement of community hygiene and health hence the need to strengthen facilities, especially the primary health centres with qualified health educators. The report however noted

there was no social workers in the facilities to provide social services and information to those in need of such.

In another study titled ñPreferred choice of health facilities for healthcare among adult residents in Ilorin metropolis, Kwara State, Nigeriaò by Abodunrin, Bamidele, Olugbenga-Bello and Parakoyi (2010), carried out with 366 sample size and published in the International Journal of Health Research, it was established that the choice of health facilities for health care by an individual is largely determined by his/her taste, satisfaction with service and the perceived quality of care. The choice is however, limited by factors such as availability, accessibility, affordability of services of the health facilities, cultural beliefs, the situation per time and whether the kinds of services provided meet the need of the user. The study which was conducted in 2007 further revealed that the attitude of health workers greatly affect the perception and relationship of patients towards the hospitals and medical practitioners, thereby projecting them as people who cared less for their patients, except for their clinical well-being and less concerned with what happened with their clients outside the confines of hospitals, hence affecting their public interface with their patients. The study concluded that because of the lack of efficient public relations in the public health care services in public hospitals, which private hospitals tend to offer better, many people prefer private health care delivery over the public health care delivery system.

2.10 Summary

Several literature related to this study were reviewed, thereby giving empirical foundation to it. The review opened up with a theoretical framework which culminated in the use of systems theory, social judgment theory and the health belief model. The choice of these theories was supported by Aina (2002), Alom and Agaku (2010) and Nwosu and Soola (2007). These theories gave theoretical basis to the study.

Nwosu (1996), Okoro et al (1999), Lattimore et al (2009) and Uduji (2009), among many others had at one time or the other conceptualized public relations from different view-points. Their analyses of the concept, its functions, types and tools were also considered in the review. Compactly, health care delivery system in Nigeria with greater emphasis on the South East was also reviewed. The views of Adundu (2007), Kabiran (2008), (Uduji (2006), Anarado (2012) and several other scholars formed the basis for the review of the perspectival approach to health care delivery system in the zone. Components of health care delivery, resting on the postulations and assertions of Lucas et al (2003), Newsom et al (2010), and Park (2009) was also advanced in the review. This however, showcased the components as being curative services, preventive, special services, social welfare and health education.

For health care to be adequately addressed among the populace and to enhance a wider spread, the system is segmented into three- primary, secondary and tertiary. This segmentation is supported by literature as advanced by the WHO (1978), Aktar (1999) and Leslie (2008), among others. Of course, each of the levels/channels of healthcare delivery system has its own limitations of operation. The roles of each of the three levels of governance in Nigeria towards health care were also analyses based on the submission of Uduji (2006) and Erinsho (2006).

Despite all efforts made in the past towards a strong health care delivery system, quality health care seems a mirage to the people of the South East, Nigeria. Lambo (2005), Nwosu (2008), NPC document (2005) all support this position. The history of the health care sector in Nigeria dates back to the colonial era, passing through checkered history to its current state. Kale (2006), Uduji (2006) and the WHO document were reviewed in line with the demands of the study.

On the application of public relations tools in enhancing health care delivery in the South East, Nigeria, Uduji (2012), Federal Government of Nigeria Agenda for health 2009 ï 2012, Udeze and Onyeneho (2012), Okafor (2006) and Benson-Eluwa (2003) among many other literature reviewed pointed out the importance of public relations and its roles in the health sector and other similar fields. The review also pointed out how public relations can be used as a veritable tool for enhancing healthcare delivery in South East states of Nigeria.

There are equally some challenges which the health sector in the South East zone is facing in the implementation of public relations tools for adequate health delivery. Some of these challenges were highlighted as advanced by Obikeze and Anthony (2004), Oguntola (2012), Okoye (1980), Jack (1999), Okafor (2006) and UNFPA (2010) document.

A suggestive approach to enhancing health care delivery through the application of public relations tools was equally highlighted. This was supported by Nwosu (1996), Ugboaja (1985) Nwuneli (1984), Nwanguma (2007) and several other literature. However, a review of empirical studies as they relate to the topic under study was also advanced. While Okafor (2008) highlighted the benefits of member-staff public relations outfit, Akpan and Nnaane (2010) in their study showcased the essence of human daily consumption of medical content in affecting peopleôs attitudes, conduct and even their fundamental values.

Okoro et al (1999), in conjunction with Alom and Agaku (2010), however, highlighted Globacomôs use of sports to promote corporate image of which this researcher believes that if public relations could be employed in the health care sector, it will be able to achieve much more. Another study in

which Nwodu (2010) advanced that for public relations to remain relevant in the health sector, it must be focused, systematic, action properly communicated among others. All these literature reviewed in one way or the other added credence to the study and helped to strengthen the objectives of the study.

Having reviewed this avalanche of literature as regards to this study, the question could then be asked, what gap does this study tend to fill? A lot have been written on the application of Public Relations tools with respect to healthcare delivery in Nigeria without focusing it systematically and communicating the action to the target population who live mostly in the rural areas in South East states of Nigeria. This has created a gap which this study hopes to fill.

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CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

Research methodology states the general approach a researcher intends to adopt in a study. Method of approach to each research varies from one individual or topic to another. Consequently, this chapter will take into cognizance the research method this study will adopt and the other elements of the chapter.

3.2 Research Design

Research design outlines the step-by-step procedures of how to execute a project research. Babbie (1986) cited in Ogbuoshi (2006:144) argues that it involves a set of decisions regarding what topic is to be studied among what population with what research methods and for what purpose. Ogbuoshi (2006: 144) posits that it is a blue print or plan which determines the nature and scope of study carried out or proposed to be carried out.

Consequently, the survey research design will be used in this study. According to Nworgu (2006), this is a research design in which a group of people or items are being studied by collecting and analyzing data from only a few people or items considered to be representative of the entire group. The survey research collects data from a large number of subjects who form the population of the study. The decision to use this design arose out of due considerations because it will offer the researcher the opportunity to sample opinions and collect relevant and current data from a significant number of respondents for the study. Based on this, Onodugo at al (2010) observed that the primary aim of a survey study is to examine the current opinions, behaviours and other characteristics of a group.

3.3 Sources of Data

Data, simply constitute the quantitative information needed for a study (Ogbuoshi, 2006: 145). There are two broad-based sources from which to obtain such data in social sciences. These are the primary data source and the secondary data source. The primary data source intended for use in this study is the survey method which uses questionnaire and interviews. Questions will enable the researcher to obtain the desired data first hand from the sample population.

To improve the quality of the data obtained through the questionnaire, the researcher intends to interview some of the respondents, where necessary, to obtain more information that will corroborate some of the responses or highlight them where appropriate.

3.4 Area of the Study

The essence of the study is to investigate the application of public relations tools in enhancing healthcare delivery in the South East, Nigeria. The study will be judgmentally delimited to Anambra, Ebonyi and Enugu States. The justification for selecting the states was based on the peculiarities of the three states among the five states of the South East, Nigeria. Anambra is the eight (8^{th}) most populated state in the Federal Republic of Nigeria and the second most densely populated state in Nigeria after Lagos State, hence has a greater need to have a good health care delivery system. It is also the commercial hub of the zone. Moreso, many of the people living in the state are engrossed in various commercial interests, and as such the researcher assumes that they may not have adequate access to the health care delivery system, hence may need medical mobilization and education to maintain a healthy living.

Ebonyi was selected for being one of the newest states in the zone with its triangular structure bestriding the old Anambra (now Enugu State), Imo and Abia States. On the other hand, Ebonyi State, as a guinea-worm ravaged state has been of concern not only to the people of the zone but has attracted national and international attention in the recent times. This has led to the one-time Nigeria military Head of State, General Yakubu Gowon, and the former President of the United State of America, Jimmy Carter, setting up different anti-guinea worm foundations in the state.

Enugu, on the other hand is the capital of the old Eastern Region and by this is the oldest state in the South East geographical zone of the country. It accommodates a high level of federal government presence and institutions in the zone and this implies a heavy presence of federal government workers. This is a rare opportunity which other states of the zone do not enjoy. This, however, will have a heavy toll on the state arrangement for health care delivery. It is also assumed that the state has had huge and long standing investment in the health care delivery system more than any of the other states in the zone. These criteria formed the perspectival basis for selecting the three states.

3.5 Pilot Survey

Pilot survey is very necessary in every research effort. It is a small scale survey that is usually carried out before the main study. Ogbuoshi (2006:43) observed that the aim of this type of survey is to test the efficiency of the measuring instrument for the study and also identify other areas where problems and difficulties are likely to be encountered in the main survey. He further recommends that it is the researcherôs last safeguard against the possibility that the main survey may be ineffective.

Consequently, 20 copies of the questionnaire for the healthcare PROs/Communication Officers were administered in 5 hospitals in Enugu State for a pilot study. The hospitals include one tertiary hospital, one secondary hospital and three primary health care centers. The aim of the pilot survey was to ascertain whether the topic was researchable among the population of the study and to correct inconsistencies that may arise with the main study.

The reactions of the respondents to these questions (some showed a deep understanding of the topic while some did not understand until the researcher had to do further explanations) and their responses elicited a new set of questionnaire items which tended to embrace all other areas of the study which were not covered in the earlier questionnaire. This resulted in reframing of the questionnaires (especially the choice of words used), enriched the literature review and helped in the test of reliability.

3.6 Population of the Study

Population denotes a group of people or objects existing in a specified geographical location on which a study is carried out. According to Walizer and Weinir (1978), cited in Wimmer and Dominick (1978: 69), a population is necessary in a study because it constitutes a group or class of subjects, variables, concepts or phenomena. Wimmer and Dominick (1978: 69) further assert that the population is achieved through a careful investigation of an entire class or group. Based on this, the population for this study included health personnel engaged in public relations and health-communications on one hand, and their target publics (health beneficiaries) on the other hand in the 3 layers of healthcare delivery in the 3 states under study.

Consequently, since everybody is either a healthcare receiver or a potential healthcare receiver, the various populations of the three States as at 2014 procured from the United Nations World Population Review (2014) report was used as follows:

S/N	STATE	POPULATION
1	Anambra State	6,355,048
2	Ebonyi State	3,989,136
3	Enugu State	5,567,837
Total	3 States	15,912,021

Source: United Nations World Population Review (2014), Nigeria Population 2014, http://www.world**population**review.com/countries/**nigeria**-**population**/...

Based on this analysis, a population of 15,912,021 healthcare receivers was used for this study.

3.7 Sample Size Determination

Ogbuoshi (2006: 83) noted that sample is a small group of elements or subjects drawn through a defined procedure (known as sampling) from a specified population. It constitutes a part of the population taken to represent the entire population. The essence of this is that a sample that is not a representative of the population, regardless of its size, is not adequate for testing purposes; therefore the results cannot be generalized. Asika (2006: 46) noted that in choosing some sample elements the researcher may be guided by what he considers typical cases which are most likely to provide him with the requisite data of information.

(a) Determination of Sample Size for the Healthcare Receivers

To determine the sample size for the healthcare receivers, Taro Yamane Statistical formula for known (finite) populations was used. Ogbuoshi (2006:85) believes that this formular is apt for this kind of study especially as it borders on social science. The formular for this:

$$n = \frac{N}{1 + N(e)^2}$$

Where n = Sample size

N = Population size under study

e = Level of significance of error or limit thereof

1 = Unity in value (Always constant)

Based on the formular, the sample for the healthcare receivers was calculated thus:

$$n = \frac{15{,}912{,}021}{1 + 15{,}912{,}021\,(e)^2}$$

$$= \frac{15{,}912{,}021}{1 + 15{,}912{,}021\,(0.05)^2}$$

$$= \frac{15{,}912{,}021}{1 + 15{,}912{,}021\,(0.0025)}$$

$$= \frac{15{,}912{,}021}{1 + 39780.05}$$

$$= \frac{15{,}912{,}021}{1 + 39781.05}$$

$$= \frac{15{,}912{,}021}{39781.05} = 399.99$$

= 400 Approximately

(b) Determination of Sample Size for the PROs/Communication Officers

Since the population of the entire healthcare PROs/Communicationsô Officers in the three States was found to be only 70 persons, the researchers adopted the purposive or judgemental criterion in determining their sample size. Hence, judgementally all the 70 of them were accommodated in the study, thus, giving a sample size of 70, based on their low numbers in the healthcare institutions in the States under study.

3.8 Sampling Technique

The sampling technique used for this study was the purposive non-probability sampling technique. Ogbuoshi (2006: 94) agrees to the use of this technique for the study in that the technique does not specify the likelihood or the chance which an element has of being included in the sample. He goes further to assert that it is a technique in which a researcher selects his sample size based on convenience with regards to the representatives of the sample to the population. Consequently all healthcare managers in the population, whether resident doctors, consultants, ancillary staff or nurses stand the chances of being sampled within the allocation to the various states.

To determine the allocation of the research instrument to the states, therefore, their various populations were put into consideration. Based on this, the Kumar formular was adopted. The formular states thus:

$$n_2 = \frac{n}{N} (nh)$$

Where n_2 = Sample size for each state.

n = Total Sample size for the study

N = Total population size

nh = Population size of each state

Consequently the sample allocation for each state will be:

Anambra State

$$n_2 = \frac{400 \times 6{,}355{,}048}{15{,}912{,}021}$$

$$= 159.75$$

$$= \textbf{160 (approximately)}$$

Ebonyi State

$$n_2 = \frac{400 \times 3{,}989{,}136}{15{,}912{,}021}$$

$$= 100.28$$

= 100 **(approximately)**

Enugu State

$$n_2 = \frac{400 \times 5{,}567{,}837}{15{,}912{,}021}$$

= 139.96

= **140 Copies of the Questionnaire**

3.9 Instruments for Data Collection

Miller (1991:32) articulates that a formal questionnaire is usually preferred in sample survey to other variants of obtaining data. Sequel to this, the researcher adopted the questionnaire as a measuring instrument. Apart from presenting standardized questions, Kerlinger (1964: 47) believes that it is valuable and handy in terms of data collection and codification.

Two sets of questionnaire were used for the study- one for members of staff (healthcare PROs) (See Appendix A) of the hospitals sampled while the other was for the members of the external public (healthcare receivers) (See Appendix B) of the hospitals who use the hospital facilities. The questionnaires being proposed for this study contain open and close ended questions and tested the vital issues of the study as well as the research questions. Some of the questions contained in both questionnaires were similar to help the researcher obtain internal and external views of the respondents on the same aspect of the study. Interviews and personal observation were also adopted, where necessary, in order to corroborate the respondentsô positions and give credence to the study.

3.10 Method of Data Collection

The researcher would have wished to administer the questionnaire personally to all the respondents but due to the expansiveness of the study area and the large number of questionnaire distributed, this was not possible. The researcher administered the questionnaire personally on the respondents in Enugu State, while 2 research assistants were commissioned to administer the questionnaire in Anambra and Ebonyi States. The commissioned research assistants who were graduates of social science courses and healthcare givers were well tutored on the objectives of the study before going into the field for the survey.

The social science graduates administered questionnaires on the healthcare receivers, while the healthcare givers assisted in administering questionnaire on the healthcare PROs.

3.11 Validity

A measuring instrument must be dependable and consistent in measuring whatever it intends to measure. To ascertain this dependability and consistency, validation of any instrument becomes paramount in any study. The essence of this is to verify whether a research instrument is adequately designed to offer a better approach to the study. Asika (2006: 69) believes that a research design may be said to be valid if it enables the researcher elicit the correct responses from the sample subjects; otherwise, it is a faulty design which may lead to faulty findings. He goes further to observe that the concept of validity can be applied in several ways among which are internal validity, external validity, content validity, criterion-related validity and construct validity. All these were taken into consideration in the validation of the instrument for this study.

However, while the research supervisor internally validated the instrument, one expert from Mass Communication Department of Enugu State University of Science and Technology (ESUT) and one in Measurement and Evaluation from Godfrey Okoye University, Enugu externally validated the instrument. The researcher presented to the external valuators an outline containing the topic, purpose of the study, research questions and questionnaire. Their comments enabled the researcher to validate the instrument for data collection. Areas of concentration were on content, clarity of items to avoid ambiguity, grammatical rules and appropriateness of the items and subsequently led to reframing of some items on the questionnaire, and the removal and insertion of some.

3.12 Reliability

According to Ogbuoshi (2006: 152) an instrument is reliable if it provides the same data when administered twice or more times under similar conditions. The reliability test for this study gave rise to the pilot survey carried out among some respondents in Enugu and Ebonyi States. However, to ascertain the reliability of the research instrument, 50 copies of the pilot survey of the questionnaire for healthcare PROs were randomly administered on health workers in secondary and tertiary hospitals in Enugu and Ebonyi State.

To test the reliability of the instrument used for the study, Cronbach Coefficient Alpha method as cited in Emaikwu (2008) was adopted. A reliability coefficient of 0.75 or approximately 1 was arrived at. Based on this, the Cronbach Coefficient Alpha method decision rule applied. The rule states that, when the reliability coefficient is less than 0 or 0.5, the instrument is not reliable. On the other hand, the instrument is deemed reliable when the reliability coefficient is greater than 0.5 or close to 1. In line with this, therefore, the calculated value of Cronbach Alpha shows that the instrument proposed for the study is reliable and could be relied upon, hence its use for the study.

3.13 Method of Data Presentation and Analysis

Data processing involves the transference of data collected to coded format to aid in the appropriate analysis of findings. Asika (2006: 46) argues that it involves the procedure for analyzing collected data with the technical procedure needed to carry out the statistical or quantitative analysis. He further posits that the procedures should detail how groups or variables are to be compared for the purpose of answering the stated research question and testing the relevant hypotheses.

Against this backdrop, this researcher presented the data generated from the study using percentages, frequencies and tables. The data collected from the respondents including healthcare PROs and healthcare receivers were also analyzed and statistically tested as follows, Hypotheses 1, 3 and 4 with Chi-square statistical tool and Hypothesis 2 with Spearman Correlation Coefficient (r).

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CHAPTER FOUR

DATA PRESENTATIONS AND ANALYSIS

This chapter is devoted to the presentation and analysis of data collected from the respondents, using frequency tables, pie-charts and bar charts for ease of understanding. That is followed with interpretations, analysis and tests of the hypotheses formulated.

Table 4.1: Health Receiversô Questionnaire Distribution and Response Rate

LOCATION	Number Distributed	Number Retuned	Percentage
Enugu	140 (35.00%)	100	25.00%
Ebonyi	100 (25.00%)	62	15.50%
Anambra	160 (40.00%)	120	30.00%
TOTAL	400 (100%)	282	70.50%

Source: Field survey, 2014.

Table 4.1 above shows that a total of 400 questionnaire copies were distributed to the health receivers, but 282 (70.50%) were returned. Enugu that was allotted 35.00% of the questionnaire copies, produced 25.00% of the respondents, Ebonyi that got 25.00% produced 15.50% of the respondents, while Anambra that got 40.00%, produced 30.00% of the respondents respectively.

Table 4.2: Questionnaire Response Rate from the Health PROs

Options	**Health PROs /communication officers**	**Target Health Receivers**	**Percentage Aggregate**
Successfully filled and accepted	63 (90%)	282 (90.96%)	90.48%
Unreturned and rejected copies	7 (10%)	28 (9.04%)	8.02%
Total Administered	**70 (100%)**	**310 (100%)**	**100%**

Source: Field Survey, 2014.

From table 4.2 above, 70 questionnaire copies were served the health public relations/communications officers. Out of that, 63 (90%) were successfully filled and accepted for further analysis, while 7 (10%) were either not returned or wrongly filled and thus rejected. On the other hand, 282 (90.96%) target health receivers out of 310 successfully filled and returned theirs for further analysis, while 28 (9.04%) were either wrongly filled or not returned.

SECTION A: DATA PRESENTATION OF HEALTH PR/COMMUNICATIONS' OFFICERS RESPONSES

Table 4.3: Health PR/Communications' Officers' Gender Distribution

Options	**Frequency**	**Percent**
Male	38	60.32%
Female	25	39.68%
Total	**63**	**100.0**

Source: Field Survey, 2014.

The data displayed on table 4.3 above show that 38 (60.32%) of the respondents were male, while 25 (39.68%) were female. This shows a fairly gender balance in the study.

Table 4.4: Health PR/Communications' Officers' Age Distribution

Options	**Frequency**	**Percent**
21-30	19	30.16%
31-40	17	26.98%
41-50	16	25.39%
51years or above	11	17.46%
Total	**63**	**100.0**

Source: Field Survey, 2014.

Data on table 4.3 above show that 19 (30.16%) of the respondents were in the age bracket of 21 to 30 years. 17 (26.98%) were aged between 31 to 40 years, 16 (25.39%) were in the age range of 41 to 50 years, while 11 (17.46%) were either 51 years or above. This shows that adults of all age groups were accommodated in the study.

Table 4.5: Health PR/Communications' Officers' Educational Qualifications

Options	**Frequency**	**Percent**
WASC/GCE/SSCE/TCH II	**6**	**9.52%**
Diploma/ND/NCE	**15**	**23.81%**
MBBS/B.Sc/BA/HND/Equivalent	**27**	**42.86%**
Postgraduate Qualification	**23**	**36.51%**
Other Qualifications	**8**	**12.70%**
Total	**63**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.5 above show that 6 (9.52%) of the respondents had only their Oô levels results, 15 (23.81%) had only National Diplomas or National Certificate in Education, 27 (42.86%) has Masters or Ph.Ds, while other unclassified professional qualifications accounted for 8 (12.70%) of the respondents.

Table 4.6: Health PR/Communications' Officers' Marital Status

Options	**Frequency**	**Percentage**
Married	52	82.54%
Single	4	6.35%
Divorced	4	6.35%
Separated	3	4.76%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data on table 4.6 above reveal that 52 respondents representing 82.54% were married; 4 (6.35%) were single; another 4 (6.35%) were divorced, while 3 (4.76%) were separated.

Table 4.7: Sector of Healthcare the PR/Communications' Officers' are employed in

Options	Frequency	Percentage
Public Health Sector	57	90.48%
Private Health Sector	6	9.52%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data on table 4.6 above reveal that 57 of the public relations/communicationsô officers representing 90.48% were working in the public health sector; while only 6 (9.52%) were with big private hospitals.

Table 4.8: Healthcare PR/Communications' Officers' states of abode

Options	Frequency	Percentage
Enugu	21	33.33%
Anambra	21	33.33%
Ebonyi	21	33.33%
Total	**63**	**100.0**

Source: Field survey, 2014.

For the health public relations/communicationsô officers states of abode in the South-East, table 4.8 data reveal that 21 of them or 33.33% were from Enugu; another 21 of them or 33.33% were from Anambra, while the remaining 21 of them or 33.33% were from Ebonyi State. This shows a fair balance of allocation to the three states.

Table 4.9: Level of Healthcare the PR/Communications' Officers' are Employing

Options	Frequency	Percentage
Primary Healthcare	23	36.51%
Secondary Healthcare	18	28.57%
Tertiary Healthcare	22	34.92%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data on table 4.9 above reveal that 23 of the public relations/communicationsô officers representing 36.51% were working at the primary healthcare level; 18 28.57% were in the secondary healthcare level, while 22 (34.92%) were at the tertiary healthcare level.

Table 4.10: Duration the PR/Communications' Officers' are Employed

Options	**Frequency**	**Percentage**
Below 5 years	10	15.87%
6 - 10 years	13	20.63%
11 - 20 years	17	26.98%
21 - 30 years	12	19.05%
31 years and above	11	17.46%
Total	**63**	**100.0**

Source: Field survey, 2014.

Regarding the duration the public relations/communicationsô officers have been employed, data on table 4.10 indicate that 10 (15.87%) have been there below 5 years; 13 (20.63%) have been for between 6 to 10 years; 17 (26.98%) have worked for between 11 to 20 years; 12 (19.05%) have worked there for between 21 to 30 years; while the remaining 11 (17.46%) have been health PROs for 31 years or more.

Table 4.11: Tools of Public Relations applied in the healthcare delivery in the areas

Options	**Frequency**	**Percentage**
Advertising	23	36.51%
Workshops/Public Lectures	22	34.92%
Special Events	8	12.70%
Billboards/Periodicals	10	15.87%
Total	**63**	**100.0**

Source: Field survey, 2014.

Regarding the tools of Public Relations applied in the healthcare delivery in the areas, data on table 4.11 indicate that 23 (36.51%) said advertisement was used; 22 (34.92%) said workshops/public lectures were used; 8 (12.70%) said it was special events, while 10 (15.87%) said they used billboards/periodicals.

Table 4.12: To what extent the public relations information disseminating tools were used

Options	Frequency	Percent
To a large extent	29	46.03%
To an average extent	27	42.86%
To a low extent	7	11.11%
Not aware	0	0.0%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.12 above show that 29 (46.03%) of the public relations officers were of the view that public relations information disseminating tools were used in the health awareness campaigns programs in South East of Nigeria to a large extent; 27 (24.86%) said they are only used averagely, 7 (11.11%) said they are used to a low extent, while none (0.0%) said they are not quite sure.

Table 4.13: Degree of accessibility of the public relations information disseminating tools used to the target publics

Options	Frequency	Percent
To a large extent	19	30.16%
To an average extent	21	33.33%
To a low extent	17	26.98%
Not aware	6	9.52%
Total	**63**	**100.0**

Source: Field survey, 2014.

From data displayed on table 4.13, it could be seen that 19 (30.16%) of the respondents rated the degree of accessibility of the public relations information disseminating tools used in the health care awareness programs in South East to be on a large extent; 21 (33.33%) rated it to be on an average extent; 17 (26.98%) rated it low, while 6 (9.52%) reserved their comments on this.

Table 4.14: On whether socio-cultural tools of town criers, village meetings & cultural ceremonies were potent for successful health care information dissemination in South East, Nigeria.

Options	Frequency	Percent
Strongly Agree	26	41.27%
Agree	27	42.86%
Undecided	3	4.76%
Disagree	4	6.35%
Strongly Disagree	3	4.76%
Total	**63**	**100.0**

Source: Field survey, 2014.

Table 4.14 data show that 41.27% of the health PROs strongly agreed that socio-cultural tools of town criers, village meetings and cultural ceremonies were quite potent for successful health care information dissemination in the South East of Nigeria. 42.86% of the health PROs equally agreed with that; 4.76% were undecided; 6.35% disagreed, while 4.76% strongly disagreed with the proposition.

Table 4.15: On whether socio-cultural tools of cultural ceremonies was significantly potent for successful health care information dissemination in South East, Nigeria.

Options	Frequency	Percent
Strongly Agree	26	41.27%
Agree	26	41.27%
Undecided	3	4.76%
Disagree	4	6.35%
Strongly Disagree	4	6.35%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data on table 4.15 above show that 41.27% of the health PROs strongly agreed that socio-cultural tools of cultural ceremonies were quite potent for successful health care information dissemination in the South East of Nigeria. Another 41.27% equally agreed with that; 4.76% were undecided; 6.35% disagreed, while another 6.35% strongly disagreed with the point.

Table 4.16: On whether public relations inter-personal communication tools of counseling and health-talks was significant for successful health care information dissemination in the South East, Nigeria.

Options	**Frequency**	**Percent**
Strongly Agree	**27**	42.86%
Agree	**27**	42.86%
Undecided	**3**	4.76%
Disagree	**3**	4.76%
Strongly Disagree	**3**	4.76%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.16 above, show that 42.86% of the health PROs strongly agreed that public relations inter-personal communication tools of counseling and health-talks were significant for successful health care delivery programs in the South East of Nigeria. Another 42.86% equally agreed with that; 4.76% were not quite sure; 4.76% disagreed, while another 4.76% strongly disagreed with the point.

Table 4.17: A test of whether the relationship between use of public relations research tools and successful health care delivery programs in South East Nigeria is highly significant.

Options	**Frequency**	**Percent**
Strongly Agree	24	38.09%
Agree	25	39.68%
Undecided	6	9.52%
Disagree	4	6.35%
Strongly Disagree	4	6.35%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.17 above, reveal that 38.09% of the health PROs strongly agreed that the relationship between use of public relations research tools and successful health care delivery programs in South East Nigeria is highly significant. 39.68% equally agreed with that; 9.52% were indeterminate; 6.35% disagreed, while 6.35% strongly disagreed with the point.

Table 4.18: A test of the extent the application of public relations tools in the healthcare delivery system in the zone could affect the state of health of the people.

Options	**Frequency**	**Percent**
Very High Extent (VHE)	26	41.27%
High Extent (HE)	**27**	42.86%
Low Extent (LE)	3	4.76%
Very Low Extent (VLE)	7	6.35%
Total	**63**	**100.0**

Source: Field survey, 2014.

Data on table 4.18 above show that 41.27% of the health PROs said that the application of public relations tools in the healthcare delivery system in the zone affected the state of health of the people to a very high extent. 42.86% said it did to a high extent; 4.76% said it did to a low extent, while 6.35% believed it did to a very low extent.

Table 4.19: Factors the health PROs think militate against the effective use of public relations strategies in their areas.

Options	**Frequency**	**Percent**
Poor Media Accessibility	6	9.52%
Poor Media Reach	6	9.52%
Non-Use of PR Personnel	43	68.25%
Wrong Media Timing	0	0%
Poor PR Funding	8	12.70%
Total	**63**	**100.0**

Source: Field survey, 2014.

From table 4.19 above, it is clear that the health PROs believed that the major factors that militate against the effective use of public relations strategies in their health awareness campaigns were as follows: poor media accessibility (9.52%); poor media reach (9.52%); non-use of PR personnel (68.25%); wrong media timing (0%) and poor PR funding (12.70%).

Table 4.20: The PR/Communications' Officers' recommendations of how public relations strategies can be improved for health awareness campaigns in their areas.

Options	**Frequency**	**Percent**
More Media Accessibility	5	7.94%
Better Media Reach	5	7.94%
Qualified PR Personnel	43	68.25%
Right Media Timing	0	0%
More PR Funding	10	15.87%
Total	**63**	**100%**

Source: Field survey, 2014.

Data displayed on table 4.20 above, show that the PR/Communicationsô Officersô were of the view that major factors that could boost successful application of public relations strategies in their areas include: more media accessibility (7.94%); better media reach (7.94%); use of more qualified PR personnel (68.25%); right media timing (0%) and more PR funding (15.87%).

SECTION B: DATA PRESENTATION OF HEALTH RECEIVERS' RESPONSES

Table 4.21: Respondents' Gender Distribution

Options	**Frequency**	**Percent**
Male	153	54.26%
Female	129	45.74%
Total	**282**	**100.0**

Source: Field survey, 2014.

The data displayed on table 4.21 above show that 54.26% of the respondents were male, while 45.74% were female.

Table 4.22: Respondents Age Distribution

Options	Frequency	Percent
21-30	115	40.78%
31-40	82	29.08%
41-50	71	25.17%
51years or above	14	4.96%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data on table 4.22 above show that 40.78% of the respondents were in the age bracket of 21 to 30 years. 29.08% were aged between 31 to 40 years, 25.17% were in the age range of 41 to 50 years, while 4.96% were either 51 years or above. From this result, adults of all age groups were accommodated in the study.

Table 4.23: Respondents' Educational Qualification

Options	Frequency	Percent
WASC/GCE/SSCE/TCH II	23	8.16%
Diploma/ND/NCE	30	10.64%
MBBS/B.Sc/BA/HND/Equivalent	175	62.06%
Postgraduate Qualification	25	8.86%
Other Qualifications	29	10.28%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.23 above show that 8.16% of the respondents had only their Oô levels results, 10.64% had only National Diplomas or National Certificate in Education, 62.06% has Ist Degrees or the equivalents, 8.86% has Masters or Ph.Ds, while other unclassified qualifications accounted for 10.28%.

Table 4.24: Respondents' Marital Status

Options	Frequency	Percentage
Married	222	78.72%
Single	49	17.38%
Divorced	6	2.13%
Separated	5	1.77%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data on table 4.24 above reveal that 78.72% were married; 17.38% were single; 2.13% were divorced, while 1.77% were separated.

Table 4.25: The Health Receivers' Occupations

Options	Frequency	Percentage
Civil/Public Servant	99	35.11%
Student	63	22.34%
Business/Self Employed	93	32.98%
Unemployed	11	3.90%
Others	16	5.67%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data displayed on table 2.25 show that 35.11% of the respondents were civil/public servants; 22.34% of them were students; 32.98% were into business or self-employed; 3.90% were unemployed, while other generally classified occupations accounted for 5.67%.

Table 4.26: The Health Receivers' States of Abode

Options	Frequency	Percentage
Enugu	95	33.69%
Anambra	94	33.33%
Ebonyi	93	32.98%
Total	**282**	**100.0**

Source: Field survey, 2014.

For the respondents states of abode in the South-East, table 4.26 data reveal that 33.69% were living in Enugu; 33.33% were living in Anambra, while 32.98% lived in Ebonyi State.

Table 4.27: Sector of Hospitals Used More by the Health Receivers' Respondents

Options	Frequency	Percentage
Private	111	39.36%
Public	166	58.87%
Traditional	5	1.77%
Total	**282**	**100.0**

Source: Field survey, 2014.

From data displayed on table 4.27 it could be seen that 39.36% of the respondents used more of private hospitals; 58.87% used more of public hospitals, while 1.77% used more of alternative medical options.

Table 4.28: Level of Healthcare Patronized by the Health Receivers'

Options	Frequency	Percentage
Primary	104	36.88%
Secondary	101	35.82%
Tertiary	77	27.30%
Total	**282**	**100.0**

Source: Field survey, 2014.

On the level of healthcare used by the respondents, table 4.28 show that 36.88% used primary health care services; 35.82% used secondary health care services, while 27.30% used tertiary health care services.

Table 4.29: Duration Respondents have been using the facilities

Options	Frequency	Percentage
Below 5 years	50	17.73%
6 - 10 years	77	27.30%
11 - 20 years	88	31.21%
21 - 30 years	51	18.08%
31 years and above	16	5.67%
Total	**282**	**100.0**

Source: Field survey, 2014.

Regarding the duration respondents have been using the medical facilities, data on table 4.29 indicates that 17.73% have used them for below 5 years; 27.30% have done for between 6 to 10 years; 31.21% have done so for between 11 to 20 years; 18.08% have done for between 21 to 30 years; while the remaining 5.67% have been doing so for 31 years or more.

Table 4.30: Extent of public relations information received by the healthcare receivers in their areas

Options	**Frequency**	**Percent**
To a large extent	76	26.95%
To an average extent	87	30.85%
To a low extent	83	29.43%
Not aware	36	12.77%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.30 above show that 26.95% of the health receivers were of the views that they received the public relations health information messages in South East of Nigeria to a large extent; 30.85% said they did only to an average extent, 29.43% said they did to a low extent, while 12.77% said they are not quite sure.

Table 4.31: On whether socio-cultural tools of town criers and village meetings were extensively used in the health care information dissemination that came to them

Options	**Frequency**	**Percent**
Strongly Agree	46	16.31%
Agree	59	20.92%
Undecided	47	16.67%
Disagree	71	25.18%
Strongly Disagree	59	20.92%
Total	**282**	**100.0**

Source: Field survey, 2014.

Table 4.31 data show that 16.31% of the respondents strongly agreed that socio-cultural tools of town criers and village meetings were extensively used in the health care information dissemination messages that came to them. 20.92% of the respondents equally agreed with that; 16.67% were undecided; 25.18% disagreed, while 20.92% strongly disagreed with that.

Table 4.32: On whether socio-cultural tools of cultural ceremonies were extensively used in the health care information dissemination messages that came to them

Options	**Frequency**	**Percent**
Strongly Agree	24	8.51%
Agree	39	13.83%
Undecided	43	15.25%
Disagree	97	34.40%
Strongly Disagree	79	28.01%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data on table 4.32 above show that 8.51% of the respondents strongly agreed that socio-cultural tools of cultural ceremonies were extensively used in the health care information dissemination messages that came to them. 13.83% of the respondents equally agreed with that; 15.25% were undecided; 34.40% disagreed, while 28.01% strongly disagreed with the point.

Table 4.33: On whether public relations inter-personal communication tools of counseling and health-talks were extensively used in the health care information dissemination messages that came to them

Options	**Frequency**	**Percent**
Strongly Agree	53	18.79%
Agree	74	26.24%
Undecided	23	8.16%
Disagree	67	23.76%
Strongly Disagree	65	23.05%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.33 above, show that 18.79% of the respondents strongly agreed that public relations inter-personal communication tools of counseling and health-talks were extensively used in the health care information dissemination messages that came to them. 26.24% of the respondents equally agreed with that; 8.16% were not quite sure; 23.76% disagreed, while 23.05% strongly disagreed with the point.

Table 4.34: A test of the extent the health receivers think that the application of the public relations messages positively affected peoples' state of health in their areas

Options	**Frequency**	**Percent**
Very High Extent (VHE)	115	40.78%
High Extent (HE)	133	47.16%
Low Extent (LE)	23	8.16%
Very Low Extent (VLE)	11	3.90%
Total	**282**	**100.0**

Source: Field survey, 2014.

From data displayed on table 4.34 above, it could be seen that 40.78% of the health receivers believed that the application of the public relations messages positively affected peoplesô state of health in their areas; 47.16% said it did to a high extent; 8.16% said it did to a low extent, while 3.90% said it did to a very low extent.

Table 4.35: Factors the health receivers think militate against their effective reception of the public relations information disseminating health messages

Options	**Frequency**	**Percent**
Poor Media Accessibility	101	35.82%
Poor Media Reach	136	48.22%
Wrong Media Timing	45	15.96%
Total	**282**	**100.0**

Source: Field survey, 2014.

From table 4.35 above, the health receivers were of the view that the major factors that militate against their effective reception of public relations healthcare delivery messages include: poor media accessibility (35.82%); poor media reach (48.22%); and wrong media timing (15.96%).

Table 4.36: The health receivers' recommendations of how public relations health messages coming to them could be improved

Options	Frequency	Percent
More Media Accessibility	105	37.23%
Better Media Reach	126	44.68%
Right Media Timing	51	18.08%
Total	**282**	**100.0**

Source: Field survey, 2014.

Data displayed on table 4.36 above, show that the health receiversô recommended that major factors that could boost their successful reception of health public relations messages in their areas include: more media accessibility (37.23%); better media reach (44.68%) and right media timing (18.08%).

Test of Hypothesis 1

H_0: Health information disseminating tools were not significantly used in the execution of healthcare programmes in South East, Nigeria.

H_i: Health information disseminating tools were significantly used in the execution of healthcare programmes in South East, Nigeria.

Test Statistics = Chi-Square (X^2)

Result:

Result obtained show that the calculated chi-square is less than the critical chi-square ($X^2_{calculated}$ = 0.250< $X^2_{critical}$ = 21.03, p>0.05), leading to the acceptance of the Ho which says that health information disseminating tools were not significantly used in the execution of healthcare programmes in South East, Nigeria. See appendix X for the detailed computation.

Test of Hypothesis 2

H_0: There is no significant relationship between the use of public relations research tools and successful health care delivery programs in South East, Nigeria.

H_i: There is significant relationship between the use of public relations research tools and successful health care delivery programs in South East, Nigeria.

Test Statistics = Spearman Correlation Coefficient (^{r}s)

Result

From the statistical data analysis the result of the Spearman Correlation Coefficient ^{r}s = 0.675 (weak positive correlation) > ^{r}s = 0.40 (little correlation), we hereby reject the Ho and accept the Hi which says that ñthere is significant relationship between the use of public relations research tools and successful health care delivery programs in South East, Nigeria (^{r}s = 0.675, p < 0.05).ò See appendix XI for the detailed computation.

Test of Hypothesis 3

H_0: Public relations inter-personal communication tools of counseling and health-talks are not significant for successful health care delivery programs in the South East, Nigeria.

H_i: Public relations inter-personal communication tools of counseling and health-talks are significant for successful health care delivery programs in the South East, Nigeria.

Test Statistics = Chi-Square (X^2)

Result:

The data analysis result shows that the calculated chi-square is greater than the critical chi-square ($X^2_{calculated}$ = 55.95 > $X^2_{critical}$ =15.51, p< 0.05). Thus, we hereby reject the Ho and accept the Hi which says that public relations inter-personal communication tools of counseling and health-talks were significant for successful health care delivery programs in the South East, Nigeria. See appendix XII for the detailed computation.

Test of Hypothesis 4

H_0: Public relations socio-cultural tools of town criers, village meetings and cultural ceremonies were not significantly potent for successful health care information dissemination in South East, Nigeria.

H_i: Public relations socio-cultural tools of town criers, village meetings and cultural ceremonies were significantly potent for successful health care information dissemination in South East, Nigeria.

Test Statistics = Chi-Square (X^2)

Result:

The data analysis result indicates that the calculated chi-square is greater than the critical chi-square ($X^2_{calculated}$ = 117.45 > $X^2_{critical}$ =26.30, p< 0.05). Thus, we reject the Ho and

accept the Hi which says that Public relations socio-cultural tools of town criers, village meetings and cultural ceremonies were significantly potent for successful health care information dissemination in South East, Nigeria. See appendix XIII for the detailed computation.

4.3 DISCUSSION

A critical discussion of our research results based on the initial objectives set now follows:

Research Objective I: To ascertain the extent public relations information disseminating tools were used in the execution of health care programs in South East, Nigeria.

Our result on this shows that Public Relations information dissemination tools were not significantly used in the execution of health care programs in South-East, Nigeria. This must have informed the unsatisfactory result witnessed. Public Relations information dissemination tools encompasses both indigenous communication strategies (Chukwueah, 2010:1) and conventional tools like advertising, sales promotion and publicity and personal selling in urban and rural areas. It requires a professional blend of modern media and traditional communication strategies in the health-marketing campaigns, which is the forte of qualified PR practitioners. This is because of the dire need to create awareness about the usefulness of health products like vaccines and other related health-services to the not-so-informed members of the public, especially the rural dwellers. According to Obasi and Ebirim (2008) indigenous communication media such as drums, folklores, popular theatre, proverbs, (etc) are used for successful interactions and programme promotions in local communities, because the indigenous communication strategies are local media that exist within rural communities and are used for communication before the emergence of modern media. Sometimes, members of the public are not aware of some laudable governmental health programmes for them, because of lack of application, inadequate application or poor application of public relations two-way information dissemination /communications tools in reaching out to them (Black, 1989:65). The indigenous communication media popularly called oramedia (Ugboaja, 1985:112) is highly recognised and employed by public relations practitioners for such purposes because of their diffusive nature amongst the indigenous populace in Africa. Hence, they are also called African traditional media (Osho, 2011).

These strategies which have links with indigenous knowledge of the local consumers could be very useful in promoting health marketing activities in rural communities, especially as they are still very functional amongst the rural people in Nigeria. The consequences of globalization and information technology call for the promotion and utilization of indigenous communication strategies in addition to modern communication technology to enable easy attainment of modern marketing objectives, both products and services marketing.

To achieve marketing objectives and optimum marketing management effectively, there is need for effective communication process and channels at local levels (Chukwueah, 2010:2), which is better done with public relation oramedia tools. Indigenous communication is an indispensable tool for creating health and other marketing awareness among the rural consumers. It could be used for the purpose of advertising, sales promotion, public relations and publicity and personal selling. It is important therefore, that public health-marketers, advertising managers, sales managers and marketing managers in different organisations be accustomed and acquainted with public relations indigenous communication strategies since rural dwellers constitute the majority of the consumers of their products and services (Chukwueah, 2010:3).

Research Objective 2: To ascertain the relationship between use of public relations research tools and successful health care delivery programs in South East, Nigeria.

The result of statistical analysis on this revealed a strong correlation between use of public relations research tools and successful health care delivery programs in South East Nigeria with a 0.70 Spearmanôs mark which translates to a 70% score. This is an óAô score in many examinations. It cannot therefore be over-emphasized that public relations research is a critical tool for the successful marketing of any public health initiative to the Nigerian populace. We have been told that public relations starts with research and ends with research (Okigbo, 1999:112). Public relations research embodies pre-project (baseline) research, in-project (monitoring) research and post project (evaluative) research. According to Odigbo (2012:140), it is through pre-project public relations research that the opinions, needs and preferences of the target publics of a public relations programme are sieved and thus factored into the campaign messages, media, techniques and strategies. So, it must be done before packaging the messages and also before media planning, media selection and media buying.

Public relations in-project research or monitoring, on the other hand, is used in public relations programmes to keep tracks of set plans, goals and objectives, to make sure the programme managers and field workers do not veer off course. It is also used to measure target publics reception and acceptability of the messages, the media and the service offerings itself, and when to change a particular media strategy, timing and frequency. While post-project research on the other hand, is a public relations evaluative research, used to ascertain what we have done right, what we have done wrong, whatôs the reason(s) for the outcome, and how we could do it better next time (Odigbo, 2012:140).

Again, Piotr **(**2012) added that the role of marketing research studies is therefore to reinforce the companyôs management on the righteousness and correctness of their decisions to be undertaken at present or in the future. Much of the research conducted for business purposes depends heavily on ad hoc studies. In such cases they must relate to specific decisions to be undertaken at certain moments and in risky situations. Marketing and public relations researches serve as a strong component in the process of decision making, and thus achieving the desired level of validity within the identification of important market factors. For sure it is thought that marketing research as a marketing tool impacts indirectly and optimizes managementôs decisions based on risk reduction. Therefore, marketing public relations (MPR) research serves as a strong component in the process of decision making by helping to achieve the desired level of validity within important market factors and by so doing optimizes managementôs decisions based on risk reduction (Bellenger, 2009).

According to Piotr (2012), organizations that are marketing research effectiveness-oriented entrust it not only to one group within the company structure but put it across the entire organization. They bet their future success on effectiveness, that is - in marketing/public relations research. Thus, adoption of effectiveness in marketing research requires changes in organisational culture, behavior, and skills of the entire employees. Such changes do not happen by accident; they must be led by senior marketing executives with passion and satisfaction for marketing/public relations research. If this kind of organisational culture is adopted in public health campaigns and healthcare delivery/services in the country, health management staff would be in better steads to discern when public mood is favourably disposed towards them or not and the country would have averted such disasters like the mindless killing of nine nurses on immunisation campaign in Kano State in 2012.

Research Objective 3: To determine the significance of public relations inter-personal communication tools of counseling and health-talks for successful health care delivery programs in the South East of Nigeria.

The number three result in this study indicated that public relations inter-personal communication tools of counseling and health-talks were highly significant for successful health care delivery programs in the South East of Nigeria. We are the least surprised with this result. One of the major problems of the Nigerian health care delivery services sector is the apparent lack of public relations inter-personal communications between health care managers and the public. Even in most government hospitals, two-way inter-personal communications between most doctors and patients is very cold, leading to the patients resort to quacks like patent medicine dealers where they feel they could be given better personal cares and listening ears. Doctors and other public health care agents in the country should be sent on public relations inter-personal communication workshops, where they would be trained on better doctors-patients relationship, communications and patientsô cares. There are times, when a patientôs problem could be emotional distress or psychological problem, especially in our prevalent harsh economic realities. Hence, it takes a very calm, understanding and listening Doctor to pick it out, and the best drug under such circumstance would be public relations health-talk and counsel to the patient.

Health care bearers on diverse public health campaigns like anti-HIV/AIDS, anti-smoking, immunisations, planned parenthood, maternal health and many more needs to be well-trained and skilled in public relations inter-personal communication tools of relationship building, counseling and health-talks, in order to win the cooperation of their target publics at all times, which is the only thing that will guarantee success in their campaigns, and also help them avoid pitfalls like public apathy to their messages. It will also help to douse dangerous rumours against their products or services, as was the case in some Northern parts of Nigeria, where immunization vaccines were alleged to contain be anti-reproductive agents and thus led to bloody attacks on health personnel on immunization campaigns there.

Research Objective 4: To determine the potency of public relations socio-cultural tools of town criers, village meetings and cultural ceremonies for successful health care information dissemination in South East, Nigeria.

The result number four in this study reveals that public relations socio-cultural tools of town criers, village meetings and cultural ceremonies were significantly potent for successful health care information dissemination in South East Nigeria. The town crier particularly has been one of the enduring, sustaining and inevitable communication culture and tradition of the South-East people of Nigeria (the Igbos). It has served as an age-old vehicle for successful public information dissemination, especially in the rural areas and sub-urban communities. Therefore, any health communication or marketing programme in the country that factors this fact into its campaign planning and delivery is bound to succeed, because the people are at home with it and it commands great credibility among them.

Village meetings on the other hand, serves as a veritable meeting point for the deliberation of important matters and sharing of vital information amongst the South-East people of Nigeria, especially the ruralites (Nwosu, 1996:5). Such meetings are staged in rural public locations and events like market-squares, town-union assemblies, women August-meetings, age-grade meetings, masquerade-cult meetings, titled-menôs meetings and many more. Public relations health-marketing initiatives that exploit these vital indigenous communication media are bound to succeed.

On the other hand, cultural ceremonies are crucial media for the home-coming, meeting and interaction of Igbo sons and daughters in the diaspora, rural areas and the cities. The people look forward to it with great relish and excitement. Some corporate organisations in the telecommunication sector like the MTN, Etisalat and Globacom have since learnt this and exploit it for their corporate/institutional advertisements through sponsorships and other corporate responsibility projects. Those in the public health-marketing sector could also borrow a leaf from them, by using these result-oriented public relations media of communication.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter is devoted to the summarization of the major findings of this study, followed by the conclusion of the work and the researcherôs recommendations for the way forward.

5.2 Summary of Findings

After detailed analysis of data procured in this study, the following results were obtained:

i. Public relations information dissemination tools were not significantly ($X^2_{calculated}$ = 0.250< $X^2_{critical}$ = 21.03, p>0.05) used in the execution of health care programs in South-East, Nigeria.

ii. The relationship between use of public relations research tools and successful health care delivery programs in South East Nigeria were significant (r_s = 0.675; P< 0.05).

iii. Public relations inter-personal communication tools of counseling and health-talks were significant ($X^2_{calculated}$ = 55.95 > $X^2_{critical}$ =15.51, p< 0.05) for successful health care delivery programs in the South East of Nigeria.

iv. Public relations socio-cultural tools of town criers, village meetings and cultural ceremonies were significantly ($X^2_{calculated}$ = 117.45 > $X^2_{critical}$ = 26.30, p< 0.05) potent for successful health care information dissemination in South East Nigeria.

5.3 Conclusion

Public relations information management/dissemination strategies must be appreciated and treated seriously in Public health campaigns in Nigeria, as a proactive tool to guard against such ugly incidence like the killing of nine nurses on immunisation exercise in Kano State early this year. For this to work however, the grass root people of Nigeria must be carried along, and the best way to carry them along is through the use of public relations traditional media of communications (oramedia).

Public relations issues tracking research should also be used to ascertain the feelings and perceptions of the target publics of some sensitive public health programmes like safe-sex, use of condom, immunisation, anti-drug, anti-smoking, planned parenthood and others, before sending health personnel out on such campaigns in order to forestall avoidable attacks on them. It is only after that is done, that we could now effectively deploy public relations persuasive communications strategies to win public acceptance and cooperation towards the health programmes being marketed to them.

5.4 Recommendations

Mindful of the findings of this study, the following recommendations are proffered:

i. Public relations information disseminating tools should be inculcated into the public health care programs and campaigns in South East of Nigeria, in order to enhance public awareness, acceptance and cooperation.

ii. Public relations experts should be consulted by the government to undertake the training of public health care personnel on better two-way communication skills, human relationship, for better patientsô management.

iii. Public health care policy makers should also entrench public relations research into the nationôs health care delivery system, and ensure the training of healthcare staff nationwide on this research culture, in order to imbue proactive conflict/crisis pointôs identification and management in them.

iv. Public relations educational programmes should also be packaged and used to peacefully enlighten members of the public on the need to adopt most of the governmentally-promoted health campaign initiatives like safe-sex, use of condom, immunization of their babies, participation in sanitation, regular washing of hands, use of insecticide treated mosquito nets, HIV tests and many more, which some members of the public are either apathetic to or kicking against.

v. Public relations persuasive communications and appeals must be employed in the nationôs public health campaign systems in order to help minimize public apathy and attack on health care personnel witnessed in the execution of some of them in the past.

vi. Diagnostic public relations research or evaluative research should be used by public health care promoters/managers in the country to understand where each of the health care campaign projects stands at every moment, how it got there, and how to do it better in future.

5.5 CONTRIBUTIONS TO KNOWLEDGE

In this contribution to knowledge, the researcher adapted ideas from other health communication models that have been applied successfully in healthcare campaigns in other countries, and modified them to suit the Nigerian local environmental realities. The notable model among them is Godiwalla and Godiwalla (2002), marketing issues model for the hospital industry published in the International Journal of Health Care Quality Assurance.

5.5.1: Health Public Relations (HPR) Model for Enhancing

Public Health Care Delivery Campaigns in Nigeria

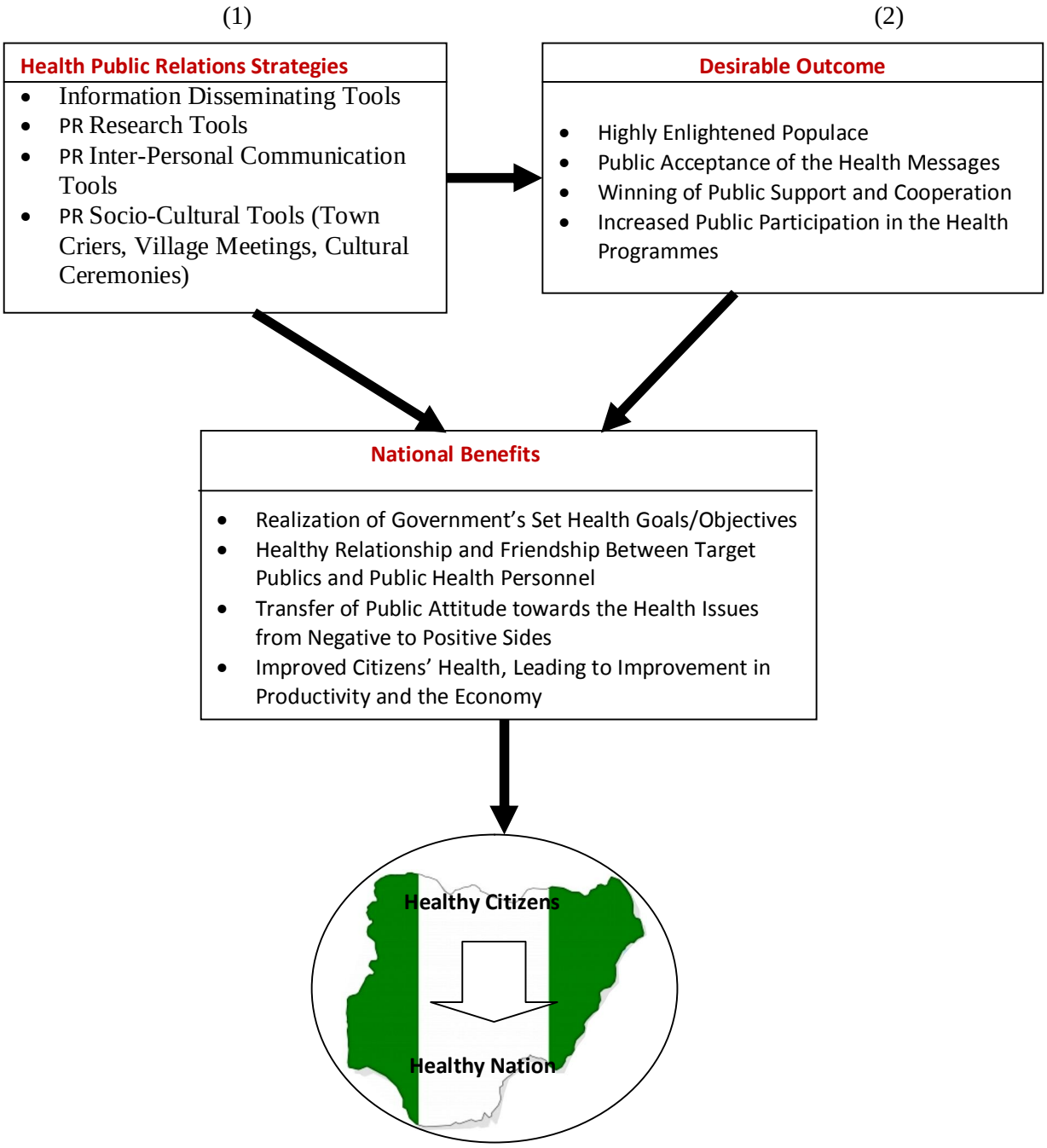

Fig 5.1: Health Public Relations (HPR) Model for Enhancing Public Health Care Delivery Campaigns. Adapted from Godiwalla, Y.H., Godiwalla, S.Y. (2002). Source: Marketing issues for the hospital industry. International Journal of Health Care Quality Assurance, 15, 1, 25-28.

The HPR model kicked-off with the workable public relations strategies by emphasising that public relations tools like information disseminating tools, PR research tools, PR inter-personal communication tools and PR socio-cultural tools of town criers, village meetings and cultural ceremonies are very crucial for the realization of every public health campaign initiative in the country, especially those ones that are hard to sell to the masses.

When the above-stated public relations strategies are fervently adhered to, it will lead to some desirable outcome like highly enlightened populace, public acceptance of the health messages being promoted, winning of public support and cooperation and increased public participation in the health programmes. This ensues from a professional application of the public relations strategies. Public relations in health institutions should not be left at the hands of non-PR personnel, mindful of the fact that we are talking about getting human beings to accept and key into public health programmes.

Finally, the desirable outcomes above will in turn bring some valuable national benefits which include: realization of governmentôs set national health goals/objectives, healthy relationship and friendship between target publics and public health personnel, transfer of public attitude towards the health issues from negative to positive sides, improved citizensô health, leading to improvement in productivity and the economy. Then, in the long run, all that will translate to healthy citizens which in turn translates to a healthy nation.

5.6 Area for Further Research

A critical study of the oramedia vehicles for successful health-marketing campaigns in Northern parts of Nigeria.

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APPENDIX i

(Questionnaire Forwarding Letter)

School of Post Graduate Studies,

University of Nigeria Enugu Campus,

(UNEC)

Enugu.

October 2012.

Dear sir/madam,

I am a scholar carrying out a research on the topic **"Application of Public Relations Tools in the Management of Health Care Delivery in Some Selected States of the South Eastern Nigeria (Anambra, Ebonyi and Enugu States)".**

Consequently, you are please requested to assist by filling the attached questionnaire as best as you can, bearing in mind that your responses will be of immense benefit in the overall success of the goal of the study.

May I humbly assure you that any information given herein, will be treated with utmost respect and confidentiality, and will be used purely for academic purposes only. You need not include your name and address on the questionnaire as no attempt will be made to associate responses with individuals or institutions during the course of this research or afterwards.

Thank you so much, for your anticipated co-operation.

Yours faithfully,
ONYIAJI, Judith C.
(Researcher)

APPENDIX ii

QUESTIONNAIRE

(For Health PR/Communicationôs Officers)

Instruction: (i) Please tick appropriate answer in the box provided against your choice of response to the questions as shown here: [✓]

(ii) Indicate your views about the position of health-care services in your area between year 2000-2010

Section A - Respondent's Profile

1. **Gender**

(a) Male [ ] (b) Female[ ]

2. **Age**

(a) 20 -30 years [ ] (b) 31-40 years [ ]

(c) 41-50 years [ ] (d) 51 years and above [ ]

3. **Educational Qualification**

(a) WASC/GCE/SSCE/TCH II [ ] (b) Diploma/ND/NCE [ ]

(c) MBBS/B.Sc/BA/HND/Equivalent [ ]

(d) Postgraduate Qualification [ ]

(e) Other Qualifications: Please specify: é é é é é é é é é é é é é é

4. **Marital Status**

(a) Married [ ] (b) Single [ ]

(c) Divorced [ ] (d) Separated [ ]

(a) Yes [ ] (b) No [ ]

5. **What sector of Healthcare delivery are you employed in?**

a) Public Health Sector [ ] (b) Private Health Sector [ ]

6. **At what level of health care are you employed?**

(a) Primary Healthcare [ ] (b) Secondary Healthcare [ ]

(c) Tertiary Healthcare [ ]

7. **In what state of the South East Nigeria do you discharge your healthcare services?**

(a) Anambra [ ] (b) Ebonyi [ ] (c) Enugu [ ]

8. **How long have you been under the employ of the healthcare delivery system?**

(a) Below 5 years [ ] (b) 6 - 10 years [ ] (c) 11 - 20 years [ ]

(d) 21 - 30 years [ ] (e) 31 years and above [ ]

SECTION B - RESPONDENTS' ATTITUDE TO STUDY

9. Which of these public relations information disseminating tools do you apply in your healthcare delivery?

(a) Advertising [ ] (b) Special Events [ ]

(c) Periodicals [ ] (d) Communication

10. To what extent are the public relations information disseminating tools used in the execution of health care programs in South East of Nigeria urban areas?

(a) To a large extent [ ] (b) To an average extent [ ] (c) To a low extent [ ] (d) Not aware [ ]

11. To what extent are the public relations information disseminating tools used in the execution of health care programs in South East of Nigeria rural areas?

(a) To a large extent [ ] (b) To an average extent [ ] (c) To a low extent [ ] (d) Not aware [ ]

12. Socio-cultural tools of town criers and village meetings were to a large extent potent for successful health care information dissemination in South East, Nigeria.

(a) Strongly Agree [ ] (b) Agree [ ]

(c) Undecided [ ] (d) Disagree [ ]

(e) Strongly Disagree [ ]

13. Socio-cultural tools of cultural ceremonies were also to a large extent potent for successful health care information dissemination in South East, Nigeria.

(a) Strongly Agree [ ] (b) Agree [ ]

(c) Undecided [ ] (d) Disagree [ ]

(e) Strongly Disagree [ ]

14. Public relations inter-personal communication tools of counseling and health-talks were highly significant for successful health care delivery programs in the South East, Nigeria.

(a) Strongly Agree [ ] (b) Agree [ ]

(c) Undecided [ ] (d) Disagree [ ]

(e) Strongly Disagree [ ]

15. The relationship between use of public relations research tools and successful health care delivery programs in South East Nigeria is highly significant.

(a) Strongly Agree [ ] (b) Agree [ ]

(c) Not Certain [ ] (d) Disagree [ ]

(e) Strongly Disagree [ ]

16. What factors do you think militate against the use of Public Relations in the successful delivery of healthcare in the South East?

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17. What solutions can you recommend on how Public Relations can be effectively applied in the management of healthcare delivery in the South East?

é é

é é

é é

(Questionnaire to Healthcare Receivers)

Instruction: (i) Please tick appropriate answer in the box provided against your choice of response to the questions as shown here: [✓]

(ii) indicate your views about the position of health-care services in your area between year 2000-2010.

Section A

1. **Gender**

   (a) Male [ ] (b) Female[ ]

2. **Age**

   (a) 20 -30 years [ ] (b) 31-40 years [ ]

   (c) 41-50 years [ ] (d) 51 years and above [ ]

3. **Occupation**

   (a) Civil/Public Servant [ ] (b) Student [ ]

   (c) Business/Self Employed [ ] (d) Unemployed [ ]

   (e) Others specify: é é é é é é é é é é é é é é é é é

4. **Are you living in the South East, Nigeria?**

   (a) Yes [ ] (b) No [ ]

5. **In which of the states are you living?**

   (a) Anambra [ ] (b) Ebonyi [ ] (c) Enugu [ ]

SECTION B - RESPONDENTS' ATTITUDE TO THE STUDY

6. Do you make use of medical facilities (Hospitals) where you are living?

   (a) Yes [ ] (b) No [ ]

7. What sector of hospitals do you use?

(a) Private [ ] (b) Public [ ]

(c) Traditional [ ]

8. What level of healthcare delivery do you use?

(a) Primary [ ] (b) Secondary [ ]

(c) Tertiary [ ]

9. For how long have you been using the facilities?

(a) Below 5 years [ ] (b) 6 - 10 years [ ] (c) 11 - 20 years [ ]

(d) 21 - 30 years [ ] (e) 31 years and above [ ]

10. Through which of these media of public relations do you normally receive health information from?

(a) Radio [ ] (b) Televisions [ ]

(c) Leaflets/Periodicals [ ] (d) Billboards [ ]

(d) Workshops [ ]

11. To what extent do you normally receive such health information from the said public relations media?

(a) To a large extent [ ] (b) To an average extent [ ]
(c) To a low extent [ ] (d) Not aware [ ]

12. To what extent are the information disseminating tools used in the execution of health care information accessible to people in your area?

(a) To a large extent [ ] (b) To an average extent [ ]
(c) To a low extent [ ] (d) Not aware [ ]

13. The use of town criers and village meetings has been quite successful in the dissemination of health care information in your area?

(a) Strongly Agree [ ] (b) Agree [ ]

(c) Undecided [ ] (d) Disagree [ ]

(e) Strongly Disagree [ ]

14. Cultural ceremonies had to a large extent been potent for successful health care information dissemination in your area?

(a) Strongly Agree [ ] (b) Agree [ ]

(c) Undecided [ ] (d) Disagree [ ]

(e) Strongly Disagree [ ]

15. Counseling and health-talks had been highly significant for successful health care delivery programs in your area?

(a) Strongly Agree [ ] (b) Agree [ ]

(c) Undecided [ ] (d) Disagree [ ]

(e) Strongly Disagree [ ]

16. What factors do you think militate against the effective reach of those public relations media to people in your area?

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....é é

é é é é é é é é é é é é é é é é .é é é é é é é é é é é é é é

17. What solutions can you recommend on how the reach of those public relations media to people in your area?

é é é é é é é é é é é é é é é .é é é é é é é é é é é é é é

é é é é é é é é é é é é é é ..é é é é é é é é é é é é é é

é é ..é é

APPENDIX iii

UNIVERSITY OF NIGERIA NSUKKA

VALIDATOR'S FORM

"Application of Public Relations Tools in the Management of Health Care Delivery in three Selected States of the South East Nigeria.

This is to certify that Ié . validated the above mentioned instrument and made the corrections on the following areas:

é ..

é ..

é ..

é ..

é ..

é ..

é ..

é ..

é ..

After the amendment, I consider the instrument fit for what it was designed.

Signature:é é é é é é é é é é é é

Date:é é é é é é é é é é é é é ....

APPENDIX iv

RELIABILITY TEST

The reliability test, using the Cronbach Coefficient Alpha method states that:

$$x = \frac{K}{K-1} \quad \frac{(t\ ï\ \lesssim Si^2)}{St^2}$$

Where x = Coefficient Alpha Reliability Estimate

K = Number of items

Si^2 = Variance of the whole set

1 = Constant

From the Coefficient computation, $Si^2 = 102.04$; $St^2 = 394.18$ while K = 50.

Therefore $x = \frac{50}{50\ ï\ 1} \quad \frac{(1\ ï\ 102.04)}{398.18}$

$$\frac{50}{49} \quad x \quad (1\ ï\ 0.259779)$$

= 1.02 x 0.740

x = 0.75 or approximately 1

Decision Rule: The instrument is deemed reliable when the reliability coefficient is 1 or approximately so. On the other hand, when the reliability coefficient is 0 or less than 1, the instrument is not reliable.

APPENDIX X

Test Table 1

OPTIONS	RESPONSES 'A'	RESPONSES 'B'
To a large extent	26	**29**
To an average extent	**27**	**27**
To a low extent	3	**7**
Not aware	7	**0**
Total	**63**	**63**

WEIGHT BY RESPONSES. CROSSTABS/TABLES=FACTORS BY ROW /FORMAT=AVALUE TABLES /CELLS=COUNT /COUNT ROUND CELL.(Data from tables 4.18 & 4.12).

Cross tabulation : [Data Set 0]

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
FACTORS * ROW	126	100.0%	0	.0%	126	100.0%

FACTORS * ROwCrosstabulation

	ROW		
FACTORS	1.00	2.00	Total
A	**29**	26	55
B	**27**	**27**	54
C	**7**	3	10
D	**0**	7	7
Total	**63**	**63**	126

NPar Tests: Chi-Square Test

Frequencies

RESPONSES			
	Observed N	Expected N	Residual
29	**29**	16	13
27	**27**	15	12
7	**7**	16	-9
0	**0**	15	-15
26	26	16	10
27	**27**	15	12
3	3	16	-13
7	7	15	-8
Total	**126**	**126**	

Test Statistics

	RESPONSES
Chi-Square	0.250[a]
Df	12
Asymp. Sig.	.000

APPENDIX XI

Test Table 2

Options	Data 1	Data 2	Rank 1	Rank 2	D	d^2
Strongly Agree	24	26	4	4.5	-0.5	0.250
Agree	25	26	5	4.5	0.5	0.250
Undecided	6	3	3	1	2	4
Disagree	4	4	1.5	2.5	-1	1
Strongly Disagree	4	4	1.5	2.5	-1	1

Adapted from tables 4.17 and 4.16. Source: Field Survey, 2013.

$\times d^2 = 0.250 + 0.250 + 4 + 1 + 1 = 6.5$

So $r_S = 1 - \frac{6 \times \sum d^2}{n(n^2 - 1)} =$

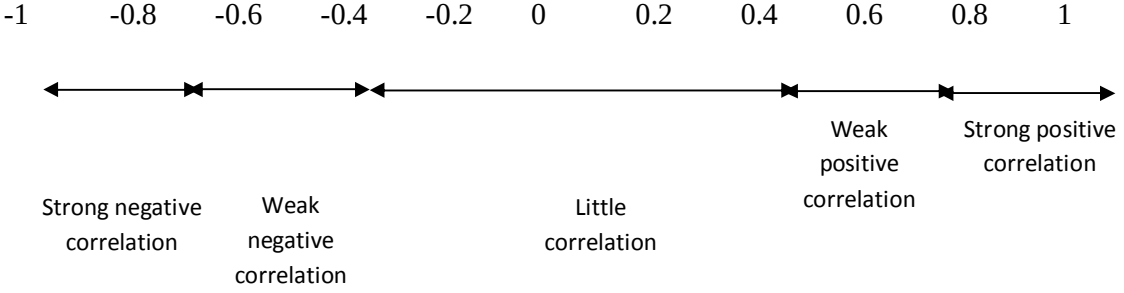
$r_s = 1 - \frac{(6 \times 6.5)}{n(n^2-1)}$

$r_s = 1 - \frac{6 \times 6.5}{5(5^2 ï\ 1)}$

$r_s = 1 - 0.325$

$r_s = 0.675$

Interpreting the Result of the Spearman Correlation Coefficient:



APPENDIX XII

Test Table 3

OPTIONS	RESPONSES
Strongly Agree	**27**
Agree	**27**
Undecided	**3**
Disagree	**3**
Strongly Disagree	**3**

Data from table 4.16. Source: Field survey, 2013. WEIGHT BY RESPONSES. CROSSTABS/TABLES=FACTORS BY ROW /FORMAT=AVALUE TABLES /CELLS=COUNT /COUNT ROUND CELL.

Cross tabulation : [Data Set 0]

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
FACTORS * ROW	63	100.0%	0	.0%	63	100.0%

Table 4.121: FACTORS * ROwCrosstabulation

FACTORS	ROW RESPONSES	Total
A	**27**	**27**
B	**27**	**27**
C	**3**	**3**
D	**3**	**3**
E	**3**	**3**
Total	**63**	**63**

NPar Tests: Chi-Square Test

Frequencies

RESPONSES

	Observed N	**Expected N**	**Residual**
A	**27**	13	14
B	**27**	12	15
C	**3**	13	-10
D	**3**	12	-9.0
E	**3**	13	-10.0
Total	**63**	**63**	

Test Statistics

	RESPONSES
Chi-Square	55.95[a]
Df	8
Asymp. Sig.	.000

APPENDIX XIII

Test Table 4

OPTIONS	RESPONSES
Strongly Agree	26
Agree	27
Undecided	3
Disagree	4
Strongly Disagree	3

Data is from table 4.14. WEIGHT BY RESPONSES. CROSSTABS/TABLES=FACTORS BY ROW /FORMAT=A VALUE TABLES /CELLS=COUNT /COUNT ROUND CELL.

Cross tabulation : [Data Set 0]

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent

FACTORS * ROwCrosstabulation

	ROWs		
FACTORS	1.00	2.00	Total
A	26	26	52
B	27	27	54
C	3	3	6
D	4	4	8
E	3	3	8
Total	**63**	**63**	**126**

FACTORS * ROW	63	100.0%	0	.0%	63	100.0%

NPar Tests: Chi-Square Test

Frequencies

RESPONSES

	Observed N	**Expected N**	**Residual**
26	26	12	14.0
27	27	13	14.0
3	3	12	-9.0
4	4	13	-9.0
3	3	12	-9.0
3	**3**	13	-10.0
4	**4**	12	-8.0
3	**3**	13	-10.0
27	27	12	15
26	26	13	13
Total	**126**	**126**	

Test Statistics

	RESPONSES
Chi-Square	117.45[a]
Df	16
Asymp. Sig.	.000