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**AN ASSESSMENT OF THE MEDIA'S ROLE TOWARDS THE CREATION OF PUBLIC
AWARENESS ON SICKLE CELL DISEASE IN GHANA: A CASE STUDY IN ACCRA.**

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**THIS LONG ESSAY IS PRESENTED TO THE SCHOOL OF GRADUATE STUDIES
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DECLARATION AND CERTIFICATION

I, Anastasia Enyonam Quainoo hereby declare that this long essay is my original research and no part has been presented for a degree in this state or any other.



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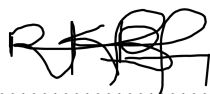
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SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this long essay supervised by me is in accordance with the guidelines on the supervision of dissertation laid down by the Ghana Institute of Journalism.



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DEDICATION

I dedicate this work to my family, particularly my Grandmother, Antonia Constance Ama Quainoo and my Mother, Ernestina Nana Dakoa Akrofi, for being a pillar of love, support and encouragement all my life.

I will also like to dedicate this thesis to all those living with Sickle Cell Disease (SCD) and still trying to make a difference just like me. It's that burning desire that keeps me (us) going.

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ABSTRACT

Health communication has been argued out to be very instrumental in the education of people on issues related to their health. Most importantly, it is considered as very significant towards the dissemination of knowledge, affecting behavior, and changing attitudes towards a health issue. In this regard, the media has been seen as very pivotal in championing this cause. It is against this backdrop that this study seeks to evaluate the role of the media in the creation of awareness of Sickle Cell Disease in Ghana. Previous studies have highlighted that the involvement of the media in the creation of this awareness could go a long way to mitigate the incidence of SCDs, based on their social responsibility function. This study seeks to evaluate the public perception regarding the various ways the media have contributed to the creation of awareness, the medium that most useful in the process, as well as the challenges that have bedeviled the media's ability to perform this utilitarian task. Most importantly, the study seeks to measure and assess the performance of the media by measuring the level of awareness of the public on issues regarding SCDs such as causes, effects, and how it can be prevented.

CHAPTER ONE (1)

INTRODUCTION

1.1 Background of the study

Health awareness is considered to be one of the most essential ingredients of life. People do not value their good state of health until they experience one form of sickness or another. In health awareness, information dissemination is a key mechanism of creating awareness, a crucial factor in the detection and prevention of diseases. Sickle cell disease (SCD) is an inherited blood disorder caused by abnormal hemoglobin (Creary, Williamson, & Kulkarni, 2007). Sickle cell disease limits the oxygenating role of hemoglobin, resulting in the damaging or the “sickling” of the red blood cells (Barakat, Schwartz, Simon, & Radcliffe, 2008). This disorder affects all parts of the human body and differs widely among individuals (Bloom, 1995). In 1910, Dr. James Herrick, a Chicago physician, was the first American to formally report and identify elongated, sickle-shaped hemoglobin in an anemic Grenadian student’s blood smear. Herrick coined the now familiar term “sickle cell” (Ogamdi, 1994). The sickle-shaped red blood cells described by Herrick caused several complications, including chronic anemia, vaso-occlusive pain episodes, ischemic organ damage, infections, small stature, and delayed puberty (Barakat et al., 2008). For many generations, sickle cell disease has been a prevalent disorder in Africa. Reports show that sickle cell disease was a well-known disorder in West Africa and that the West African natives had several local names for this disease before it was discovered in America (Reid & Rodgers, 2007).

In today’s world, media is the mirror of continuously changing society. Internet including emails and blogs, Television, radio, and newspapers play a significant role in the formation of outlooks opinions of the general public. News media highlights the personalities (politicians, film industry people, and other celebrities) and issues and the common man believes and

forms an opinion about them according to the news. Today's picture of media is entirely different. The public can talk about the incidents happening not only in the country but also outside the geographical boundaries only due to awareness created by the media be it television, radio, newspaper, or internet. The public is able to keep a track of any incident happening across boundaries and their opinion about the incident is formed accordingly. Thus, they become aware of their right and responsibility as well as solving the problem.

1.2 Overview of Sickle Cell Disease in Ghana

SCD is a chronic inherited disease affecting millions of people Worldwide Ghana, being part of the sub-Saharan zone in Africa has an alarming rate of the SCD incidence. Generally, in Ghana, as in most parts of tropical Africa, patients have limited access to quality clinical, health educational, social and psychological care. Clinical care in health facilities at the district level is basic and sometimes lacking, although 25% of the population are carriers and that 2% of all babies born, that is 1 in 50 live births, have a form of SCD (Dennis-Antwi, 1997; Ankrah-Badu et al, 2007). Furthermore, although statistics from Kumasi, which is the second-largest city in Ghana and which has the first newborn screening program in Africa, show a survival rate of over 95% among enrolled patients, screening of newborns has not been scaled up nationally. Health sector reforms started in the 1990s, with a long-term vision for growth and development that would propel Ghana from a low-income to a middle-income country by 2020. The reforms have largely focused on bridging the gaps in health inequalities, with specific emphasis on (i) reducing significantly infant, child, and maternal mortality rates, (ii) increasing access to health services especially in rural areas, and (iii) establishing a health system that is effectively re-oriented towards the delivery of public health services. With the recent introduction of the millennium development goals, critical attention has been given to maternal and child health, regenerative health, and nutrition, with

limited attention to chronic and non-communicable diseases (Government of Ghana, 1997; Birungi et al, 2006).

Over the years, SCD has scarcely been regarded as a disease of any public health significance. The health status of children with serious genetic disorders such as SCD has been submerged in statistics of death from the major childhood diseases in Ghana, such as malaria, acute respiratory infections, and malnutrition-related conditions. Of the projected 14,200 babies born each year in Ghana with a form of SCD, most go undiagnosed and probably die young (Ohene-Frempong, 2007).

1.3 Problem Statement

One of the most striking facts about SCD is the lack of public awareness and interest in this disease. The magnitude of the problem is apparent when SCD is compared to other diseases that have had a greater public interest. Mass Media are often referred to as the fourth branch of a government play an important role in the formation of public awareness providing news and views on public issues of a government. The nature of the media is to report things to the public. Daily reporting helps to bring into light different social problems or issues to the public eye. Reporters tend to report to the public all the happenings in the community, in this way the media will be doing problem identification. Media daily or weekly reportage is crucial because when the media begins reporting on the issues of importance to the public the policymakers tend to start listening. Thus, the media provide more information to the public to acquire knowledge of different socio-economic and political problems. For this through acquiring knowledge, people can be aware of right and wrong and can avoid the wrong things. So, media has a great role in raising awareness among the people on the different socio-economic problems and this study wants to clarify how the media plays such a role in the raising of public awareness.

SCD continues to be a global health problem that presents major challenges to our health care systems. The reviewed SCD literature expresses a dire need for more public education and awareness by the mass media on SCD in Ghana. In comparison with other chronic diseases and blood disorders, SCD remains one of the least understood and puzzling medical conditions by health care workers and the general public, as well as the least funded blood disorder (Clarke & Clare, 1981). Misleading descriptions of SCD, as a race-related disease during the past few decades, have significantly contributed to the rise in the public's misunderstanding of SCD (Clarke & Clare, 1981).

Besides, existing research on SCD focuses on the awareness of the disease among the public where the majority of participants are of sub-Saharan African descent. Researchers have not fully explained the socioeconomic and cultural factors have on the perception of SCD in Ghana. Therefore, a paucity of information exists regarding the awareness of the disease in Ghana. This study, therefore, attempts to determine if the public is aware of the clinical manifestations, treatments, and genetic counseling methods for SCD. This study hopes to determine whether or not the public, who are more likely to be genetically affected by this disease, are more or less aware of their SCD status.

1.4 Purpose of the study

The purpose of the study is to ascertain the role of mass media in creating public awareness of sickle cell disease. Besides it also specifies the limitation of past study on the subjects and advancing the new knowledge on it.

1.4 Aims and Objectives

1.4.1 General

To assess the level of knowledge, attitude, and practices on media in the people of Ghana and also to explore the role of Media in the raising of awareness of the people of Ghana.

1.4.2 Research objectives

The paper seeks to achieve the following objectives

1. To examine the importance of the media in health awareness campaigns
2. To understand the role of the media in the creation of public awareness about SCD
3. To understand the level of awareness of the public on SCD in Ghana
4. To investigate the challenges that the media are fraught with, in the creation of SCD awareness.

1.5 Research Questions

1. What is the importance of the media in health awareness campaigns?
2. What is the role of the media in the creation of public awareness about SCD in Ghana?
3. What is the level of awareness of the public on SCD, based on awareness campaigns propagated by the media?
4. What are the challenges that affect the role of the media in creating awareness of SCD in Ghana?

1.6 Significance of the study

Understanding consumer behavior is a strategic activity that can be applied to the overall improvement of the organization's marketing approach. As such, understanding the implications of mass media in creating awareness of SCD can be of help to marketing strategists around the target region. Moreover, the findings of the study could be generalized to apply to a wider population. Nonetheless, if the generalizability of the findings generated from the study is questionable, the researcher will propose future research areas for studying.

CHAPTER TWO (2)

LITERATURE REVIEW

2.1 Introduction

This chapter is dedicated to a review and assessment of literature that speak to the issue of Sickle cell disease and the role of the media in enhancing the awareness of the disease. The chapter begins by examining concepts such as the sickle cell disease, health education as well as the roles that the media plays towards the creation of awareness of the general public on Sickle Cell Disease. The chapter continues with an examination of empirical studies that have investigated the roles of the media in sickle cell awareness programmes and the various challenges fraught with the media's role in the creation of awareness about the condition. This section considers relevant literature on the theoretical underpinnings of the instrumentality of the media towards SCD advocacy and awareness creation. The chapter continues by discussing how important it is to understand the role of the media and the challenges they face. The chapter continues by examining empirical literature on the awareness of sickle cell disease and buttresses why there is a need for an evaluation of the media's role in sickle cell awareness. The chapter finally ends by proposing a theoretical framework that speaks to the improved participation of the media in the creation of Sickle Cell awareness.

2.1 Discussion of concepts

2.1.1 Health Promotion and Education

Health has been an elusive term due to the multiple ways and perspectives that the concept can be analyzed. There are many ways through which health can be envisioned. The World

Health Organization (WHO) defines health as the state of complete physical, mental, and social wellbeing and not merely the absence of diseases or infirmity (WHO, 1947). The definition by WHO continues by stressing on the fact that health refers to the highest attainable standard of living that is one of the fundamental rights of every human being. According to Gorin et al (2006), freedom from disease and illness implies an ideal state among three sources of wellbeing which are physical wellbeing, mental wellbeing, and social wellbeing.

Importantly, Robertson and Minkler (1994) see health as a process of empowerment, where there is a strong link between individuals' or communities' sense of power and the level of health they experience has been identified. This empowerment process is the core of health intervention strategies that are aimed at improving the health of populations. The Ottawa Charter of the World Health Organization broadened the conceptualization of health to also include an understanding of the social, political, and economic determinants of health. To reach a state of health, "an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment (WHO, 1986). Health, in this case, can therefore be seen as a resource for everyday life.

In a conference in Alma-Ata, Kazakhstan in 1978, there was the expressive need by nations throughout the world for the development of access to healthcare that will enable their citizens to lead productive lives (Gorin et al, 2006). In a meeting following up in Latvia in 1988, the gaps in healthcare delivery were identified and strategies to achieve health for all persons by the year 2000 were drafted. According to Gorin et al (2006), the strategies called for empowering persons by providing information and decision-making opportunities and improving education and training programs in health promotion and prevention for health care professionals, among others (WHO, 1988). To implement the aim of the first conference and to develop the strategies of the second, WHO (1984) conceptualized health promotion as

a multidimensional characterization of health that incorporates a multitude of strategies, including individual and community change. The following are the principles of health promotion that were promulgated;

1. Health promotion includes the population as a whole in the context of individuals' everyday lives, rather than focusing on persons at risk for specific diseases.
2. Health promotion is directed toward action on the causes or determinants of health.
3. Health promotion combines diverse but complementary methods or approaches, including communication, education, legislation, fiscal measures, organizational change, community development, and spontaneous local activities against health hazards.
4. Health promotion is particularly aimed at effective and concrete public participation.
5. While health promotion is an activity in the health and social fields and not a medical service, health care professionals, particularly in primary health care, have an important role in nurturing and enabling health promotion.

In the global policy model, Gorin et al (2006) advance that health is not a good in and of itself or value in its own right but a resource for living and as such, requires multisectoral cooperation among public health, transportation, social welfare, and other systems like the media, which are all considered necessary to the equitable distribution of health resources.

USAID (2009) advances that the media is an important ally in any public health situation or any health promotion activity as it serves the role of being a source of correct information as well as an advocate for correct health behaviors. But before the media can perform its role of being an important ally in the promotion of healthy behavior, it needs to understand the issues surrounding the behavior, policy, and practices, as well as the importance of the recommended health behavior. The mass media helps health workers expand their audience

reach, which is crucial considering the limitations of face-to-face channels of communication (USAID, 2009).

The local and international media play a vital role as the link between health workers and the larger public. Health authorities educate and entrust the media with essential health information, which is then relayed to the public in readily accessible formats through a variety of media channels.

Health communication has been by seen Rimal and Lapinski (2009) have relevance for virtually every aspect of health and well-being, including disease prevention, health promotion, and quality of life. The increase in the prominence of the field of health communication is a product of important developments such as the study of environmental, social, and psychological influences on behavior and health (Rimal and Lapinski, 2009).

Today, communication is at the heart of who we are as human beings. Global challenges posed by threats have given credence to the assertion by health communication scholars and practitioners to recognize the potential of communication in disease prevention and understanding of human behavior, giving rise to theories about perceptions, social norms, and uncertainty of health behaviors (Rimal and Lapinski, 2009).

Communication is our way of exchanging information and signifies our symbolic capability, a process referred to Carey (1989) as the transfer and ritual views of communication respectively. Carey (1989) recognized that communication serves an instrumental role where it helps one acquire knowledge, but it also fulfills a ritualistic function; one that reflects human beings as members of a social community. As such, intervention efforts to change behaviors are all seen as communicative acts. The utmost focus on only the transmission of information results in the neglect of the ritualistic processes that are automatically engaged through the process of communication (Rimal and Lapinski, 2009).

Rimal and Lapinski (2009) outline three important considerations that interventions that emerge from this dual view of communication should be embedded in. Firstly, there should be the realization that the communication intervention do not fall in a social vacuum, but rather processed through individual and social prisms that to a large extent, determine what people encounter and the meaning that they derive from the communication, depending on factors at the individual (prior experience, efficacy beliefs, knowledge, etc.) and the macro-social (interpersonal relationships, cultural patterns, social norms) levels (Rimal and Lapinski, 2009). The second consideration, according to Rimal and Lapinski (2009) is the expectation of discrepancies that arise due to different levels and forms of exposure to the information disseminated through the intervention and the differences in the interpretation or decoding of information received. Thirdly, communication is a dynamic process in which the sources and recipients of the information continuously interchange their roles based on central tenets of health communication interventions being the need to conduct extensive formative evaluation and audience needs assessments. The use of health communication in public health presents challenges which affects the success of health interventions. There is the need for the evaluation of communication interventions, especially the ones involving the use of the mass media.

2.1.2 Health Communication and Public Awareness

Scholars have described and defined health communication from different perspectives due to the fact that there are no universal definitions. But there are perspectives that define health communication. In a broader stroke, Sixsmith et al (2014) define health communication as the study and use of communication strategies to inform and influence individual and community decision that enhance health outcomes. Health communication is seen by (Oyama & Okpara, 2017) to be a preventive measure of communication where health messages are disseminated using media technologies and organizations for the purpose of creating

awareness about diseases and ailments. It encompasses health promotion, health protection, disease prevention and treatment, which is pivotal to the overall achievement of the aims of public health. The assessment of Kreps (2015) leads us to believe that health communication however, examines the influence of human and mediated communication on healthcare delivery and the promotion of health. He asserts that the process is problem-based and identifies serious issues in communication that impedes the healthcare quality and the promotion of healthcare as well as helps suggest accurate health communication intervention, policies and programmes for improving the quality of healthcare practices (Oyama & Okpara, 2017).

The purpose of health communication, as advanced by Oyama & Okpara (2017) is to change the behaviors of individuals and communities about issues pertaining to their health, healthcare delivery and policies. Airhihenbuwa (2000) believes health communication is a social marketing strategy that aims to change the behavior of people and promote acceptability of a health campaign. Guttman and Salmon believe and agree that health communication helps in raising awareness of the risk from chronic diseases or infections and helps with the promotion of recommended treatments.

Adopting the perspective of Kreps (2003) cited in Cocoran, health communication is described as a resource that allows health messages which are used in the education and avoidance of ill health. Health communication evaluates the strategies, techniques, and skills employed by media practitioners and their organizations in delivering quality health campaign messages aimed at creating awareness to change behaviors about people's health and to prevent certain diseases, thereby encouraging healthy living and wellbeing.

2.1.3 Elements of Effective Health Communication Campaigns

Oyama & Okpara (2017) advance that for health communication to be effective, it has to provide people with adequate information that is needed to help raise awareness about health hazards and panaceas, provide the inspiration that is required to lessen these hazards, support them especially for those in related predicaments, and also emphasize a habit, a behavioral change or a reorientation

There are several methods in which health communication can be practiced or deployed. These methods include media literacy, media advocacy, public relations, advertising, education entertainment, individual and group instruction, as well as partnership Development (Arkin & Doner, 2004). These methods according to Raingruber (2014) are avenues and strategies by which health campaigns can be deployed for behavioral change, disease prevention and health education and can be achieved with the right health campaign and a complete execution of the health communication process.

One of the most efficient ways to promote good health in the society is through employing good communication campaigns aimed at informing and educating the public about healthy habits and good health care (Crawford & Okigbo, 2014). A health communication campaign is a series of coordinated messages or other promotional efforts designed purposely to accomplish fixed goals and objectives. Satcher et al. (2000) suggested reputable outputs that can be used to measure the effectiveness of a health communication campaign. According to them, Accuracy, Availability, Consistency, Balance, Cultural Competence, Evidence base, Reach, Reliability, Repetition, Timeliness, and Understandability are few of the elements, that can be used to measure the effectiveness and efficiency of a health communication campaign.

2.1.4 The efficacy of mass media in public awareness campaigns

Public health campaigns have generally aimed primarily to change knowledge, awareness and attitudes, contributing to the goal of changing behaviour through the mass media (Health Development Agency, 2004). Health communication campaigns including mass media and health-related product distribution have been used to reduce mortality and morbidity through behaviour change. Quattrin et al (2005) intimate that public health programmes may benefit from the use of mass media to promote health behaviors. Robinson et al (2014) indicates that health communication campaigns apply integrated strategies to deliver messages which are either directly or indirectly designed to inform, influence, and persuade the attitudes of target audiences which may result in changing or maintaining healthy behaviors.

Messages about health campaigns can be transmitted through a variety of channels such as traditional media (like television, radio and newspapers), the internet and social media (websites, Facebook and Twitter), small media (like brochures, posters and fliers) as well as one-on-one interaction (Robinson et al, 2014).

Robinson further portends that the use of traditional or mass media in particular, in health communication campaigns and public awareness programmes has the potency to transmit behavior change faster and farther than other communication approaches (Robinson et al, 2014). A variety of campaigns, that have been pivoted around the use of traditional or mass media have generally been argued to be successful and effective. Programmes such as the SunSmart Campaign was argued by Robinson et al (2014) to have embraced the use of both broadcast and print media to communicate skin cancer messages which substantially increased the protection behaviors recommended by the campaign. Other examples such as tobacco counter marketing campaigns which equally revolved around the use of mass media led to reductions in the use of Tobacco both in the United States and internationally. The Florida “Truth” campaign used paid TV and radio advertisements, along with billboard and

other print media, to expose youth to the tactics of the tobacco industry, the truth about addiction, and the health and social consequences of smoking (Farelly et al, 2006)

The Health Development Agency (2004) asserts that mass media campaigns have reinforcing components that helps to mobilize and support local agencies and professionals who have direct access to individuals within the target population, brings together partnerships of public, voluntary and private sector bodies and professional organizations. The HDA report also states that the use of the mass media in public awareness campaigns helps in informing and educating the public by setting an agenda for public debate around the health topic which helps to improve the opinions and myths surrounding the health issue. Incorporation of the media in strategic awareness campaigns according to HDA (2004) also helps to encourage local and national policy changes which helps to create a healthy environment within which people are made to change their behavior.

Wakefield et al (2010) believes that media campaigns work through direct and indirect ways to change the behavior of people by invoking in individuals, emotional and cognitive responses. The anticipated outcomes of public awareness campaigns done through the media includes the removal of obstacles to behavioral change, thereby helping people to adopt healthy, as well as recognize unhealthy outcomes while associating emotions with achieving these changes (Wakefield et al, 2010). These changes help to strengthen the intentions to alter and increase the likelihood of achieving new behaviors (HAD, 2004).

Wakefield et al (2010) further indicate that behavioral changes may be a product of indirect processes where the media has the propensity to set an agenda for the behavior which in turn, exacerbates the frequency and depth of interpersonal interactions about a particular health issue with the social network of an individual. The exposure of the individuals to these messages may reinforce, or in some cases, undermine specific changes in behavior. The

ability of the media to reach large audiences results in the normalization of the communicated behavior within an individual's social network and this may resultantly induce and influence change in behaviors in people who have not been directly exposed to, or were initially influenced by the campaign messages (Wakefield, 2010).

2.1.5 Role of the media in health communication and awareness campaigns

Oyama and Okpara (2017) intimates that health communication and for that matter the media is an integral part of any communication intervention that is aimed at changing the behaviors of individuals and communities about a health habit. It one thing to know what to say and it is an entirely different thing to know how to say it. As such there is the need for communicators who can interpret a piece of information and know how to effectively deliver it across (Oyama and Okpara, 2017). In that same regard, Agba (2007) advise that the media should have at the core of its activities, the public interest mantra, in order to discharge their role properly in critical times. Lasswell (1948) ascribed three roles of the media which is incorporated and reinterpreted by Oyama and Okpara (2017). These three functions are discussed first within the purview of Lasswell (1948), then goes on to the ascribed determinants of each role in the pursuit of achieving health outcomes.

1. Surveillance of the environment

The primary function of the media is to gather information for the public, in a bid to bring the awareness of the public to these occurrences (Westley & Maclean, 1957). Health communication requires dissemination of information that is attributed to ailments and diseases that attack people, some of which may be unknown due to little or non-existent information being available to and on the media. Oyama and Okpara (2017) advance the idea that since only few diseases make the headlines questions like the responsibility of the media to perform its surveillance function in health communication. Before the outbreak of the

Corona pandemic, and of all deadly diseases with high casualties, it is the Ebola outbreak in 2014 that brought out the best in local, as well as international media (Oyama and Okpara, 2017). Nwanne (2014) also believes it is in light of this Ebola virus, that the media urgently and creditably recognized and lived up to their mandate of performing their surveillance role by unearthing the dangers of the Ebola virus as well as information about its prevention. The media, therefore can help in creating public awareness by setting the agenda about the diseases or illness that threaten their health, through the education of the public.

2. Correlating of different responses to the environment

Aghamelu (2013) agrees with Cohen (1970) that news is now complicated and moves beyond merely reporting, and that current times demand for journalists to analyze the news. The implication here is that the media has an interpretive function where campaigns about the health needs of the people are interpreted and contributes to the vibrance and efficacy of the health system. The media plays this role of interpretation by correlating different responses to the environment and inform the people about their diseases, nutrition and several other health concerns that endanger the lives of the people. This involves also helping them understand the implications of health campaigns on health issues. In this regard, Oyama and Okpara (2017) argue that the media need to collaborate with communicators on how to deliver these health messages to the public. The campaigns must be communicated in a way the target audiences will be able to understand and deduce the consequences of ignoring or refusing to adhere to the messages in the campaigns and exhibiting certain risk behaviors. Oyama and Okpara (2017) further argue that should do more than “Cheque book journalism” and advance that since the media owes the society a responsibility, airtime and spaces must be dedicated to health issues, as well as medical professionals to simplify health messages that are sometimes very complicated.

3. Transmission of social heritage

The fact remains authoritative that the media has a crucial role to play in channeling health campaigns to serve the goal of national development. As part of the ways in which the media can effectively contribute to the country in this regard, Oyama and Okpara (2017) advocate that the media should begin to incorporate health messages in children programmes such as cartoons and videos, so children will begin to value their health at a young age and grow up, cultivating the right attitude towards their health. Health messages should be made a norm by media, in the actuation of their activities and programmes.

4. Mobilization

In the view of McQuail (2005), social mobilization is another important role of the media where the media help to mobilize people from the grassroots. Banducci and Semetko (2003) argue that mobilization has often be constructed and interpreted in a myopic view as the political activity that encourages supporters to turn out. They advance that mobilization is not just a political activity, but an embodiment of activities that warrants people, followers, supporters or the public to support a particular idea, policy or behavior (Banducci and Semetko, 2003). It is believed by the duo that communication campaigns can help in the sensitization of people in order to change their behaviors and attitudes towards their health. The campaign's ability to change behavior is based on its visibility. It helps to bring people together, muster and influence them to take a collective act in the pursuit of a particular purpose by mobilizing the people against bad habits and promotes healthy behaviors (Oyama and Okpara, 2017).

2.1.6 Policies on Sickle Cell Disease (SCD) management

The inception of Ghana's five-year programmes of work (POW) in the 1990s, the country has been observed to have marked progress in the control of vaccine-preventable diseases such as

poliomyelitis, measles, diphtheria and tetanus, while communicable diseases such as malaria, tuberculosis, HIV/AIDS and guinea worm are still prevalent; maternal, infant and child mortality are still very high, and non-communicable diseases are on the increase due to changes in lifestyle and nutrition (Aikins and Arhinful, 2006).

The current and the third POW spanning 2007–2011 has adopted a preventive paradigm shift that seeks to address these challenges by creating wealth through health (MOH, 2007). A four-pronged strategy including promoting healthy lifestyles and healthy environments and increasing access to quality health and sustainable financing has been described to guide programme implementation (Antwi, 2008). Though SCD management is implied in the strategy of improving quality health, it is not overtly discussed.

Generally, trends in health care in Ghana have, like most African countries, lagged behind the developed world. However, the average life expectancy has increased from 45 to 57.5 years (Dick, 2006). The slow rate of change has been partly due to the fact that Ghana has a low gross domestic product (GDP) and a per capita income of US\$1400 per annum in 2007 (Central Intelligence Agency (CIA) 2007). Ghana is heavily dependent on international financial and technical assistance, thereby making it difficult to institute effective and adequate services including health care for SCD patients (CIA, 2007)

The situation is different in most parts of Europe and the USA where there are widespread SCD screening programmes on both universal and pilot bases. Antwi et al (2008) argue that there are clear guidelines governing the screening and management of SCD. Sadly, Ghana, like most sub-Saharan African countries, has no national policy, national guidelines for management, or national statistics on SCD, although nearly 25%, one in four, of the population are carriers and 2% of all babies born, 20 births per 1000 live births, have a form of SCD (Dick, 2006; Ohene-Frempong, 2007).

So far, Ghana has initiated discussions about the establishment of a national SCD programme (Antwi et al, 2008). These discussions began in earnest in 2006 with the selection of a national taskforce including Dr Jemima Dennis-Antwi (lead author) to develop policy guidelines for management. These guidelines were completed in October 2007 and are currently awaiting final adoption as a policy for dissemination and national use (Ankrah-Badu et al, 2007). In 2007, and for the first time, basic information on SCD was included in the national child health growth monitoring plan for mothers to be aware of SCD and the need for testing.

Historically, through the initiative of Dr FID Konotey-Ahulu in the 1960s, the first comprehensive SCD programme was established at Korle Bu Teaching Hospital in Accra to provide specialist care for all patients' country-wide. This programme eventually progressed to become the Institute of Clinical Genetics in 1974 (KonoteyAhulu, 1991). Until 1992, the facility in Accra was the only one established to cater for the healthcare needs of SCD patients. In the majority of Ghanaian children and those in other African states, SCD diagnosis is often delayed and made only after several visits to the hospital or clinic with acute illness, rather than as an early diagnosis through neonatal screening (Ohene-Frempong and Nkrumah, 1994; Rahimy et al, 2003; Tshilolo et al, 2008). Children who are fortunate to be living in urban and peri-urban communities are those who are likely to have access to better diagnostic services which are often based on solubility tests, though these are not sensitive enough to detect high levels of haemoglobin S (HbS). Solubility testing is a simple test often used in sub-Saharan African clinical care laboratories to detect the presence of HbS in blood. A chemical is added to the patient's blood sample that reduces the amount of oxygen it carries. In those who carry even one sickle cell gene, some HbS will be present. However, these tests give inconclusive results as they do not distinguish between SCD and

sickle cell trait (Anionwu and Atkin, 2001; American Association for Clinical Chemistry, 2006; Tshilolo et al, 2008).

2.2 Review of related studies

2.2.1 The importance of the media in health communication and health awareness campaigns

Quattrin et al (2015) in examining the relationship between mass media and health promotion campaigns aver that public health programmes benefit greatly from the use of mass media to provide positive health behaviors but remain indifferent about the impact that the mass media has. The study explored the relationship, effectiveness and methodology of the interventions for interventions carried out by the mass media in the past fifteen years. The results of their examination of literature that documented these campaigns, 10571 publications related to the mass media in health campaigns were used. Television appeared to be the most used medium and the behaviors that these campaigns tackled were tobacco control, substance abuse and misuse, physical activity, and sexual health. The review of literature by Quattrin et al (2015) highlights the potential impact of the media on health-related knowledge, attitudes and behaviors. Quattrin et al (2015) however propose and recommend that important health issues that have not been considered till now, such as cancer, chronic diseases, mental health, vaccinations should consider the use of the mass media as an important tool in strategy formulation phase.

In a similar pattern, Sharma and Gupta (2018) conducted a study in Rajasthan in relation to how the mass media is used for health education. The authors agree that health education is an important part of public health. Since it aims at positively influencing health behavior. Sharma and Gupta (2018) in the paper argue that mass media plays a critical role because not only do they create awareness about a particular health behavior, disease, knowledge or attitudes, but they also inform and educate people with the broad aim of achieving better

health outcomes. In other words, the media was established to be very instrumental in behavior change. In a survey, the authors demonstrate how a large group of the respondents responded affirmatively when asked about the ability of the media to create awareness and how important the media is in the process of health education (Sharma and Gupta, 2018). Television was indicated by the respondents sampled for the survey to be the most effective medium for health communication.

Wogu et al (2019) in assessing the role of the media in the prevention and control of meningitis intimate that Nigeria has huge numbers of meningitis. The objective of the paper was to examine the role of the media in health campaigns. The results revealed that the role of the media in Nigeria during meningitis outbreaks is positive and supportive, thus buttressing the views of many other scholars.

However, in Ghana, Diedong (2013) assessed the role of the newspapers in covering health issues in Ghana. He indicates that enhancing the quality of health of Ghanaians is central to the ability to create and maintain a healthy labor force for its socio-economic development as well as enabling the people in the country to live in dignity. Dedong (2013) agrees with the fact that, the media can influence people with relevant information so as to empower them in their health seeking behavior and attitudes. Through a content analysis of three newspapers in Ghana namely the Daily Graphic, Ghanaian Times and Public Agenda, Diedong (2013) interrogated how the newspapers portray shared understanding of issues and problems of health by analyzing how newspaper articles are framed to empower readers towards the attainment of better health and the solutions offered to these health issues. The study showed that malaria, HIV/AIDS, cardiovascular diseases and eye infections were the health issues that received newspaper coverage. Diedong (2013) argues that, the stories in the coverage of the listed health issues were mainly with an informational frame in order to create awareness on them and the necessary knowledge needed to take action.

Benefo (2004) examines and analyzes how exposure to HIV/AIDS information on the mass media influences knowledge of the disease and the risk behaviors in Ghana, at the early stages of the epidemic. Benefo (2004) acknowledges that mass media exposure increases awareness of the causes of the disease as well as ways of preventing the disease. One thing worthy of being mention is the acclamation that, exposure to multiple channels of communication and media plays a reinforcement role in health messages disseminated by the mass media about the epidemic. Bnenefo (2004) however notes that mass media exposure has no impact on the awareness and preventive measures in that, they (i.e. mass media) fail to address the needs of the poor of important stakeholders, whose activities are instrumental towards the spread of the disease and are core causes of the infection in Ghana

2.2.2 Challenges of the media-centered awareness campaigns

Diedong (2013) enumerated several issues that belittle the media's ability to create awareness and disseminate information adequately on prevalent health issues. In his examination of newspaper coverage of health issues, Diedong (2013) realized that there were no special articles that provided the readers with basic information about diseases such as the definition, causes, treatment and preventive measures. He concludes that in the Ghanaian newspapers, the typical framing process espoused by Entman (2003) was scarcely used. This non-prominence of the medical framing within the Ghanaian print media is an area of great concern and Diedong (2013) suggests that the media lacks the sophistication in dealing with such health issues. Additionally, the institutions in charge of health delivery and its allied agencies lack the proactiveness and innovation to engage the media to focus on medical framing dimension or specialized health reporting. Diedong (2013) further indicates that, the current approach used by the media to tackle health issues are mostly reliant on event driven news instead of being entrepreneurial in the use of journalistic approaches in tackling health-related issues that have the potential to empower the people with knowledge, skills and

attitudes, as well as coping strategies of managing health. His assertion is a confirmation of other studies which advance that despite the instrumental role of the press, there is a dearth of scientific reporting in Ghanaian newspaper (Tuurosong, 2005; Kwansah-Aidoo, 2003; and Nyame, 2000). However, the study by Diedong (2013) can be challenged on several levels such as the limitation of the study to one media and particularly the examination of newspapers in a region where the illiteracy level is known to be high and is also characterized by inhabitants with relatively poor earnings who cannot afford a newspaper. But it is true, however that newspapers can play a good role of projecting health issues in meaningful frames in Ghana.

2.2.3 Sickle cell knowledge and awareness

During the past four decades, there has been significant strides on research on SCD. However, much of the reviewed literature shows a lack of knowledge on SCD among at-risk populations (Osbourne, 2011).

In a study by Boyd et al. (2005), 264 African-American women between the ages of 18 and 30 from St. Louis, Missouri, participated in a cross-sectional telephone survey on SCD. These authors found that 30% of the African-Americans contacted had no prior knowledge of SCD and were released from their study. Of the 162 women who met the eligibility criteria, only 9.3% understood the inheritance pattern of SCD, and 11% were unaware of their carrier status (Boyd et al., 2005). In addition, participants did not understand treatment strategies for SCD, yet most participants were well aware that SCD is a defective blood disorder and that pain episodes are a major complication (Boyd et al., 2005). This study provided strong evidence that African-American women in their prime reproductive age are still not equipped with adequate information on SCD, SCD incidence, and inheritance patterns (Boyd et al.,

2005). Such general information is essential when making informed decisions on having a child (Boyd et al., 2005).

Treadwell et al. (2006) surveyed 282 people from northern California about their exposure to and knowledge of sickle cell disease and sickle cell traits. Interestingly, 68% of those interviewed in this study responded correctly to knowledge questions about SCD. Only 15% of the respondents were aware of their own trait status. A majority of respondents reported that they received SCD testing at their local community, hospital, and clinic (Treadwell et al., 2006).

Ogamdi (1994) evaluated the general knowledge of SCD among 334 students from a university in southeastern Texas. Study results illustrated that approximately 81% of students were not unaware of the genotype describing SCD, and more than 60% of students were unaware that SCD is a preventable disease if individuals made “responsible” reproductive decisions (Ogamdi, 1994). On the other hand, 63% of students were able to correctly answer knowledge questions regarding symptoms of SCD. A significant limitation of this study was that not all questionnaire responses were reported in frequencies. However, this researcher has concluded that individuals between the ages of 19 and 30 lack the understanding of basic facts concerning SCD. A need exists for more sickle cell screenings, education, and counseling among university students

In a similar study, Stewart and colleagues conducted a mixed-method study using a sample of 191 African-American college students from the Southeast who ranged from 19 to 30 years of age (Prabhakar, 2009). Their study focused on examining the knowledge and belief systems surrounding SCD, the SCD trait, and genetic testing among young African-American adults (Prabhakar, 2009). The investigators found a lack of knowledge regarding carrier status, family history, and genetic testing among the target group (Prabhakar, 2009)

A study by Osbourne (2011) to determine whether college students have any prior knowledge about the sickle cell disease, a survey was conducted among the students of Illinois to find out their background knowledge on SCD. Her study revealed that the participants had some existing knowledge about SCDs, but they scored lowest when asked about the prevalence rate of the disease. The findings also correlate with other studies concerning the public being aware of patterns of inheritance and prevalence or incidence rates of SCDs. Just like Boyd et al (2005), Osbourne (2014) also shows that students of the college scored low on knowledge of inheritance patterns of SCD. This means that individuals could be unaware of the probability of they being carriers of the disease and could be at risk of producing an offspring with SCD or the sickle cell trait. The findings from Osbourne (2011), as well as other prior studies show that there has been excessive focus by academics and researchers on the biological genetics of this disease, but not much research has specifically addressed the awareness of this disease in all populations. She recommends that further studies are needed to address the effectiveness of intervening media campaigns to increase sickle cell awareness. It is important to evaluate which media source is most effective in increasing the public's awareness on this disease (Osbourne, 2011).

Ugwu (2016) conducted a study to determine the awareness, knowledge and attitude among undergraduate students of the Nigerian tertiary institutions. In a broad stroke, her study aimed to assess the level of awareness and knowledge and attitude to people living with SCD among undergraduate students. She used a cross-sectional descriptive study where the 329 participants were selected using multistage sampling technique. Ugwu (2016) argues empirically that all the participants were aware of the existence of SCD with lecturers and health workers being their sources of information although a good number demonstrated some misconceptions with regards to the disease. The study also showed that majority of the participants had a positive attitude towards people living with SCD. Majority of the

individuals that demonstrated an adequate knowledge of showed a positive attitude towards those living with the disease and those who demonstrated inadequate knowledge and misconceptions indicated otherwise (Ugwu, 2016). Ugwu (2016) recommends that health education should be intensified to impact sufficient comprehensive knowledge about SCD to enable people make informed decision about their marriage and partners so as to prevent procreation of children infected with SCD.

Antwi et al (2008) accessed the healthcare provision for the sickle cell disease in Ghana. They portend that healthcare provision for SCD patients requires a multidisciplinary team of well-trained professionals supported by a defined system of social support that caters to their physical, emotional, psychological and financial needs. However, despite their diverse health and social need for survival, SCD patients have limited access to quality clinical, health educational, social and psychological care in most sub-Saharan countries (Antwi et al, 2008). This article acknowledges the limited resources available for managing the disease in most parts of tropical Africa and the lack of accurate data to assess the impact of the disease on public health generally (Antwi et al, 2008). The study recognises that expensive and high-technological solutions to health care developed in the USA and the UK are not best suited to a low-income country such as Ghana. However, it argues strongly for the need to improve healthcare and social services for patients and families, to improve on the quality of life of SCD patients through the adoption of an affordable intermediate strategy that could be the model for the development of services in both Ghana and other comparable African countries.

Antwi (2008) argues that the success of any comprehensive care programme for SCD patients and their families is heavily reliant on parent and patient education. Several projects and programmes attest to this assertion (Anionwu and Atkin, 2001; Rahimy et al, 2003; Kafando et al (2005); Tshilolo et al, 2008). Educational programmes are largely responsible for

encouraging affected persons to be fully engaged with their care and to positively take control over their lives. Unfortunately, Antwi et al (2008) note that, most of the SCD-related information received by affected people in an organised and consistent way in Ghana is from the centres in Accra and Kumasi. In Kumasi, a comprehensive educational programme to support the new-born screening programme was established. Mothers of newborns identified to have SCD are enrolled for continual education and counselling on healthcare maintenance for their babies. Public educational programmes are also organised to increase public awareness on SCD. The authors note that this strategy is similar to that used in Benin where a comprehensive education programme was set up to support parents as part of the newborn screening programme ((Dennis-Antwi, 1997; Rahimy et al, 2003). However, in other parts of Ghana, limited programmes may be organised on an ad hoc basis at schools and in churches as part of individual or collective initiatives by health workers or community members. Annual campaigns involving the mass media and interpersonal interactive sessions are also held in the month of May to celebrate Africa Day for SCD, but these are one-off events with a limited and short-lived impact (Antwi et al, 2008).

After reviewing much of the literature on this subject, the researcher determined that a great need exists for more research and education on this disease, especially for more research studies that examine SCD awareness among various ethnic populations in Ghana. The scarcity of SCD research illustrates how our society fails to view sickle cell disease as a serious illness. Currently, our society's attention is on non-inherited blood disorders, for example, HIV/AIDS, hypertension, and cancer. Without awareness and a public outcry for a cure and more funding, sickle cell disease will continue to be a silent killer to young men and women around the world.

2.3 Theoretical framework

The Social Responsibility theory will be the theoretical framework that will undergird this paper.

2.3.1 Social responsibility theory

The social responsibility theory was conceptualised, devoid of the inadequacies and abuse of the libertarian theory of the press. In 1947, a series of events led to the appointment of Robert Hutchin as the chair the Hutchin's Commission which reviewed the libertarian theory and made some recommendations for which the social responsibility theory was conceived. Ravi (2012) believes that the social responsibility theory is an extension of the libertarian theory since the media recognises that it is their responsibility to resolve conflict through discussing and promoting public opinion, consumer action, private rights, and important social interests. The theory states that it is the moral obligation of the media to consider the general needs of the society when making decisions in journalism to produce the greatest good for the greater number of people.

McQuail (2005) in a more detailed view, highlighted the basic assumptions and underpinnings of the social responsibility theory. He stated that media should accept and fulfil certain obligations to the society and should be met with high professional standards of accuracy, truth, objectivity, informativeness and balance. He argued that journalists and professionals should be accountable to the society as well as the employers and the market. In addition, the media should reflect and respect the diversity of the society and give room for pluralism as well as diverse points of view and rights of reply. Taking this into perspective, it is therefore the responsibility and moral obligation of the media to keep the people informed and aware of their health and the effect of not living healthy. The media should create awareness about the food and nutrition of people, as well as feed them with truthful, accurate, objective and balanced information about the various diseases that people encounter daily and

recommend ways to prevent these diseases. The social responsibility theory will be the framework for which this discourse will be anchored on as it will evaluate, interrogate and x-ray the critical principles and assumptions of this discourse.

The social responsibility theory of the media highlights key professional principles the media must adhere to in order to fulfil its moral obligation. These principles make up the attributes for which the media must discharge their responsibility to the society. These principles today are considered the ethical codes of the media; they are the criteria that measure the effectiveness and efficiency of a media campaign or mass communication. However, because health communication is a unique type of communication aimed at emphasising and changing the behaviour of the public about their health, lifestyle and nutrition; health communication campaigns therefore need some specific elements that make it effective. This is because every campaign on health is unique, strategically applicable and executed for a particular disease or health idea and therefore it is not just a general communication campaign, it is very peculiar, with certain elements that can determine its efficacy (Crawford & Okigbo, 2014)

CHAPTER THREE (3)

RESEARCH METHODOLOGY

3.0. Introduction

In the previous chapter, the importance of the media in health awareness campaigns was thoroughly discussed. But more importantly, the contributions of particular media such as broadcast and print to developing awareness campaigns, most especially in the area of SCD was made clear. Also, the major challenges facing the ability of the media to be potent allies in the creation of health awareness were dissected and discussed. In this chapter, the procedures and methods used by the researcher to collect data from sources and population is discussed. The chapter also elaborates on the research design to be adopted and the target

population for the study. It discusses sample size and sampling procedure, data collection methods, procedures, and analysis.

3.1. Research Design

It is defined as ‘a detailed blueprint used to guide implementations of a research study towards realizing its aims and objective (Aaker and Day, 1990). It focuses on the techniques and methods of collecting data and analyzing it. (Zokmund, 2003). Therefore, a design is about choosing the best approach or method in collecting data. According to Creswell (2009), research design denotes the plan and procedures for research spanning from broad decisions of problem identification to detailed assumptions of data collection and analysis. Thus, a research design seeks to provide the guiding principles and the framework within which all research activities are undertaken (Kothari, 2004). This makes it necessary for any study or research such as this should have a well-established research design because it provides the framework and the structure for the entire research.

It is based on this argument that this study will be an exploratory one. This is because little research has been done in this area where the role of the media in the creation of awareness of SCD in Ghana has been thoroughly done. The study will not provide conclusive results but will be used to make up for the shortcomings of other studies This study will provide a fresh perspective that will contribute extensively to the debates surrounding the efficacy with which the media performs their social responsibility role in terms of awareness creation. The research will be used to identify issues that affect the ability of the media to perform this function, which can serve as a focus of future research. Although exploratory research can be used qualitatively or quantitatively, the purpose of this research will require the study to assume the posture of a quantitative one, where data will be collected from a predefined group of respondents.

3.3. Research Method

The study adopted the quantitative research method. Quantitative research refers to the numerical representation and manipulation of observation which is described and explained in numeric terms (Yin, 1993). Quantitative research is used to measure external realities in a way that the variables can be quantified and analysed using statistical means. Quantitative was also used because it gives more room for generalizations to be made about the findings since larger samples can be used for the study. The study will attempt to reduce the problem to a limited number of variables that can be studied to analyse and determine causality and relationships under highly controlled circumstances. It also reduces subjectivity to a large extent.

3.4 Population of the study

Wimmer and Dominick (2011) assert that research populations refer to all subjects and variables in the study area. The target population from which data is collected will be the Ghanaian public but a sample representative of the population will be used. First, the populations selected are likely to satisfy the theoretical considerations of the study which are that, they are citizens of this country. The second consideration is that the population selected have access to and consume most of the existing media. Therefore, they will be in the best position to rate the performance of the media in relation to the creation of public awareness about SCD.

3.5 Sample Size

The sample is usually the subset of the population. Sampling is selecting a subset of a population to participate in the study, it is a fraction of the whole, selected to participate in

the research project (Brink 1996:133; Polit and Hungler 1999:227). The concept of sampling comes from the inability of the researchers to test all individuals in a given population. The sample must be representative of the population from which it was drawn and it must have a good size to warrant statistical analysis. The main function of sampling is to allow the researchers to conduct the study to individuals from the population so that the results of the conclusion can be used to derive conclusions that will apply to the whole population. The study will use a sample of 200 respondents from the Osu metropolis to conduct the study.

The study will adopt the use of convenience sampling in selecting the respondents. Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher. The sample are selected because they are easier to recruit for the study. For a study like this one, the population is very large that it is impossible to include every individual. That is why we relied on non-probability sampling techniques like convenience sampling which is the most common of all sampling techniques. It was also selected because it is fast, inexpensive, and easy and the subjects are readily available.

3.6. Data Collection Method and Instrument

According to Johnson et al (2004), mixed-method research is a 'class of research where the researcher mixes or combines qualitative and quantitative research techniques, methods approaches, theories and or language into a single study. Mixed methods because, the researchers gain an in-depth understanding of the problem under study and several means (methods, data sources, and researchers) to examine the same phenomenon (source). Consequently, quantitative approaches have been adopted to validate the findings of the study.

3.6.1. Surveys

There are various quantitative methodologies available. But for the purpose of this study, surveys will be used. The reasons for the central position of the quantitative survey as a research strategy are both methodological and substantive. The essence of quantitative research is the study of relationships between variables. For the quantitative researcher, reality is conceptualized as variables which are measured, and the primary objectives are to find how the variables are distributed, and especially how they are related to each other, and why (Punch, 2000). Survey in research is defined as “the collection of information from a sample of individuals through their responses to questions (Check & Schutt, 2012, p.160). This type of research method allows for a variety of methods to recruit participants, collect data, and utilize various methods of instrumentation. It can use either quantitative and qualitative research strategies or both. As it is often used to describe and explore human behaviour, surveys are therefore frequently used in social and psychological research (Singleton & Straits, 2009).

A survey is a method of collecting data from people about who they are about who they are such as educational background, sex and age (demographics), how they think (motivations, beliefs, etc.), and what they do (behavior). Surveys usually take the form of a questionnaire that a person fills out alone or by interview schedule in person or by telephone. The result of a survey is a variable by case data matrix (Balnaves & Caputi, 2001). The method will broaden the understanding of the problem by serving as a source of data with regards to the media consumed by the respondents, as well as their motivations and beliefs within the remit of the problem.

3.7. Data Gathering Instrument

Survey research is a research method involving the use of standardized questionnaires or interviews to collect data about people and their preferences, thoughts, and behaviours in a systematic manner (Baxter & Babbie, 2003; Bhattacharjee, 2012). Closed-ended questions are simply those questions that provide respondents with limited response options. Close ended questions are critical for collecting survey responses within a limited frame of options. They form the foundation of all statistical analysis techniques applied on questionnaires and surveys. These questions typically ask the respondent to choose from a distinct set of responses such as yes or no or from a multiple-choice list and so on. They are used to gather facts about the respondents, in a typical scenario such as this explorative study.

Open ended questions are questions where there are no predetermined set of answers for the respondents to choose from. They allow for freedom of thought and expression and do not limit the respondents to a narrow range of answers. The study will employ the use of questionnaires as the main method of data. The instrument blends the use of open-ended questions as well as close ended questions. The questionnaires will first be piloted and tested for reliability and validity.

3.8. Treatment, Presentation and Analysis of Data.

The data collected was analyzed using a software called the Statistical Package for the Social Sciences (SPSS). SPSS is a software that helps with the coding, analysis and presentation of data. Data is categorized according to codes captured in the questionnaire and these were entered into the software. The software was used to develop tables, charts and other statistical representations which helped give a better understanding about the research results.

6

CHAPTER FOUR (4)

CONCLUSION

In a broad stroke, the paper sought to examine the role of the media in the creation of public awareness of sickle cell disease. The literature reviewed above shows that a great deal of work has been dedicated towards examining the role of the media in public health awareness campaigns.

Health communication as averred by several authors is deemed to have deep rooted significance in virtually every aspect of health be it wellbeing (absence of disease or infirmity) or the promotion of quality life, and as such has increased in prominence over the years. Today, communication, and for that matter, health communication is at the core of disease management and awareness creation strategies. The credence to this assertion is held by a plethora of scholars who have postulated theories that recognize the potential of communication in preventing diseases and understanding human behavior towards diseases, as well as explaining the perceptions, social norms and uncertainty of health behaviors. Oyama & Okpara (2017) say that this preventive measure of communication ensures that health messages are disseminated using media technologies and organizations for the purpose of creating awareness about diseases and ailments. This encompasses a broad array of activities such as health promotion, health protection, disease prevention and treatment, which are considered pivotal to the overall achievement of the aims of public health, with the penultimate aim of changing behaviours of individuals and communities about issues pertaining to their health, healthcare delivery and policies.

A lot of scholars have intimated that the inclusion of mass media in the creation and implementation of public awareness health campaigns yield desirable outcomes measured in terms of knowledge, awareness and attitudes, all contributing the overarching goal of behavioural change. Robinson et al (2014) indicates that, this will help to deliver messages which are either directly or indirectly designed to inform, influence, and persuade the attitudes of target audiences which may result in changing or maintaining healthy behaviour, through a variety of channels such as traditional media (like television, radio and newspapers), the internet and social media (websites, Facebook and twitter), small media (like brochures, posters and fliers) as well as one-on-one interaction.

Wakefield et al (2010) believes that media campaigns work through direct and indirect ways to change the behaviour of people by invoking in individuals, emotional and cognitive responses. The role of the media in public awareness is entrenched in the view of Oyama and Okpara (2017), who believe that the media is an integral part of any communication intervention that is aimed at changing the behaviours of individuals and communities about a health habit.

Empirical studies reviewed show that there are diverse studies that have sought to underscore the importance of the media in health communication, as well as public health awareness campaigns. For instance, Quattrin et al (2015) in examining the relationship between mass media and health promotion campaigns aver that public health programmes benefit greatly from the use of mass media to provide positive health behaviours. However, broadcast media such as Television and Radio dominate the literature when it comes to the media platform that is best suited in achieving these health outcomes (Quattrin et al, 2015). Sharma and Gupta (2018) in their study paper argue that mass media plays a critical role because not only do they create awareness about a particular health behaviour, disease, knowledge or attitudes, but they also inform and educate people with the broad aim of achieving better health outcomes. Others like Wogu (2019) admit the same assertions held by the aforementioned scholars.

But in as much as the media is deemed central to public health awareness campaigns, there are some challenges that affect the ability of the media to deliver on this mandate. Diedong (2013) enumerated several issues that belittle the media's ability to create awareness and disseminate information adequately on prevalent health issues such as the non-prominence of medical framing, lack of sophistication in dealing with health issues, as well as the lack of proactiveness and innovation on the part of organizations that lead the charge on health delivery, as well as its augmenting and allied agencies to engage the media to focus on

medical framing dimension or specialized health reporting in Ghana. This is confirmed by others such as Tuurosong (2005), Kwansah-Aidoo (2003) and Nyame (2000).

Sickle cell disease is a condition that has plagued a lot of countries, of which Ghana is an inalienable part of. Taken together, the available literature and sources on sickle cell disease prevention and awareness provide ample evidence that there have been significant strides on research on SCD, and as such, most of the reviewed literature shows a lack of knowledge on SCD among at risk populations. Boyd et al (2005), Treadwell et al (2006), Prabhakar (2009), Osbourne (2011) and Ugwu (2016) conclude that participants had no knowledge of SCD, its inheritance patterns, their carrier status as well as the treatment strategies although they were aware that it is a defective blood disorder.

There are limited studies on SCD in Ghana. The most recent one was a research conducted by Antwi et al (2008) who examined the healthcare provision for SCD in Ghana, concluding that SCD patients in Ghana have limited access to quality clinical, health educational, social and psychological care. The authors argue strongly for the need to improve healthcare and social services for patients and families, to improve on the quality of life of SCD patients through the adoption of an affordable intermediate strategy that could be the model for the development of services in both Ghana and other comparable African countries.

Meanwhile, as argued above, the media is seen to be a potent ally in bridging the gap or deficiency in knowledge, attitudes and behaviours about SCD in Ghana. The researcher proposed the use of the Social Responsibility theory of the press as a guide in assessing the role of the media in the creation of public awareness of the sickle cell disease in Ghana. Specifically, the study seeks to find out the various ways in which the media contribute towards the public's understanding and perception of SCD, the most potent media tool as well as the challenges that the media are fraught with in their bid to deliver on this mandate.

Using the quantitative approach, the researchers aspire to gauge the performance of the media from the public's perspective since they serve as the resultant consumers of media texts and products. This aim will be actualized through a survey that will see respondents within the remits of Accra answer questions which have been structured to understand the roles and challenges of the media in public awareness of SCD in Ghana.

Results from this study will serve as a basis of future extensive and broader study into the area of media roles in SCD education in Ghana. It will also contribute to the extensive body of literature on health communication and SCD. The findings will also help shape policy that will see the media maximize its efforts in educating and sensitizing the public about SCD.

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