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Review

Contested identities: Historical critique of dress as a communication symbol

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This article discusses the historical associations of dress as a significant symbol of communication in society. Particular attention is given to women within the African and Western contexts in relation to how dress was utilized as a conduit to relay information about the social customs and ills that were prevalent. The phenomenon of dress is a significant symbol of communication that can serve as a window into understanding not only individuals, but also societies at large. Drawing from postmodern thought, it is argued that meanings attached to dress are evanescent and subject to change depending on the context and historical circumstances. As such, the meanings communicated through dress are constantly re-negotiated over time as circumstances change. Due to its ever-changing nature, it is stressed that the phenomenon of dress, and its underlying meanings, should be explored and understood at great length.

Key words: Identities, historical critique, dress, communication symbol.

INTRODUCTION

Throughout history, studies have been conducted on the communicative role of dress in society. These studies show that it is possible to change the way an individual is perceived by changing the way he/she dresses (Knapp and Hall 2010:204). The phenomenon of dress, as a symbol of communication, is a pivotal element in the construction and management of an individual's identity. It is also a non-verbal artefact that conveys information about an individual in the process of communication. Non-verbal communication includes all behaviours, attributes and objects, other than words which exhibit a shared meaning (Higgins and Eicher 1992:4; Huisman and Hondagneu-Sotelo 2005:47; Morale et al., 2007:111; Mukerjee, 2009).

In this article, it is argued that the phenomenon of dress is a significant symbol of interaction that can relay information about an individual and a society at large. Examples from the West as well as Africa are utilised to substantiate this argument. Interestingly, the way an individual adorns him/herself may not always be a reflection of his/her sense of self. Instead, his/her dressing can be a conduit that relays information about the society within which the individual finds him/herself. The main objective of this article is to explore the various meanings attached to the symbol of dress among women throughout history and in current times. In so doing, it is posited that due to the prevalence of certain social ills in the Western and African contexts historically, dress was not always

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utilised as a form of self-expression. However, since the meanings attached to certain forms of dress are constantly in a state of flux, it is further purported that women in the 21st Century are more likely to use dress as a tool that relays information about their sense of self and identity.

Women's dress in a patriarchal society

During the period in which patriarchy was deemed a dominant social system within the West, women's dress reflected their submissive role to males. In this light, Western fashion magazines often encouraged women to adorn themselves in ways that reflected their acquiescence to their male partners (White, 2003:149). Additionally, women were required to groom their hair and apply their make-up in ways that were considered satisfying to the opposite sex (Fischer, 1995:56; White, 2003:149).

Essentially, patriarchy refers to the rule of the father in a household or the patriarch within society. It also refers to a social system that elevates men to positions of power and authority. This power permeates in both the public and private spheres of social life (Cohen and Kennedy 2007:152; Holmes et al., 2007:70). In numerous societies, the socialisation of children differs according to gender. Girls are socialisedto be dependent and pay attention to the way they dress, while young boys are taught to be independent and to show little concern about the way they dress. Therefore, even as young boys and girls grow up, the aspect of male dominion can be reinforced as the two genders interact with each other (Enrich, 1994:31; Yarberry, 1996:2; Warrell, 2002:563). This was the case in periods such as the nineteenth and twentieth centuries, when male dominion was prevalent in all realms of life, especially with reference to the West (Fischer, 1995:56). The forms of dress that women wore were consciously designed to prevent them from earning an income and/or becoming successful, except through marriage. Furthermore, women spent most of their time attempting to attract an economically desirable husband through the way they dressed, among other behaviour and activities (Fischer, 2001:5; Riegel, 1963:391).

Accordingly, the high-heels and corsets, worn by Western women during the eighteenth and nineteenth centuries, were forms of dress that reduced women to mere objects for the male gaze (Wendy, 1996:6; White, 2003:149). Ott and Mack (2010:163) posit that the 'male gaze' refers to an action performed by males during which females are regarded as passive and sexual objects. When women perceive how members of the opposite sex view them, it determines the way they relate to men. Additionally, when males 'gaze' at women in this way, this may affect the way women view themselves (Zeisler, 2008:7). During the period in which patriarchs imposed rules on women's dress, it is proposed this significant

symbol of communication could not be utilised to express women's individual interests and identities. Instead, the phenomenon became a symbol that conveyed a collective submissive identity (Wendy, 1996:6; White, 2003:149).It is arguable that certain types of clothing, such as corsets, which accentuate certain parts of the female body like the breasts and waistline, prevented women from expressing their sense of self. Particularly, these forms of dress conveyed that their role was to please and serve the males in society (Negrin, 1999:102; White, 2003:149).

When comparing the Western and African contexts, one of the similarities is that women who were governed in a patriarchal society had to adhere to patriarchal rules in terms of dress. However, in some African countries, the suffrage of women in this patriarchal system led them to use dress as a tool to communicate messages of resistance and rebellion (Hagan, 2010:141). This was the case in Cote d'Ivoire where women started to use the *pagne* cloth in politics for numerous years as a secret form of rebellion against patriarchy (Hagan, 2010:141). These womenwere not only actively involved in the struggle for independence within their country, but also remained involved in political affairs after they had attained freedom from the French. Cote d'Ivoire had a patriarchal system which sponsored and encouraged male politicians, whilst women were considered to be the voiceless and inferior gender. Consequently, women who wanted to excel in the political arena started to utilise the *pagne* cloth as a secret uniform to mobilise women who came to political events (Hagan, 2010:142). The *pagne* cloth became a non-verbal form of rebellion against patriarchal governance and fostered a collective identity against male superiority when worn in political arenas. (Hagan, 2010:142).

It is interesting to note that although the *pagne* cloth communicated messages of solidarity among women politically, women in Cote d'Ivoire were still preventedfrom wearing certain types of dress. Hence, it is suggested that dress may have failed to communicate unique personal interests among these women, since patriarchs played an influential role on the types of dress they adorned. Drawing from the examples utilised, it should be emphasised that women, in historical times, were regarded as inferior to males since patriarchy governed all realms of their social life. It is noteworthy, however, that women started to advocate for rights on the ground of the equality of sexes in all realms of life, including that of dress, through embracing other movements for change, such as feminism (Beasley, 1999:54; Burfeind et al., 2011:262).

Feminism and dress

Historically, mainstream social and political thought commonly accepted the tradition that women were

allowed to be oppressed in patriarchal societies. However, certain women started to challenge patriarchal regulations that dictated how they were supposed to conduct themselves within society. For most women, patriarchy became a social ill, propelling them to form gender equity movements. Through feminism, a collection of movements and ideologies aimed at establishing equal rights between genders emerged (Galliano, 2002:33; Sink, 2008:1).

Essentially, feminism refers to a non-conformist way of thought in response to patriarchal ideals (Sink, 2008:1). Accordingly, Ott and Mack (2010:178) posit that feminism can be defined as a political project exploring the numerous ways in which individuals are either socially empowered or disempowered on the basis of gender.The relationship between feminism and dress is one that is complex and can be dated back to the 1960s (Hoffman, 2010:4; Fischer, 2001:4; Waggoner and Hallstein, 2001:26). Due to the fact that most feminists advocated gender equity in society, the phenomenon of dress became one of the focal points they aimed to change. Women argued for dress reform in different societies, but the motivations for dress reform, however, varied across the globe (Fischer, 2001:4).

One such example pointed out previously was the Western dress code of corsets and heavy petticoats. It is also significant to note the fact that, during this period, a woman was perceived as a male possession whose role was to display the family wealth (White, 2003:149). The dress reform movement was a significant phase in advocating change for women's dress as it encompassed a time in which women started to reject the notions of an ideal feminine look imposed on them by patriarchs (Kesselman, 1991:495; Volo and Dorothy, 2004:154). The first attempt for dress reform started in 1951 with the 'Bloomer' costume, which had been named after Amelia Bloomer who propagated the reform in dress in her magazine, *The Lily*. The 'Bloomer' costume – that is, consisted of full Turkish trousers that were gathered at the ankles and a short overskirt that came below the knees. Proponents of the dress reform movement, who introduced the 'Bloomer' costume, wanted to change the highly restrictive clothing worn by women such as the heavily uncomfortable petticoats, long skirts and constraining corsets (Kesselman, 1991:496; Riegel, 1963:390; Saul, 2003:151). This costume allowed for better movement compared to the tight corsets that women wore. Unfortunately, the 'Bloomer' costume was deemed a failure since not every woman embraced it as a form of liberation. The costume was in use only for a little over five years (Riegel, 1963:393-7; Volo and Dorothy, 2004:154).

Kesselman (1991:496) argues that there were three other movements that challenged the conventional feminine types of dress during the period in which patriarchy was deemed to be a 'dominant' social system.

These included: the Oneida community movement, the health reform movement and the women's rights movement. During the movement for dress reform within the *Oneida* community, Noyes (1849), cited in (Robertson, 1970:294) wrote:

"Women's dress is a standing lie. It proclaims that she is not a two-legged animal, but something like a churn standing on castors. When the distinction of the sexes is reduced to the bounds of nature and decency, a dress will be adopted that will be at the same time the most simple and the most beautiful; it will be the same, or nearly the same for both sexes."

Through his writing, Noyes (1849), cited in Robertson (1970: 294), discouraged women from wearing uncomfortable clothing conveying messages of submission. Instead, his vision was that women and men should be able to wear the types of dress that allowed them to move and express themselves freely. Within that year, women, within the *Oneida* community, started to implement what Noyes had suggested by cutting their skirts and making trousers from the discarded material and thus communicated their need for gender equity and freedom of expression, especially in reference to dress (Engs, 2000:49; Robertson, 1970:294).

The second movement that challenged certain types of dress codes was propelled through the health reform movement. When water cure therapies were introduced, exercise regimes were also required in order to be physically healthy and fit. Therefore, women began calling for alternatives to contemporary women's fashions constraining them from engaging in any physical labour or exercise (Kesselman, 1991:497; Stamper and Condra, 2011:29; Stanton and Blatch, 1922:45). In addition to this, women who advocated equal gender rights started to write articles in newspapers encouraging women to change the way they dressed since the dress codes that they were wearing could be detrimental to their health. In the June 1851 *Lily* newspaper issue, women were encouraged to embrace new forms of dress which opposed or challenged patriarchal ideals of women's dress. The tight corsets were argued to be too tight and could possibly pose a risk to women's health. Hence, when women started to embrace change through wearing trousers which were significantly different to the corsets and heavy garments, it symbolised their independence from male governance and also communicated messages of equality between the sexes (Engs, 2000:49; Kesselman, 1991:504).

The National Women Suffrage Association and The American Woman Suffrage Association strongly advocated dress reform. However, it is the New England Woman's Club that managed to promote gender equity for the purposes of dress reform. This club gave advice on shortening skirts and simplifying constrictive types of

dress, so that women could move and express themselves in ways they deemed fit (Riegel, 1963:396; Sletcher, 2004:151).

Dress in a pre-colonial and colonial Africa

Pre-colonial Africa was regarded as the 'golden age' of gender equity. In certain parts of the continent, seniority and preference among individuals were based on lineage and not on gender differences (Berger, 2006:133). In Zimbabwe, for instance, women possessed circumscribed power and economic influence before the nation was colonised by the British (Chogugudza, 2004:7-12). Additionally, women and men collectively owned land and exercised decision-making together. Some women were believed to have spirit mediums that were gifts from God and thus made decisions on behalf of their families. Moreover, women were allowed to become chiefs and in so doing, were accorded the same respect as male chiefs. Thus, a balance of power and responsibility among Zimbabwean men and women prevailed.

Colonialism, however, brought about changes in the balance of power between different genders.Employment with wages and educational opportunities became a benefit only men were entitled to have (Chogugudza, 2004:7-12; Macleod, 2004:680). Europeans in Africa made spreading the notion of 'civilisation' a primary goal of the process of colonisation. In so doing, they imposed laws on how the indigenous people were supposed to act, live and, more specifically, dress (Burke 1996:100; Disele et al., 2011:21; Robertson 2001:174). Moreover, colonisers ensured that Africans practised the Western lifestyle. This lifestyle encompassed family structures as well as behavioural patterns. One such example includes the aspect of male superiority and preference in society. In this regard, males started to be given preference over women with regard to the provision of colonial formal education among the indigenous peoples of Africa (Robertson, 2001:174). The Western way of life, where males were seen as superior breadwinners, was reinforced as the correct way of life. Consequently, indigenous African women started to be regarded as inferior, and this became apparent in the way they carried themselves and dressed (Hodgson, 2002:4).

In most African countries, the imposed Western practices with regard to religion, food, dress and cultural behaviours weresometimes followed by protests and condescension, while, in other cases, submission by the indigenous peoples (Eicher and Ross, 2012; Robertson, 2001:174). Since colonisers deemed their own norms of dress to be more civilised, dress was used as a vehicle to convey messages of superiority of the colonisers and inferiority of the colonised. Through dress, the dichotomies of the coloniser and the colonised were reinforced (Voss, 2008:409).

It should also be underscored that before the colonial era, almost all countries in Africa fashioned their clothing from the skins of animals and cloth made from pounded tree bark. In Botswana, prior to the missionaries' arrival, the Batswana people adorned themselves in indigenous bronze and they fashioned and donned ornaments made from elephants' teeth. When colonisation commenced, the colonial state frowned upon the dress of the 'primitive' indigenous peoples because it was very different from their own. Hence, it became the role of the colonisers and missionaries to 'civilise' the indigenous peoples of Botswana through the introduction of Western dress (Denbow and Thebe, 2006:119; Disele et al., 2011:21). Following the Batswana's contact with the Europeans, their dress underwent significant transformation (Disele et al., 2011:33). During colonisation, they were required to purchase and wear certain Western dress. For instance, the use of a cloth called *leteise,* which was printed in Germany, became customary among Batswana women. They also started emulating dress codes propelled by the patriarchal regime in Western society. Wearing dresses with tight bodices, which were gathered at the waist and layered with heavy petticoats, also became the norm (Denbow and Thebe, 2006:120). This dress code among women was restrictive and it conveyed messages of their submissive role in the patriarchal system. In a sense then, dress became a channel through which the colonisers could convey messages about their desires and interests. In so doing, the indigenous women of Africa failed to utilise dress to communicate their personal interests and individual identities (Burke, 1996:100; Denbow and Thebe 2006:120).

Ensuing from the above statement, women in Rhodesia (the name for Zimbabwe in colonial times) were refrained from wearing certain bangles, brooches, beads, as well as using scented soaps and perfumes. Settlers saw these as a means by which they distinguished themselves from the indigenous peoples (Chogugudza, 2004:7-12). Consequently, dress for the indigenous peoples of Africa, became an obligation of the colonial state system that communicated the interests of the colonisers and not a conduit through which they could communicate their personal identities (Burke, 1996:100).

Accordingly, in colonial Kenya within East Africa, there were marked changes in the styles of dress among the indigenous people (Allman, 2004:67). Before the colonial period, women and girls wore waist beads and coils of iron around their arms and legs. Men mainly wore goatskin around their loins. When the British colonised Africa, the Westerners considered the indigenous peoples to be a tribe of 'naked savages'. Consequently, some of the indigenous peoples of Kenya started to emulate Western forms of dress, but were often scorned and punished by the Western officials and missionaries for dressing that way. In fact, Westerners started to impose a coastal mode of dress among the Kenyans,

which they could moderate and regulate according to their personal wishes (Allman, 2004:68). Colonialists wanted the indigenous men to wear a *kanzu*, which was a long white garment like a nightshirt. Women and girls were encouraged to wrap a plain cloth, referred to as *nanga* and sometimes *nanza,* around their bodies (Allman, 2004:69). This was because the British colonisers of Kenya wanted the Kenyan indigenous peoples to resemble the slaves of Zanzibar, who wore the same attire (Allman, 2004:69).

The example of Kenya makes it clear that there was a broad pattern within Africa whereby the colonisers imposed rules on how the indigenous people were supposed to dress. Drawing on post modern thought, which rejects essentialism or one reality,it is important to acknowledge   colonialism, as well as the rules and regulations that were embedded during this period, varied according to individuals, regions, and, in most cases, countries(Perry 2006:16). For instance, in Edenvale in South Africa, modes of dress worn by indigenous women resembled those of Victorian England. Indigenous women were allowed to adorn themselves in Western modes of dress and were not restricted to wear a particular code of dress (Walker, 1990:144). This was significantly different to the encounters of other countries, such as Zimbabwe, during the colonial period.

In the case of South Africa, women were allowed to wear Western clothing but missionaries often complained that some of the indigenous females were too 'grandly attired' when they attended any function. Seemingly, Western missionaries disapproved when indigenous women dressed in the finery that was 'supposedly' not fit for them. In many instances they would be punished and fear would be instilled if they wore fine types of dress (Walker, 1990:144). Similarly, in Zambia, the indigenous peoples were allowed to wear Western clothing, but their sub-standard wages limited their ability to purchase clothing reserved for the colonisers, and this was therefore restrictive. Their low wages only permitted them to buy *salaula,* that is, second-hand clothing, until well after independence (Lemire, 2010:214,217).

Conclusion

Throughout this article it is evidenced that the pheno-menon of dress may communicate messages about individuals, countries and even societies at large. An explication of the historical associations that Western and African women had with the phenomenon of dress was also highlighted. Examples of the corsets and heavy garments in the West from the nineteenth and twentieth centuries were also employed in order to show how women were required to adhere to a particular 'feminine' ideal that had been fostered by the patriarchal system. It was further suggested that, during this period, women seldom used dress to convey their individuality or to

express their interests since rules were imposed on them in terms of their dress. The rise of feminism was also discussed in relation to the dress reform movement. The ways in which women were influenced by the feminist movement to challenge the patriarchal system and its impositions on their dress were also highlighted. Moreover, the measures taken by feminists to ensure that women had the freedom of choice in terms of dress were also provided.

It was further argued that Western social systems, such as patriarchy, were introduced and reinforced in Africa during the period of colonisation. As a result of this, the dress codes of the indigenous peoples also changed, as they had to adhere to the rules that the colonisers imposed. Drawing from this assertion, it is suggested that dress plausiblyfailed to convey personal identities among women. More importantly, however, it is proposed that a post-colonial Africa the meanings attached to certain dress types will be significantly different to those in historical times.

It is suggested that women in a post-colonial Africa are more likely utilise dress to express the self and manage various identities during social interaction.There are, however, multiple ideologies and ambiguities to consider in this process. In a discussion of the Symbolic Interactionism Theory, Mead (1934) purports that communication symbols such as dress can be used to express ones sense of self. Moreover, Mead (1934) contends that while symbols form the basis of an individual's identity, the meanings given to these symbols are constantly evolving. Similarly, postmodernists argue that reality and the meanings attached to it are always in a state of flux. Consequently the meanings given to symbols such as dress will be highly dependent on an individual's society and interactions. Drawing from the main tenets of postmodernism, it is plausible that women in the 21st Century now utilise dress in various ways to convey personal information.This is quite different from the 'woman' who was bound by social ills such as patriarchy and colonialism throughout history.

Interestingly, although most women have been emancipated and are no longer bound by patriarchy, there is still a need to be viewed as desirable by the opposite sex. Essentially then, the male gaze becomes the affirmation and assurance that women need when they are well dressed. It would appear that women in a post-colonial Africa have elements of low self-esteem if they fail to get positive feedback from the opposite sex. This in itself questions the process of self-expression and identity management through dress in a post-colonial context.

Additionally, in an era where the hegemonic view of gender equality has been greatly embraced, women still find themselves torn between expressing their sense of self freely and maintaining the respect of males. To be more specific, women from more traditional and

conservative cultures still feel bound by their culture; consequently, they do not wear revealing clothing in the presence of respected elderly men. This then questions whether women are in fact at liberty to express their sense of self through various forms of dress. In this vein, women have been socialised into believing that they must look desirable for the opposite sex but this may become a barrier when expressing the self through dress. The point here is that even though women in the 21st century can purchase clothes that express their sense of self, their decisions may be influenced consciously or inadvertently by male interests and desires.

It is also essential to consider cultural barriers in the process of self-expression and identity management though dress among women. Quite literally, the concept of identity needs to be carefully considered through postmodern lenses. In so doing, various aspects such as migration, once examined, will be facilitation tools in understanding the phenomenon of dress and its underlying meanings. In this respect, it would appear that women in different communities and environments attach various meanings to their dress and when they move from one location to the other, these meanings are then reconstructed and re-evaluated depending on the context. Would this then suggest that the concepts of the self and identity are content specific? With this in mind, various forms of governance would also seem to play a pivotal role in influencing the way women dress and the messages they relay thereof. Women from more conservative countries like Zimbabwe are more likely to wear clothing that is not sexually provocative while those from more 'liberal' nations like South Africa would be more comfortable in sexually provocative clothing.

Essentially, women's identities need to be considered holistically and in so doing, aspects such as migration, governance and culture in relation to dress need to be examined. This will serve as a window into understanding why women dress the way they do in present times and what messages they will be trying to convey. Although it can be argued that most women are no longer bound by the patriarchy in their decision making processes, this contention cannot be generalised. Instead, each individual and social context should be explored from a postmodern frame of thought. In so doing, the different social, cultural, historical, political and environmental aspects that play an influential role in not only the development, but the expression of self will be taken into consideration.

Conflict of Interests

The author has not declared any conflict of interests.

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Full Length Research Paper

Propagating health insurance: A formative evaluation of broadcast media programs sponsored by National Health Insurance Scheme (NHIS) in selected Northern States

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This paper is based on a survey carried out in 2013 to assess the formative potential of broadcast programs designed to propagate the need for health insurance among citizens in six Northern States of Nigeria from 2007 to 2012. Like many insurance schemes across the world, the National Health Insurance Scheme (NHIS) envisaged contributors to pay into common pools to enable health care providers to attend to the contributors in medical needs by drawing from the pool of funds. This risk-sharing scheme is fathomed to improve resource mobilization and improve equity especially in underdeveloped situations like in Nigeria, where poverty has increased child and maternal mortality and reduced access to good medical care. NHIS media strategy focuses on convincing citizens on the benefits of enrolling in the schemes. The strategy also assists stakeholders to disseminate knowledge of the scheme to potential enrollees, and to ensure mass participation of citizens by ensuring adequate news coverage of NHIS events.

Key words: NHIS, Health insurance scheme, health communication, evaluation of media campaigns, media strategy, formative evaluation.

INTRODUCTION

The National Health Insurance Scheme (NHIS) is established to ensure the availability of good healthcare to citizens in Nigeria. It is established under Act 35 of 1999 by the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost. Although the NHIS kick-started in 2005, the idea was muted since 1962 and revisited in 1984, 1989 until 1997 when the scheme was formally launched.

Like many insurance schemes across the world, the NHIS envisaged contributors to pay into common pools to enable health care providers to attend to the contributors in medical needs by drawing from the pool of funds. This risk-sharing scheme is fathomed to improve resource mobilization and improve equity especially in underdeveloped situations like in Nigeria where poverty has increased child and maternal mortality and reduced access

to good medical care. Sekhri and Saredoff (2004: 3) in discussing the potentials of health insurance for developing countries draw attention to the immediate protective benefits of reducing financial burdens on households and the frequent harassment of 'large out-of-pocket expenditures' bedeviling under-developed countries.

Following a national clamour for health policy, a National Health Act 2014 was signed "to provide a framework for the regulation, development and management of a national health system and set standards for rendering health services in the federation, and other matters connected therewith, 2014". According to Jimoh (2014), the act guarantees a basic health care for citizens to be funded by an annual grant of not less than one per cent of Nigeria's Consolidated Revenue Fund and grants by international donor partners and funds from any other sources. Out of such collected funds, 50% shall be used for the provision of basic minimum package of health services to citizens, in eligible primary/or secondary health care facilities through the National Health Insurance Scheme (NHIS). Sekhri and Saredoff (2004:9) point to how central funding is to covering the poor in health insurance in order to avoid the prospect of health insurance that is narrowed to the middle class. Although the NHIS since 2007 did embark on a national advocacy programs to mobilize communities in Nigeria mostly involving formal launchings of the scheme in several communities in Nigeria, data collected by this survey indicates that the perception of the scheme as purely designed for government workers still persists.

Central to the mandate of NHIS in improving the health care of citizens at an affordable cost are two categories of health organizations, HMOs and HCPs. Health Maintenance Organizations under NHIS carry out the central function of managed healthcare by financing and ensuring the delivery of health services especially referrals of registered clients, to secondary and tertiary medical levels. In doing so, HMOs shift the financial risk for healthcare from clients and sponsors, to service providers. Most cases that involve referrals to specialists must be approved by them. On the other hand, the Health Care Providers (HCPs) are the first service providers to registered clients. They are made of clinics, hospitals, and other health centers that attend to the client mostly through their outpatient departments. They form over 70% of client health attendance.

In order to ensure that every Nigerian has access to good health care services, the National Health Insurance Scheme has developed various products to cover different segments of the society and these are:

i. Formal Sector Social Health Insurance Programme
ii. Urban Self-employed Social Health Insurance Programme
iii. Rural Community Social Health Insurance Programme
iv. Children Under-Five Social Health Insurance Programme
v. Permanently Disabled Persons Social Health Insurance Programme
vi. Prison Inmates Social Health Insurance Programme
vii. Tertiary Institutions and Voluntary Participants Social Health Insurance Programme
viii. Armed Forces, Police and other Uniformed Services.

Role of broadcast media

According to Rimal and Lapinski (2009:247), "Health communication is seen to have relevance for virtually every aspect of health and well-being, including disease prevention, health promotion and quality of life". Health insurance being new to Nigerians necessitated the need for advocacy and communication strategies to create awareness among the various stakeholders and target groups. NHIS media strategy focuses on convincing citizens on the benefits of enrolling in itsfloated schemes. The strategy also assists stakeholders to disseminate knowledge of the scheme to potential enrollees, and to ensure mass participation of citizens by ensuring adequate news coverage of NHIS events.

Communication projects that aim at social change in Africa by using mass media face several problems that primarily center on infrastructure, dearth of authentic data especially in media usage, lack of content analysis of programs to ascertain their desirability, and extremely low audience survey that leaves institutions, content producers and even the broadcasters themselves in the wild. One of the consequences of these shortcomings is that most social projects hardly care to start their communication projects with a comprehensive detail blueprint that consist of goals, messages, audience, channels, content, monitoring and evaluation. Sixsmith et al. (2014: 7) attest that the consequences of these obstacles affect the efficient evaluation of health-related media campaigns and encourage the exclusion of baseline studies and communication components in most projects.

From 2007 to 2012, without a baseline study, NHIS floated a series of radio jingles, TV commercials, TV dramas and documentaries that were aired in the six geo-political zones of the country. In Northern Nigeria, the area this study is concerned with, the following programs were aired:

1. 60 s radio jingle on FRCN (Federal Radio Corporation of Nigeria).
2. 60 s radio jingle on local stations.
3. 60 s TV commercial on Network News
4. 60 s TV commercial on Local stations.
5. 30 min Drama on Local Stations.
6. 30 min TV talk show on Local Stations.

Table 1. BetaBodi.

Program title	BetaBodi
Duration	30 min
Format	TV Talk show: Involving an interview by a host with an NHIS official in front of an audience. Each episode focus on an aspect of the NHIS in terms of products and stakeholders. The production is interspersed with jingles, interviews and even drama

Table 2. Easy access to health care.

Program title	Easy access to health care
Duration	30 min
Format	TV Documentary (NETWORK): Featuring detail explanations of NHIS products using endorsement interviews, discussion of challenges and achievements, interlude jingles, interviews, information desk. All NTA local Stations were expected to hook-up for the program.

Table 3. Gaskiya DokinKarfe.

Program title	GaskiyaDokinKarfe
Duration	30 min
Format	Radio feature: Aired on Radio Kaduna. A Hausa News Feature program covering NHIS occasions across the country using a host who use reports, interviews, product explanations, and endorsement interviews that educate people about NHIS products. Radio Kaduna is received in most Northern states.

Table 4. Radio jingle.

Program title	Radio Jingle
Duration	60 s
Format	Radio Jingle: In Pidgin English using folk drama to advocate the advantage of equity contribution in healthcare in rural poverty situation.

7. 30 min TV documentary on NTA Network.
8. 30 min Radio talk show on Radio Kaduna.

OVERVIEW OF NHIS SPONSORED BROADCAST PROGRAMS

The programs consist of jingles, talk-shows, document-taries and drama. One of the most important reasons for the formative survey was to find out if funding of TV and radio programs as communication interventions are worthwhile (Tables 1 to 4). Similarly NHIS wanted to know if communication interventions were to be expanded or scaled down. At the end of the study, NHIS wanted to know if to replicate its TV and Radio programs and to ascertain if the contents were justified in relation to the key messages NHIS will like its clients and stakeholders to be aware of.

The survey also sought to find out which channel people prefer in accessing information on their health and

other wellbeing requirements. Among the targets the survey decided to find out the actual popularity of the various channels to help NHIS to target its messages more effectively. The survey also significantly sought to find out how the various media products designed to raise awareness have reached the audience and how target groups could be reached effectively.

The peculiarity of radio and television transmission mainly lies in their unidirectionality. Whereby institutions assume that whatever is broadcasted is watched or listened to by target audience, they may come to realise that this may not be so.Health-geared media intervention programs like jingles, talk-shows, drama etc ultimately aim at empowering people to take control of improving their health. Central to assessing the potential impact of intervention communication products, is the accurate understanding of the main purpose of the intervention scheme. In the case of NHIS, it is clearly enshrined in A-Z of NHIS Manual. The role of the media is stipulated as to *"help the agency in the areas of Advocacy, Sensitization and Mass mobilisation of the public'.*

So in general the communication intervention strategy that was studied had aimed at the general education and information of both stakeholders and the general public about the products of NHIS and the essence of health insurance in ensuring equity in health access and the development of health facilities.

The survey indicators and questions

The indicators studied are:

1. Percentage of audience who listened/viewed/ understand the messages.
2. Percentage of people who express knowledge, attitude and belief consistent with the message of the programs.
3. Percentage of people who have acquired the products or skills recommended by the communication.

In that context, the survey endevoured to find out if citizens were aware of NHIS products and the choice they can make and if the floated media products hadin any way attributed to this awareness. In the absence of a baseline survey prior to impact evalution, Freimuth et al. (2011: 76-96) discuss how formative studies can help provide useful data and challenges that '*can help planners understand how to effectively tailor mass communication strategies to the receiver characteristics of homogenous segments of the population'.*Impact on people and stakeholders therefore were measured to ensure first, people have knowledge about health insurance, second, are motivated through awareness about the equity scheme of NHIS, and third have the skills to negotiate their health and that of their families.

The formative indicators for NHIS media strategy under

the study were:

1. Increased knowledge and awareness of the importance of health insurance in ensuring health care access and the expansion of health care facilities.
2. Awareness of NHIS products and how they work.
3. Enrolment into one of NHIS products

The survey therefore measured the awareness of NHIS products and the essence of health care insurance. About 50% of potential enrollees should exhibit general awareness of the importance of health insurance and the key product that affects them.

METHODOLOGY

Prior to this study, there was not any baseline study that was conducted before the airing of programs. In a way therefore this survey is both post-interventionistand a formative evaluation.The questionnaire prepared (Appendix A) sought to find out popular broadcast stations, types of programming that interest potential enrollees, their preferred source of health news, their viewing and listening habits and their general attitude to health insurance.The survey used the KABP measuring technique which rely on several questions to reveal knowledge, behavior and practice of target audience.This focus always fairly evaluate the impact of broadcast messages be they jingles, drama, talk shows, documentaries and others. The KABP method is more pertinent because controlled groups were not created prior to the contract award to media companies by NHIS. Key population among the stakeholders had included:

1. Leaders of Rural Community Based Insurance
2. Self Employed Urban Dwellers
3. Public Private Sector Employers
4. Disable Persons
5. Key Operators of NHIS Schemes in HCP
6. Members of Professions & Uniformed Services
7. Students in Tertiary Institutions.

Six states were selected, Adamawa, Gombe, Katsina, Kaduna, Niger, and Kwara. A list of broadcast stations (Radio and TV) in each state was prepared with the recognition that some stations transverse boundaries. In that regard for each state, the segment on broadcast stations was varied according to the existing stations in each state including receivership of trans-border stations (e.g Radio Kaduna), network stations and cable stations. A structured questionnaire (Appendix A) was prepared in English. It was translated into Hausa and Yoruba by field officers while conducting the survey as required. The questionnaire was apportioned to not less than 10 field officers in each state according to the list of key population and stakeholder's segmentation. The questionnaire targeted selected population in each target state (Civil Servants, Self-employed, Urban Dwellers, Traders, Store Keepers, Parent Workers, Disabled Persons, Uniformed Men, and Tertiary Students). Essentially the questionnaire (Appendix A) endeavored to find out from respondents 10 vital information relevant to the above discussed indicators necessary for further communication planning by NHIS.

a) The kind of information gadgets possessed by responders.

b) The broadcast stations they tune to in their respective states.
c) The types of programming that interest them.
d) Responders' knowledge of the number of products floated by NHIS.
e) The date of enrolment to any NHIS product if any.
f) Source of knowledge about NHIS.
g) Which among the floated broadcast programs responders ever watched or listened.
h) Preferred primary medium for health information.
i) Attitude to health insurance.

At the end of the survey, the following number of filled questionnaires were returned, Gombe (100), Katsina (101), Kaduna (151), Adamawa (145), Niger (110), Kwara (101)

RESULTS AND DISCUSSION

Central to communication data analysis is the determination of the key questions and indicators in the communication strategy. This being done efficiently and refined and consolidated during implementation and collection of feedbacks, made it easy to develop a structure for analysis.

After the collection of data an intuitive understanding of emerging themes and concerns developed. These emerging themes and concerns guided the organization of collected data, so the analysis stage was an exercise in relating such themes to already galvanized indicators and questions. Essentially the process of data analysis was done using EPI Info7 and Microsoft Excel. A baseline database was created in EPI Info7 as a receptacle for the raw data collected, and later each frequency analysis (single or combined) was exported to MS Excel for charting.

Health insurance is undoubtedly one of the most cogent ways of unshackling the health sector from low government funding and reliance on donors. However communicating the equity strategies of the NHIS scheme and the logical ways they can help reduce health burden on both the rich and the poor require formidable communication and advocacy plans. Questionnaire administrators during the survey were incessantly besieged with questions from the public who want to know more. This is not surprising as people are driven to access information that can potentially improve their health and NHIS should exploit this universal need. The phenomenon is particularly noted by Skuse and Butler (2004: 32) who discuss how people generally in underdeveloped countries value information on their livelihoods and health. But this enthusiasm can also be tainted by certain myths, like the view that health insurance is 'elitist' or a 'government workers scheme' as noted by Sekhri and Saredoff (2004: 3). Surveyors encountered this view overwhelmingly on the field, posing a potential hindrance to the promotion of health insurance across the various states of Nigerian.

Several related studies that assess level of awareness and effectiveness of NHIS in selected cities and working groups were carried out. Owu et al. (2014) for instance studied the level of awareness among federal workers in Kaduna metropolis, which he found to be of 'high level'; nevertheless it would have been pertinent to compare his findings to the awareness levels of state and local workers, private sector workers and self-employed workers, which this study found to be at low levels. In fact, Chubike (2013) confirmed the low level awareness among state civil servants in two cities Enugu and Abakaliki. According to Chibuke (2013:358)'s findings, 'civil servants working with Ebonyi and Enugu State Governments do not know much about the NHIS'. Sanusi and Awe (2009) also note the limitation of coverage among all strata of the society. All the studies therefore call for greater enlightenment and education regarding health insurance.

Information gadgets possessed by responders

Surprising FM radio ranks higher than TV sets in respondents information gadgets possession (Figure 1), the highest being radio sets. Close to 60% of respondents listening to radio always make the medium predictably the most important in health communication. As Figure 2 shows, local TV unfortunately ranks far below cable TV in terms of viewing explaining why the drama and talk-shows floated by NHIS fared badly among other reasons.

Sources of knowledge about NHIS

The survey found that majority of registered people heard about NHIS from their employers not the media before registration as was planned.

As Figure 3 shows, 48% of registered respondents indicated that they received information about the NHIS from their work place before registration and not through the media as the campaign targeted. It means developing propagation strategies in organizations, OPDs in medical centers and pharmacies will help in communicating NHIS programs far more than the broadcast media.

Knowledge of the number of products floated by NHIS

As Figure 4 shows, most people polled especially the self-employed, traders and artisans cited lack of information for their inability to register with NHIS. Lack of information constitute 50% of inability to register as compared to a total of other reasons like funds, culture, personal and other assorted reasons given by potential clients.

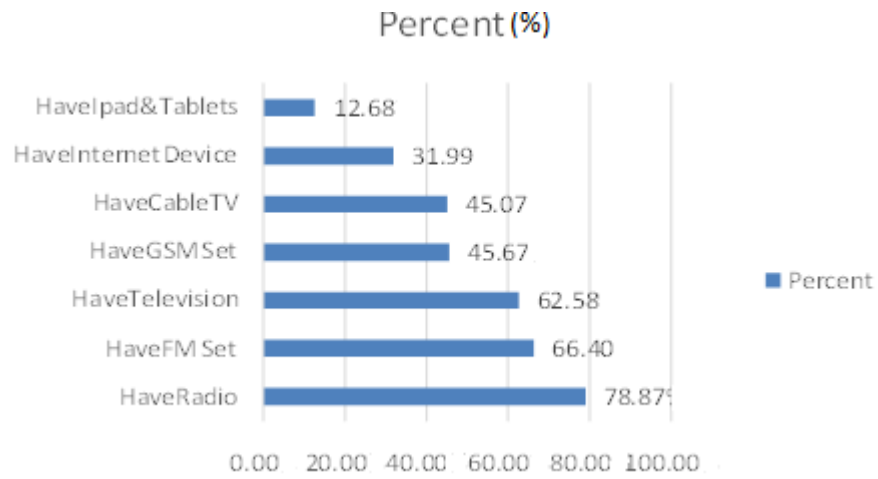Majority of respondents believe that the NHIS has only

Percent (%)

HaveIpad&Tablets	12.68
HaveInternetDevice	31.99
HaveCableTV	45.07
HaveGSMSet	45.67
HaveTelevision	62.58
HaveFMSet	66.40
HaveRadio	78.87

0.00   20.00 40.00 60.00 80.00 100.00

Figure 1. Information gadgets possessed by respondents

Percent(%)

UseIPADDay
ViewTVDay
UseGSMDay
ListenToFMday
UseInternetNight
UseIPADNight
ListenToFMnight
ListenToRadioDay
ViewCableTVAlways
UseGSMAlways
listenToRadioAlways

0.00   10.00   20.00   30.00   40.00   50.00   60.00
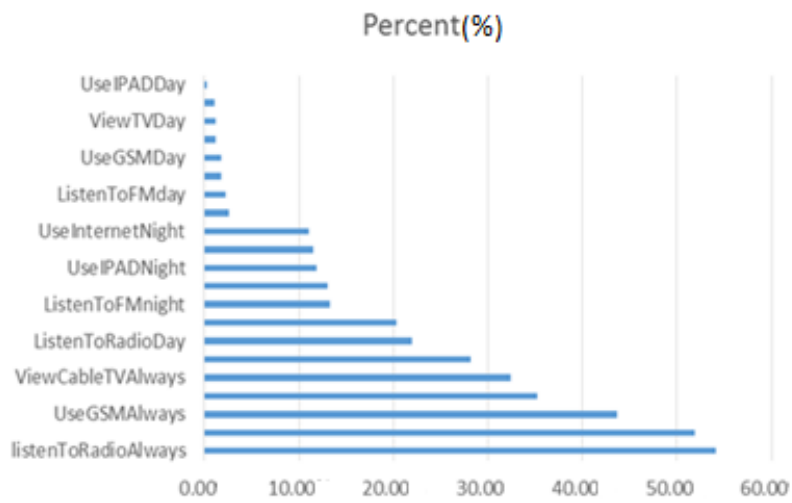
Figure 1. Channels usage by respondents.

Others 19%
Media 33%
Employer 48%
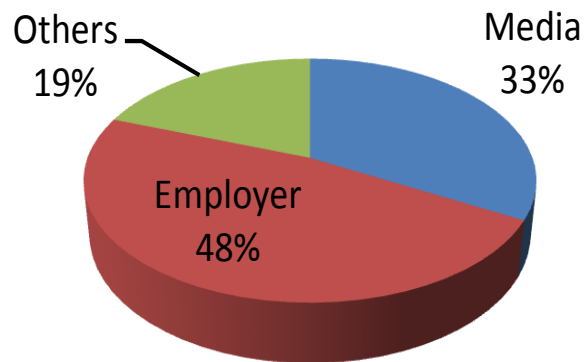
Figure 3. Source of information about NHIS to registered responders.
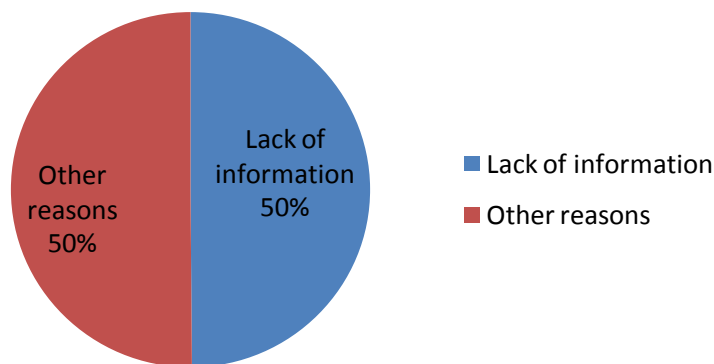
Figure 4. Percentage of responders who attribute lack of Information to NHIS products
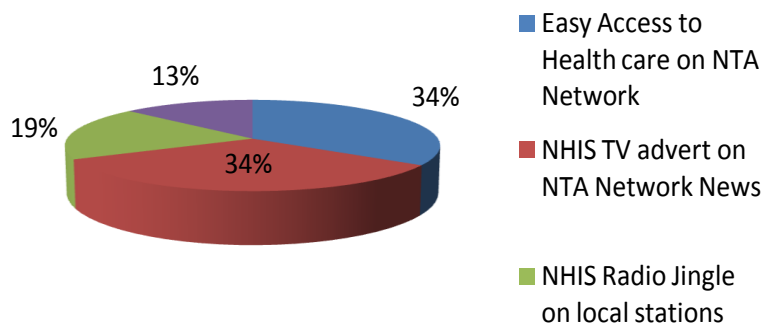
Figure 5. Effectiveness in percentage of radio and TV jingles aired

one package – for the civil servants. Some state workers actually believe that only federal workers are entitled to register with the scheme. The other packages of the insurance scheme are not known at all. The NHIS information handbill carried by surveyors was a revelation and many respondents asked for a copy. It is therefore important that when revising the contents of broadcast programs that a way is instituted to make sure that all the insurance packages of the NHIS are propagated.

Program ranking

It appears NHIS NTA Network programs and jingles paid dividends in the sense that a total of 68% of respondents have acknowledged seeing *Easy Access to Healthcare* and the Network *NHIS TV advert* at least once.

As Figure 5 shows, rather ineffectiveness is found in the local airtimes that were purchased. Programs like ***Beta Bodi*** and ***Gaskiya Dokin Karfe*** scored low in states where they were aired. Figures 6 and 7, for

instance, show how NHIS floated programs fared in Kaduna and Kwara States as typical examples. Only the jingles aired on FRCN Kaduna and NTA Network news and to a similar extend *GaskiyaDokinKarfe*, a Hausa feature scored above 35%. Jingles also fared better than the talk-show and drama aired in Kwara State.

Broadcast stations tuned to by respondents in their respective states

The dearth of popularity index of local stations might have prevented a correct decision to target popular stations in each state for the airing of programs and jingles. Getting a reliable popularity index of broadcast stations and programs in Nigeria, and indeed Africa in general, is one of the major obstacles in communication planning that target broadcasting stations. Southwood (2012: 1) describes the state of audience broadcast research in Africa as "blissful ignorance" and "gut feel" in the absence of continuous audience research that makes
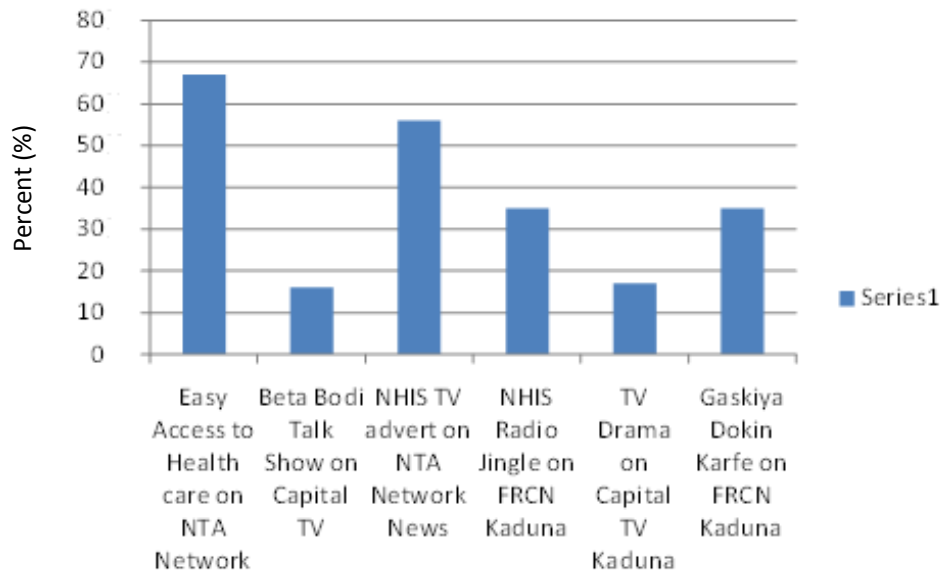
Figure 6. Performance of NHIS broadcast programs in Kaduna State.
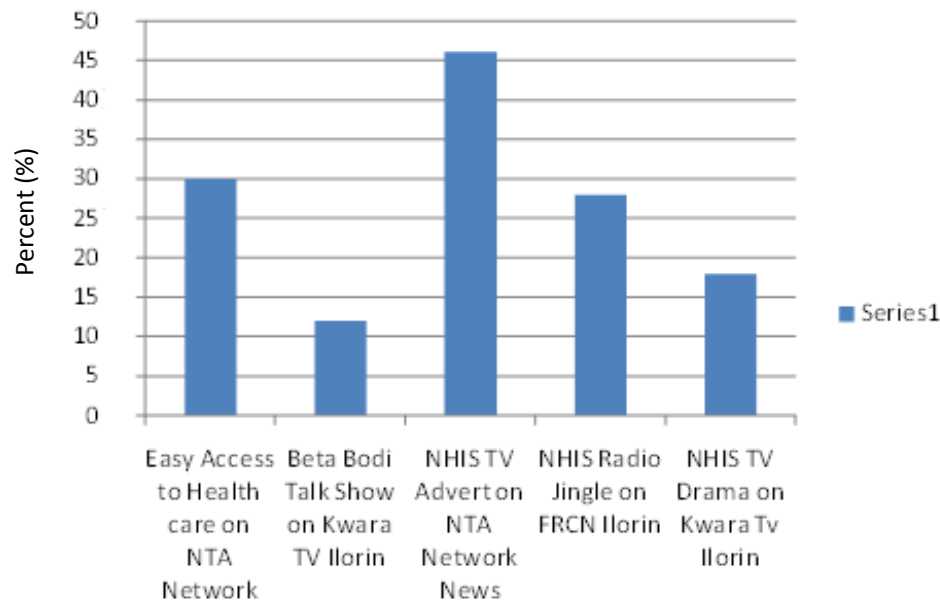

Figure 7. Performance of NHIS broadcast programs in Kwara State.

media planning difficult. This survey found that NHIS programs targeting local stations are not aired on popular channels. In all the states surveyed, popular stations surprising are not those that were targeted by NHIS. This problem is more so with radio stations where popular FMs were not selected at all for the broadcast of radio jingles. In Kaduna for instance *Brila Radio and Supreme FM* are the most popular radio channels according to

Figure 8.

Preferred medium for health information

39% of people who were polled rely on radio for health information, followed by newspapers (Figure 9). Anatsui (2014: 59) emphasizes how radio programming can
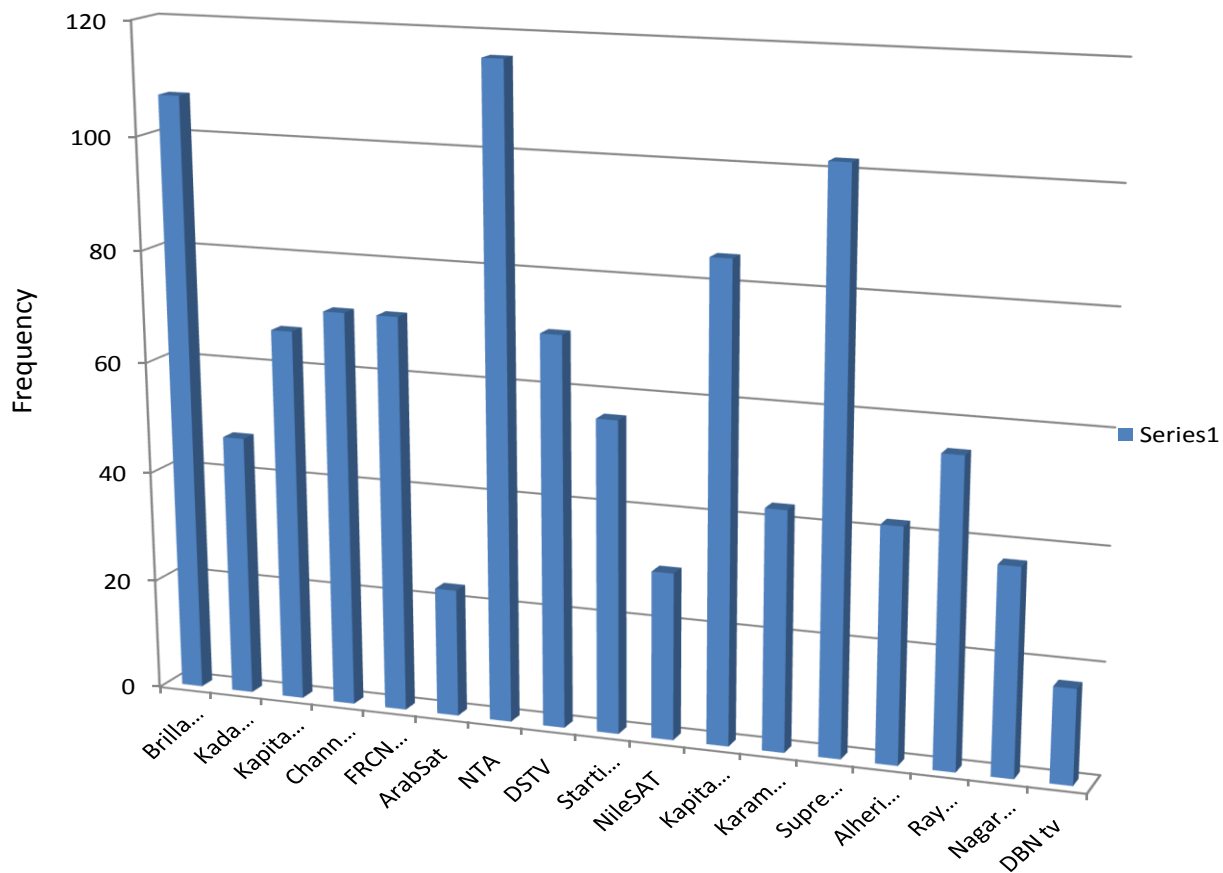
Figure 8. Popularity of broadcast stations according to responders in Kaduna State.
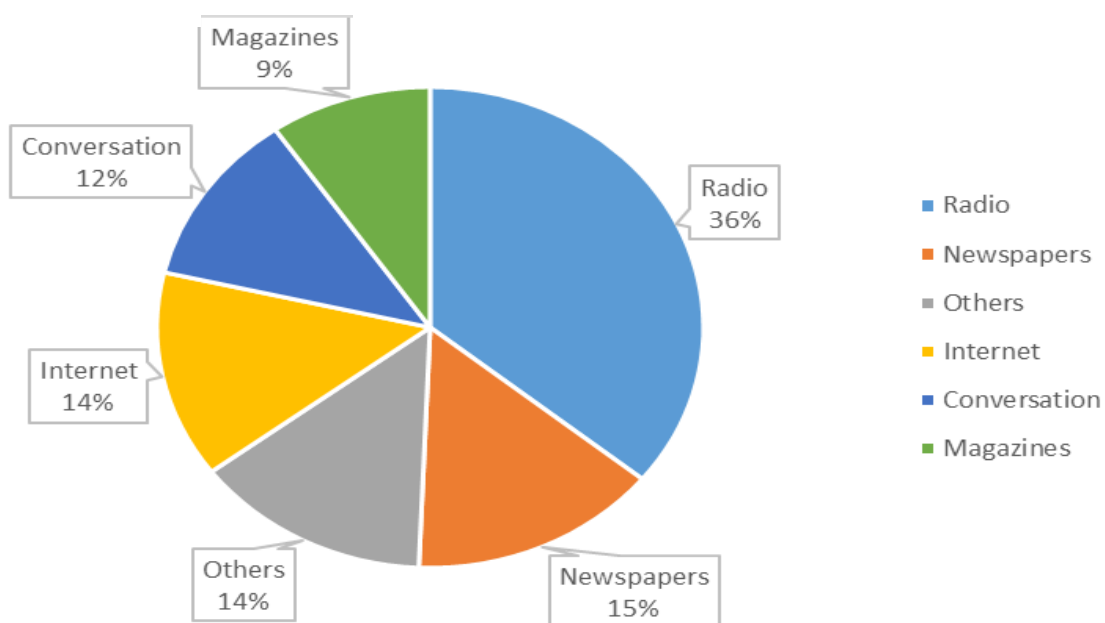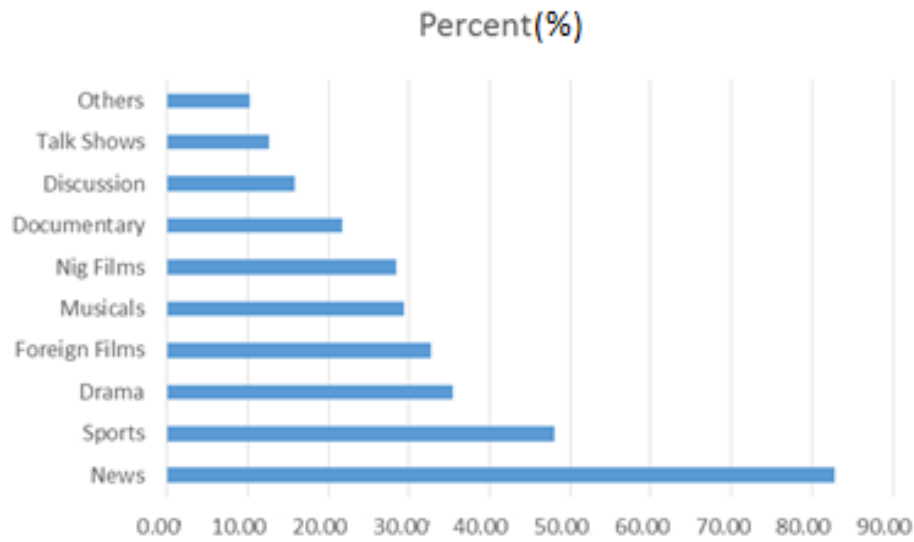

Figure 9. Preferred medium for health information.

Figure 10. Ranking of program types that interest respondents.

substitute lack of formal education and infrastructural underdevelopment to reach rural areas with practical information about health and other existential needs. It is pertinent therefore to develop more radio programs in propagating the logic of health insurance. But to do this, more detail surveys must be conducted to ascertain popular local stations and the kind of programs that attract audience in all states of Nigeria. Stations must be studied in terms of reach, popularity and programming.

Types of broadcast programming that interest respondents

News and sports rank as the most liked broadcast programs as Figure 10 shows. Probably this explains the reason for the comparable impact made by NHIS NTA Network packages which are aired before or during Network news when citizens tune in at least once to know what is happening in the nation. In redesigning broadcast programs, a strategy should be worked out to ensure comprehensive news coverage that include explanatory materials on the logic of health insurance and the type of packages available for all segments of the population. Lots of endorsement packages are required.

CONCLUSION AND RECOMMENDATIONS

The evaluation project started could aid a full fledge communication planning, implementation, monitoring and evaluation scheme. Communication is currently facing the challenge of expanded mediality, where choice of channels is more critical than developing messages.

Unfortunately media and audience research is very limited in Africa as pointed out earlier. It is pertinent therefore to expand the population of the survey focusing on more research into media channels and popularly programming to form a baseline. This is crucial because currently NHIS has achieved over 70% of public sector registration and achieving the same level for the community-based and other packages will be herculean.

Community- based projects require a formidable communication plan. Adhoc programming and acceptance of proposals from outside media companies should be discarded. All content production should be done within a framework that should be developed by NHIS based on this and more surveys.

This survey reaffirms the need for comprehensive communication plan for all public projects that require media campaigns in Nigeria. Such plans should focus on situation analysis, identification of goals, detail design of messages for channels, audience appraisal, discussion of channels, effective timeline, monitoring and evaluation strategies, and all other best practices. This study has shown that more than any agency, NHIS require intensive communication in this stage of its development.

Conflict of interests

The author has not declared any conflict of interests.

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APPENDIX

Appendix A

GENERAL QUESTIONNAIRE 1
Kaduna State

Name:_____   Age_____   Location_____

Address:_____   Married ◯   Not married ◯   Date: _____

Have children below 18 ◯   Time: _____

GSM No:_____   Have children above 18 ◯   Area: _____

Occupation: _____   No children ◯   Surveyor: _____

Mark all the media that you posses and use. Add media type if not listed

	Always	Day	Night			Always	Day	Night
Radio	◯	◯	◯	Ipad & Tablets		◯	◯	◯
Television	◯	◯	◯	Internet device		◯	◯	◯
Cable TV	◯	◯	◯	FM set		◯	◯	◯
GSM set	◯	◯	◯			◯	◯	◯
	◯	◯	◯			◯	◯	◯

Select all the broadcast stations you listen/view in Kadun on daily or occasional times. if never, leave blank

	Daily	Ocassional		Daily	Ocassional
Brila Radio	◯	◯	Capital sounds	◯	◯
Kada FM	◯	◯	Karama FM	◯	◯
Kapital TV	◯	◯	Supreme FM	◯	◯
Channels TV	◯	◯	Alheri Radio	◯	◯
FRCN Kad	◯	◯	Ray Power FM	◯	◯
Arab Sat	◯	◯	Nagarta Radio	◯	◯
NTA	◯	◯	DBN TV	◯	◯
DSTV	◯	◯		◯	◯
Startimes	◯	◯		◯	◯
Nile Sat	◯	◯		◯	◯

Select broadcast programs that interest you. if not included fill in blank space.

News	◯	Musicals	◯
Sports	◯	Documentary	◯
Drama	◯	Foreign Films	◯
Discussion	◯	Nig Films	◯
Talkshows	◯		◯
	◯		◯

How many Insurance programmes have NHIS floated?

One ◯   Seven ◯   Eleven ◯

Four ◯   Nine ◯   Don't Know ◯

If enrolled, which year did you register with NHIS?

◯   Can't Recall ◯

Have you enrolled in National Health Insurance Scheme? If yes from which source did you first know about NHIS

Not a member	◯	If not enrolled with NHIS what are your reasons?
Employer	◯	
Conversations	◯	lack of Information ◯
Medical Centre	◯	◯
Newspaper	◯	◯
Radio	◯	◯
Television	◯	◯
Bilboard	◯	◯
Handbill	◯	◯
		◯
Can"t recall	◯	

Can you recall watching or listening to the following NHIS TV/Radio Programs, adverts or jingles

	Yes	No
Easy Access to Health Care on NTA Network	◯	◯
Beta Bodi Talk Show on Capital TV Kaduna	◯	◯
NHIS TV advert on NTA Network News	◯	◯
NHIS Radio Jingle on FRCN Kaduna	◯	◯
TV drama on Capital TV Kaduna	◯	◯

What is your primary source for health information?

Internet ◯	Radio ◯	Newspapers ◯
others ◯	Conversation ◯	Magazines ◯

Do you believe health insurance **can lower cost of** health care **and improve infrastructure by pooling resources in a risk sharing management in Nigeria to ensure both the rich and poor have access to medical attention?**

Yes ◯   No ◯   Don't know ◯

Do you believe health Insurance is beneficial to your family?

Yes ◯   No ◯   Not sure ◯

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