

# Effectiveness of Utilizing the Media Health Coverage for Health Education in an Internally Displaced People's IDP/Camp in Boqolka Bush in Bosaso District Puntland Somalia

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## Abstract

**Background:** Poor health education awareness among the host community living in Bossaso city of Puntland Somalia lasted 30 years since the central government of Somalia has been destroyed in civil war in 1998. Generally, this study deems to identify the effectiveness of utilizing the media health coverage in an IDP camp in Bosasso.

**Methods:** conducted from March to June 2018 a quantitative descriptive cross sectional study is more appropriate used. A mathematical approach may express the results of this study more appropriately (Burns and Grove, 2010).

**Findings:** This study proposes to solve low coverage of mass media communication in host community living in Bossaso district. Health education through media health coverage is a profession of educating people about health in radio because (mean, 16, SD, 16, P, 0.63) Utilization of Mathers in 100ka bush 37% in radio routine access in their home at least 2 hours in health information management system of minister of Puntland should be enhanced health education of IDPS/CAMPS in Bosaso how to avoid communicable disease control during pregnancy related issues or malaria diseases

**Conclusion:** Mass media communication one of the Most important tool in health education utilization of radio is higher than other media as we get information because the majority of respondents do not have access internet due to low social status of the respondents they utilize radio from local news from the government of Puntland or minister of health utilize the awareness of population living in Puntland Somalia were female 97% rather than the males meanwhile young Mathers utilize the service of health center in 100 ka bush were married 77.5% and single Mather was 22.5%.

## INTRODUCTION

This study proposes to solve low coverage of mass media communication in host community living in Bossaso district. Health education through media health coverage is a profession of educating people about health (WHO 2001). The Joint Committee on

Health Education and Promotion Terminology of the World Health Organization (2001) has planned learning experiences based on health coverage that provides individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions (Who 2001).

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### Background

Poor health education awareness among the host community living in Bossaso city of Puntland Somalia lasted 30 years since the central government of Somalia has been destroyed in civil war in 1998 (Puntland 2016). Central government allocation of resources for the overall health of the population was around 10% of budgeting and planning which every citizen that should cover the public health demand (GPD., per person/capita, 10.12\$)

The 4,800 families from the Internally Displaced People's (IDP) camp under 18 years of age experiences rape (84%), physical assault (18%), and threat to life (20%). While the Somalis, 19 to 30 years of age had the same rape, physical assault, and threat to life experiences (16%, 75%, and 40% respectively) (Stanford university, Somalia rape case Jun 6, 2016.). Poor media health coverage consequences however have easy way to solve because most population living in Bosaso city utilize mass media communication such as television and radio but not in the IDP camp (Somalia since 1975, when the population ... The other challenges for Puntland are not only in increasing employment ... IDPs and the urban poor). Some endemic disease exists in Bosaso like malaria requiring media health coverage awareness through health education (UNICEF, SITUATION ANALYSIS OF CHILDREN IN SOMALIA 2016).

The media health coverage have evolved since 1950s, particularly in relation to improved understanding of behavioral and socio-ecological aspects that influences on health (Green and Kreuter 2005).

### Statement of the Problem

There exists poor media health coverage among the people living in Bossaso community villages especially in the IDP camp. An effective mass media and health coverage may solve this issue concerning health of young children and mothers to utilize the service of health centers of Bosaso city. This issue calls for immediate action on health education to prioritize the needs in order to solve the problems that exists on delivering primary health care. The situation is worsening and yet it should be solved as it may affect other communities which may be intolerable.

### General Objective

Generally, this study deems to identify the effectiveness

of utilizing the media health coverage in an IDP camp in Bosaso.

### Specific Objectives

Specifically, it is hoped to:

1. Identify the types of media health coverage utilized for health education in an IDP camp
2. Identify socio cultural effectiveness of media health coverage utilized for health education

### Research Questions

1. What are the types of media health coverage utilized for health education in an IDP camp?
2. What is the socio cultural effectiveness of media health coverage utilized for health education?

### Research Hypotheses

There is an identified effectiveness of utilizing the media health coverage in an IDP camp in Bosaso

### Justification/Significance of the Study

The facts of research was significant to the host community living in Bosaso city of Puntland where the service of health education is found. This study of media coverage and health education is also significant for the awareness of IDP camp community.

### Scope and Limitation

This research study carried out in the period between September to October 2018 in an IDP camp at Boqoka bush in Bosaso city. Only adult Somalis be selected in the pool of populations.

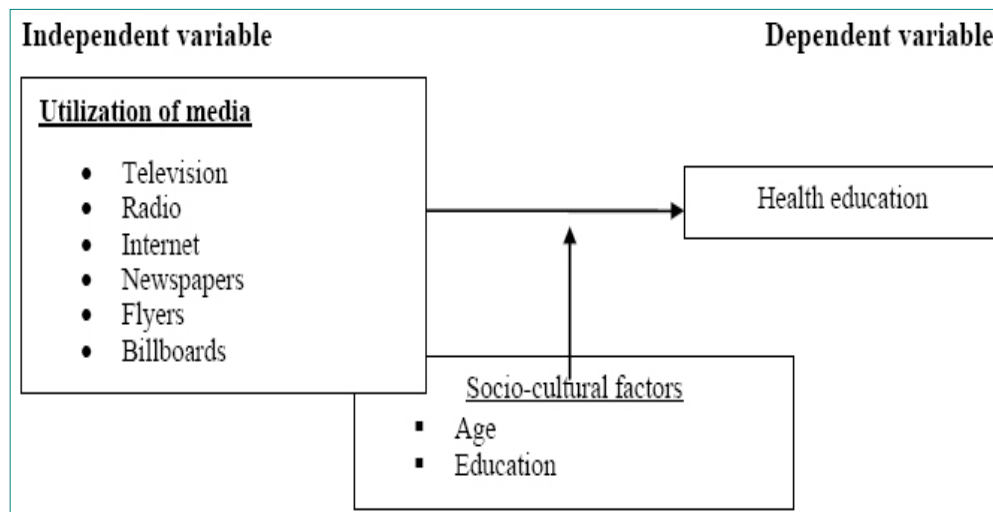
### Definition of Terms

- **Health promotion:** the of enabling people to increase control over, and to improve their health education (WHO November 1986.)
- **Health coverage:** It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health ( McKenzie, J., Neiger, B., Thackeray, R. (2009)
- **Health literacy:** The degree in which the people are able to access, understand, appraise and communicate information to engage with the demands of different context in order to promote and maintain good health across the life course (BMC Public Health , 2017)

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- **Health education:** Consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills, which are conducive to individual and community (marcus 2012).
- **Health:** health is a state of complete physical, social, mental well-being, and not merely the absence of disease or infirmity (Who 1948)
- **Wellness:** the optimal state of health of individual and groups, involves the realization of the fullest, physical, psychological, social, spiritual and economical of an individual and fulfillment ones expectation in the family .community and place of worship, workplace and other settings (Smith, Tang, & Nutbeam, 2006)
- **Media:** These are the television, radio, internet, or newspaper that is used to broadcast an advertising or commercial in a manner of minutes (Retrieved November 28, 2011).

### Conceptual Fream Work of Health Education



## METHODOLOGY

### Over View

The chapter shows the description of the methodology that used in the study. It points out research design, study area and population, sample size determination and procedure, inclusion and exclusion criteria, data collection tools, study variable ,data and ethical consideration of the east Africa university with Lincoln university

### Study Type and Design

A quantitative descriptive cross sectional studied is more appropriate to be used. A mathematical approach may express the results of this study more appropriately (Burns and Grove, 2010). Having only one the type of design is Cross-sectional study used lead to a structured research (Burns and Grove, 2010). In addition, this research used multiple outcomes such as the Mass media coverage, and educational qualifications that can be measured.

### Sample Size

The screenshot shows the Raosoft Sample size calculator interface with the following input parameters and results:

- What margin of error can you accept?  % (5% is a common choice)
- What confidence level do you need?  % (Typical choices are 90%, 95%, or 99%)
- What is the population size?  (If you don't know, use 20000)
- What is the response distribution?  % (Leave this as 50%)
- Your recommended sample size is **80**

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Sample size where determined using this formula below:-

$$N=61$$

$$n=N/1+N (0.05) \quad n = 61/1+61 (0.0025)$$

$$n = 100/1+0.1525 \quad n = 100/1.1525 \quad n = 80$$

respondents

### Sampling Method

Studied type Simple randomly selected and sampling technique was questionnaire selected, the researcher selected respondents from Boqoka bush IDP camp in a convenient approach. A convenience sampling technique is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach (Heavy, 2011; Polit and Hungler, 1999). However, this technique must be guided by a sample size calculator (Burns and Grove, 2010). A total of 80 populations were calculated using the Raosoft with a margin of error at 5%, confidence level at 95% and estimated sample size at 100. The 100 populations are a good number but must have only 20 respondents to be eliminated in order to maintain an n=100 sample size.

### Method for Protection of Human Subjects

Permission be sought from the Research Management Centre of Lincoln University College. Permission from the hospital was also be sought. , However, in a survey, human respondents are not necessary be protected but ethically respected (International Council of Nurses, 2012). Therefore, the ethics of autonomy is considered. Respondents are allowed to withdraw or not participate anytime they wish to change their minds. The ethics of justice on the other hand considers the explanation of the purpose and aims of this research in order to lessen the doubts of the respondents.

### Ethical Consideration

the research was carried out a permission and an approval from the Lincoln university affiliated with east Africa University particularly ethical clearance committee and during the data collection an informed consent letter are used from MOH and university and communicated to the research participant and finally to ensure the confidentiality and privacy of the participants through not putting their names in the questionnaire

### Data Collection Questionnaires

Self-administered and close-ended questionnaires are among the tools of data collections which the study participants fill or answer themselves with the advantage of quicker, cheaper, convenient and absence of interviewer effect (Bryman, Bell, 2007) thus, researcher used to collect the primary data which contains the general background of the study subjects, process and outputs as well as to identify the effectiveness of utilizing the media health coverage in an IDP camp in Bosasso, Performances though the application of PRISM framework. 80 participants were collected from data through the questionnaires. After, pretested to make sure reliability and validity of data captured.

### Pilot Study

Pilot study experiments are frequently carried out before large scale quantitative research in an attempt to avoid time and money being wasted on an inadequate designed project, a pilot study is usually carried out on members of the relevant population as we define it is an action undertaken by or more public /or private stakeholders in order to test novel practice or technologies, i.e innovation sense of Olivier de sardan (1995) "every graft of novel technology ,knowledge or forms of organization"(Generally as a local adaptation of borrowed or imported innovation) as a small scale measurements

### Data Analysis

Data collected from the participant of the study through questionnaires are coded, checked, cleaned, and put in to SPSS version 21.0 then the process and output in the basis of PRISM framework and the descriptive statistics from the questionnaires like frequencies, percentages are described in terms of tables, figures to show the magnitude and patterns of different situation with the impact of effectiveness of utilized the media health coverage for health education in an internally displaced people's camp in Bosaso Similarly, the data from the questionnaires that were based on health education through primary health care utilization performance which are categorized into technical, behavioral and organizational/environmental factors in the form of agree, strongly agree, not sure, disagree strongly disagree or Yes or No are also descriptively

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analyzed in terms of tables used frequencies and respective questionnaires they were given as common percentages Furthermore, and analyzed with sense.

### DATA ANALYSIS

#### Display of findings

**Table 1.** The description of the socio demographic profile of the respondents.

Demography		
	Total	%
Male	2	2.5%
Female	78	97.5%
Single	18	22.5%
Married	62	77.5%
Widowed	5	6.25%
Divorced	3	3.75%
18-25	48	60%
26-35	29	36%
36-45	3	4%
University level	4	5%
High school level	6	7.5%
Primary school level	20	25%
Pre school (Quran) level	50	50%
Employed	15	18%
Unemployed	65	82%
Daily income	23	28%
Monthly income	57	72%

### RESULTS

**Table 2.** Identifies the type of media used for health education in an IDP camp at Boqolka bush in Bosaso city.

Media used for health education					
	Total	%	Mean	SD	Probability
Radio	37	46%	20	16	0.63
Internet	7	9%	20	16	0.3
Television	35	44%	20	16	0.65
Newspaper	1	1.3%	20	16	0.9
Others					

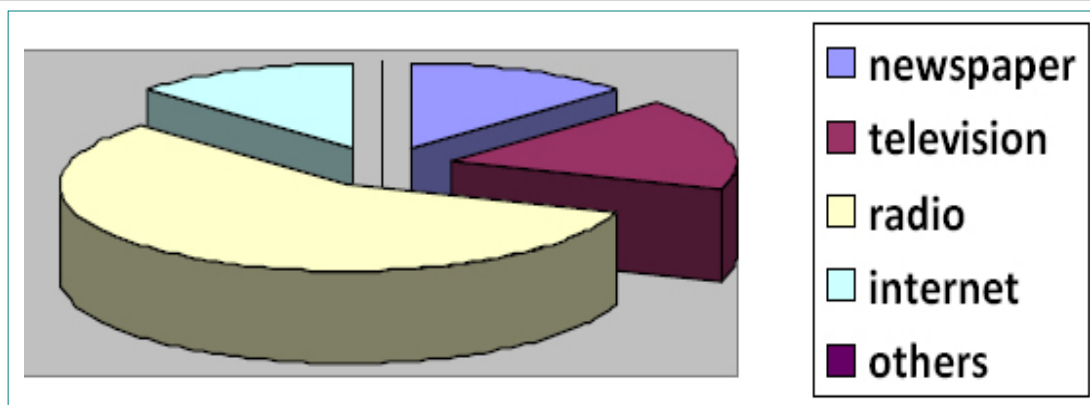
**Table 3.** Identifies the socio-cultural effectiveness of media health coverage at Boqoka bush camp.

Media used for health education								
	Total							
	Yes	%	No	%	Total		SD	P
Have you ever received any health education in media?	47	59	33	41	80	40	9.8	0.2
Poor people in the IDP camp do not need to go to educational institution because of the media	61	76	19	24	80	40	29.6	0.2



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Uneducated Somalis can learn about health through the media?	45	56	35	44	80	40	7	0.2
More Somali can be educated because of health care media.	71	89	9	11	80	40	43.8	0.2
The mass media are mostly utilized by males rather than females.	65	81	15	18	80	40	35.3	0.2
Media organizations (broadcasters, cable companies, government agencies, and commercial marketers) are involved in supporting health education projects?	70	88	10	12	80	40	42.4	0.2
The Somalis are interested in medias.	69	86	11	14	80	40	41	0.2
Health status of the people living in the IDP camp has improved through health care media	72	90	8	10	80	40	45.2	0.2



**Graph 1.** The pie graph above identifies the media that is turned off during prayer time.

**CONCLUSION**

Mass media communication one of the Most important tool in health education utilization of radio is higher than other media as we get information because the majority of respondents do not have access internet due to low social status of the respondents they utilize radio from local news from the government of Puntland or minister of health utilize the awareness of population living in Puntland Somalia were female 97% rather than the males meanwhile young Mathers utilize the service of health center in 100 ka bush were married 77.5% and single Mather was 22.5% while the other windowed 6.24% and divorced 3.75% according to age respondents between 18-25 years are 60% were other lower than that and educational status of respondents is very low due to low economic facilities to learn something when they are younger they were farmers in their family after collapse the central government of Somalia majority of respondents 50% they learned Quran (preschool) were 25% get primary education others got higher school 7% while the university level 5% in occupational status 82%

unemployed Mathers because they care their children how to learn something and her husband strangling how to sophisticated the lively hood of the family others employed 18% in other hands socioeconomic status of the respondents get salary per monthly income 72% were daily income received 8% when we compare other variable in media used to health education said yes 59% while others rejected 41% people in IDPS/CAMP most of them do not need health education at least 76% were some of them need health education during antenatal visiting was 24% uneducated Somalia can learn about health through media ( mean 40,SD,9.8,P,0.2)

**RECOMMENDATION**

The commitment of political leaders, policy makers, and resource providers should be sought as an initial step to program planning mass media health education and launching of the implementation strategy.

A “two-way” flow of information and resources should be emphasized in all Mass media communication programs.

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More and better quality training programs about mass media health education are recommended in IDPS/CAMPS 100 ka Bush

Mass media communication and education efforts should effectively combine the processes and approaches of social marketing, social mobilization, and development support communication, Minister of health increase teaching methodology seminars to enhancing the Mathers utilize the service of health center

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### Abbreviation

WHO -world health organization

JCHEAP -Joint Committee on Health Education and Promotion

UNICEF –united nation children's funds

IDPS –internal displacement people

NAP -National Academy Press

UNICCO- United Nations Educational, Scientific and Cultural Organization

ICON -International Council of Nurses

WRD – world radio day

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APPENDEX A QUESTIONAIR

Questionnaire

Village of Residence: \_\_\_\_\_

Gender: Male  Female

Age: 18-25  26-35

36-45  46 and Above

Marital status: Single  Married

Divorced  Widowed

Education Level: University  High school

Primary school  Pre-school (Quran)

Occupation: Employed  Unemployed

Socioeconomic Daily income  Monthly income

Objective #1: Identify the type of media used for health education

1. Which of the following media equipment do you mostly use in your home?

Radio  Television  others  \_\_\_\_\_

Internet  Newspapers

2. State the number the specific health education mentioned in any one of the media sources:

	Specific health education
Television	
Radio	
Internet	
Newspaper	

3. Have you ever received any health education in media?

Yes  No

4. Which of the following shows or articles do you mostly like getting from media?

News  Advertisements  Entertainment



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Objective #2: Identify socio cultural effectiveness of media health coverage utilized for health education

5. Poor people in the IDP camp do not need to go to educational institution because of the media?  
Yes  No
6. Uneducated Somalis can learn about health through the media?  
Yes  No
7. More Somali can be educated because of health care media.  
I agree  I disagree
8. During prayer time, the following medias are turned of:  
TV  DVDs  Radio/ Music   
Newspapers  Internet  flyers / leaflets
9. The mass media are mostly utilized by males rather than females.  
Yes  No
10. Media organizations (broadcasters, cable companies, government agencies, and commercial marketers) are involved in supporting health education projects?  
Yes  No
11. The Somalis are interested in Medias.  
I agree  I disagree
12. Health status of the people living in the IDP camp has improved through health care media  
Yes  No

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