



Exposure, Perception, Attitude and Adoption of Radio Health Programmes among Residents of Jalingo Metropolis

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Abstract

This study investigated residents' exposure, perceptions and attitudes towards radio health programmes in Jalingo metropolis. The research objectives were to determine the extent to which residents of Jalingo are exposed to health programmes broadcast on radio stations in the metropolis; ascertain the health messages to which residents are exposed; examine residents' perceptions of the programmes; ascertain their attitudes towards the programmes; and determine whether residents adopt the health messages conveyed through the programmes. The study was anchored on the Health Belief Model and Uses and Gratifications Theory. A survey research design was adopted, and the study population comprised 581,000 residents of Jalingo, from which a sample size of 385 was selected using the Krejcie and Morgan sampling table. A questionnaire was used as the instrument for data collection, and the data generated were analysed using descriptive statistics. The findings showed that over 72% of Jalingo residents were exposed to and knowledgeable about radio health programmes in the metropolis. The findings also revealed that respondents had positive perceptions of the programmes. Furthermore, the study found that residents had positive attitudes towards radio health programmes, which were associated with widespread adoption of the health messages. The study recommended that radio stations in Jalingo should consider adjusting the broadcast times of their health programmes to suit listeners' routines and extending programme duration to allow for greater audience interaction.

Keywords: adoption, attitude, exposure, perception, radio health programmes

Introduction

Public health communication plays a critical role in addressing global health challenges by disseminating information, promoting preventive behaviours and fostering positive health outcomes (World Health Organization, 2020). In developing countries such as Nigeria, where health challenges, including infectious diseases, maternal mortality and non-communicable diseases, persist, effective health communication through media platforms is essential for improving public health (Federal Ministry of Health, Nigeria, 2019). The media, particularly radio and television, serve as accessible and influential channels for delivering health messages to diverse populations, bridging gaps in health literacy and encouraging behavioural change (Wakefield, 2010). The effectiveness of health programmes broadcast on radio and television depends on three key factors: audience exposure, perception and attitudes (Okoro et al., 2023). Exposure alone is insufficient without positive perceptions of the content. Perception, shaped by the credibility, clarity and cultural relevance of health messages, determines how audiences interpret and value the information. Negative perceptions, such as distrust of media sources or scepticism about health campaigns, can undermine the impact of these programmes (Okafor et al., 2022).



In Jalingo, a multi-ethnic and religiously diverse urban centre, cultural beliefs and social norms significantly shape attitudes towards health interventions (Okoro et al., 2023). For example, studies in Nigeria have shown that cultural practices and misinformation can hinder the acceptance of health programmes, such as vaccination campaigns and maternal health initiatives (Nwonwu et al., 2020). Understanding these attitudes is critical to designing media-based health programmes that resonate with the community and promote behavioural change. Despite the growing role of the media in health promotion in Nigeria, there is a paucity of research on how residents of Jalingo metropolis engage with health programmes broadcast on local radio stations. Existing studies in other Nigerian cities, such as Enugu and Sokoto, have explored knowledge, attitudes and practices relating to health issues, including COVID-19 and rabies, linking these to media exposure and socio-demographic factors (Nwonwu et al., 2020; Okafor et al., 2022). However, these findings may not fully reflect the unique socio-cultural and media landscape of Jalingo, where local radio stations play a central role in health communication.

Statement of the Problem

Health programmes broadcast on radio stations serve as critical tools for disseminating vital health information, promoting preventive behaviours and addressing public health challenges in urban settings such as Jalingo metropolis, the capital of Taraba State, Nigeria. These programmes aim to raise awareness of prevalent health issues, such as malaria, HIV/AIDS, tuberculosis and maternal health, in line with Nigeria's public health goals and the Sustainable Development Goals (SDGs) (Unal & Iseri, 2022). However, the effectiveness of radio-based health programmes in influencing health behaviours depends on the extent of audience exposure, listeners' perceptions of the programmes' credibility and relevance, and their attitudes towards adopting the recommended practices (Kreps & Neuhauser, 2010).

One major concern is the uncertainty surrounding the level of exposure to health programmes broadcast on radio stations among residents of Jalingo. In addition, residents' perceptions of these programmes are a critical consideration. Such perceptions are shaped by the clarity, cultural appropriateness and trustworthiness of the content, which are essential for ensuring audience receptiveness. In Jalingo, a multi-ethnic and culturally diverse urban centre, misalignment between programme content and local cultural or religious beliefs may lead to scepticism about, or rejection of, health messages (Okafor et al., 2022). For instance, previous studies in Nigeria have highlighted how misinformation and distrust of media sources can undermine health campaigns (Nwonwu et al., 2020). The extent to which residents of Jalingo perceive radio health programmes as credible and relevant remains unclear, raising questions about their effectiveness in promoting health awareness.

Furthermore, attitudes towards health programmes significantly influence whether individuals adopt the recommended health practices. In Jalingo, socio-cultural factors, including traditional beliefs and gender norms, may shape negative or ambivalent attitudes towards health interventions, such as vaccination and maternal health initiatives (Okafor et al., 2022). Without a clear understanding of these attitudes, health programmes may fail to achieve the desired behavioural changes, thereby limiting their contribution to public health improvement. Although studies in other Nigerian cities, such as Enugu and Sokoto, have explored the influence of the media on health behaviours, they do not specifically address the unique socio-cultural and media context of Jalingo metropolis (Nwodu et al., 2023; Okafor et al., 2022). The lack of localised



research on exposure, perception and attitudes towards radio-based health programmes in Jalingo creates a knowledge gap that hinders the development of targeted and effective health communication strategies. Understanding how the multi-ethnic and culturally diverse residents of Jalingo choose to expose themselves to radio health programmes, perceive the health messages promoted through these programmes and respond to them is essential for determining the effectiveness of health messages broadcast on radio stations in the metropolis. Against this backdrop, this study investigated residents' exposure to health programmes broadcast on radio stations in Jalingo metropolis, their perceptions of the credibility and relevance of the programmes, and their attitudes towards adopting the promoted health practices, with the aim of informing strategies to enhance the impact of radio-based health communication.

Objectives of the Study

The general objective of this study was to investigate public exposure, perception and attitudes towards health programmes broadcast on radio stations in Jalingo metropolis. The specific objectives were to:

1. determine the extent to which residents of Jalingo are exposed to health programmes broadcast on radio stations in the metropolis;
2. ascertain the health messages to which residents of Jalingo metropolis are exposed through radio health programmes;
3. examine residents' perceptions of health programmes broadcast on radio stations in Jalingo metropolis;
4. ascertain the attitudes of residents of Jalingo towards health programmes; and
5. determine whether residents of Jalingo adopt the health messages promoted through radio stations in the metropolis.

Methodology

The study adopted a survey research design to examine residents' exposure, perceptions and attitudes towards radio health programmes in Jalingo metropolis (Asemah et al., 2012). The population comprised residents aged 18–65 years who listened to health programmes on Rock FM, Shinmo FM and Taraba State Broadcasting Station (TSBS), drawn from an estimated population of 581,000 (NPC, 2022). A sample size of 384 was determined using a sampling table attributed to Konyen and Neuhauser (2020). Simple random sampling through balloting was used to select four of the ten wards in Jalingo metropolis, while purposive sampling was employed to select listeners of Health Matters on Rock FM 92.3, You and Your Health on Shinmo FM 92.9 and Health Angles on TSBS. Ninety-six respondents were selected from each ward. Data were collected using a structured questionnaire comprising sections on respondents' demographic characteristics and the research questions. The data were coded and analysed using the Statistical Package for the Social Sciences (SPSS), with descriptive statistics and frequency tables used to summarise and present the findings.

Presentation of Data

For this study, three hundred and eighty-four (384) copies of the questionnaire were administered to respondents, out of which three hundred and fifty-two (352) were retrieved valid and used, representing 91.67 percent (response).

Table 1. Mean and Standard Deviation of the Respondents' Demographics

Demographic Variable	Categories	Frequency	Percentage (%)	Mean	SD
Sex	Male	211	59.9	1.40	0.49
	Female	141	40.1		
Age	18–25	183	52.0	1.76	0.95
	26–35	99	28.1		
	36–45	42	11.9		
	46 and above	28	8.0		
Educational Qualification	FSLC	10	2.8	4.85	1.84
	O'Level	18	5.1		
	OND	65	18.5		
	HND	59	16.8		
	BSc.	80	22.7		
	PGD	50	14.2		
	MSc.	40	11.4		
	PhD	20	5.7		
	Post-Doctorate	10	2.8		
	Christianity	225	63.9		
	Islam	106	30.1		
Religion	African Traditional	15	4.3	1.44	0.66
	Others	6	1.7		

Table 1 presents the demographic characteristics of the 352 respondents. Males constituted 59.9% of the sample, while females accounted for 40.1%. The majority of respondents were aged 18–25 years (52.0%), followed by those aged 26–35 years (28.1%), indicating that younger adults were predominantly represented. Regarding educational qualification, respondents with a bachelor's degree constituted the largest group (22.7%), followed by those with OND (18.5%) and HND (16.8%), suggesting that most respondents had attained post-secondary education. In terms of religion, Christians represented 63.9% of the sample, Muslims 30.1%, adherents of African Traditional Religion 4.3%, and other religious affiliations 1.7%.

Table 2. Extent of Exposure to Radio Health Messages

Item	5	4	3	2	1	Total	M	SD	Mean (%)
Listening to radio	130	140	50	22	10	352	4.02	1.01	80.4
Listening to radio health programmes	115	135	65	25	12	352	3.90	1.04	78.0
Listening to radio health programmes aired in Jalingo metropolis	110	130	70	28	14	352	3.84	1.08	76.7
Shimno FM – You and Your Health	125	120	65	28	14	352	3.89	1.10	77.9
Rock FM – Health Matters	128	125	62	25	12	352	3.94	1.06	78.9
TSBS – Health Angles	118	120	70	30	14	352	3.85	1.10	76.9

Note: Very large extent (5), Large extent (4), Little extent (3), Very little extent (2) & No extent (1)

Table 4.2 presents the extent of respondents' exposure to radio health messages in Jalingo metropolis. The findings indicate that general radio listening recorded the highest mean score ($M = 4.02$, $SD = 1.01$; 80.4%), followed by exposure to Health Matters on Rock FM ($M = 3.94$, $SD =$

1.06; 78.9%), You and Your Health on Shimno FM (M = 3.89, SD = 1.10; 77.9%), and Health Angles on TSBS (M = 3.85, SD = 1.10; 76.9%). Listening to radio health programmes generally recorded a mean score of 3.90 (SD = 1.04; 78.0%), while exposure to health programmes aired in Jalingo metropolis recorded a mean of 3.84 (SD = 1.08; 76.7%). the findings indicate a relatively high level of exposure to radio health programmes among respondents, with Health Matters recording the highest exposure rate among the three programmes examined and Health Angles the lowest.

Table 3. Respondents' Knowledge of Health Topics Aired on Radio

Health issue/topic	5	4	3	2	1	Total	M	SD	Mean (%)
HIV/AIDS awareness	140	130	55	20	7	352	4.07	0.98	81.4
Malaria prevention and treatment	128	120	70	24	10	352	3.95	1.02	79.0
Lassa fever sensitisation	120	115	80	25	12	352	3.87	1.05	77.4
Family planning	135	125	60	22	10	352	4.00	1.01	80.0
Antenatal and postnatal issues	130	115	70	25	12	352	3.93	1.06	78.6
Diabetes awareness	115	110	85	28	14	352	3.81	1.08	76.1
Immunisation and vaccination campaigns	145	125	55	20	7	352	4.08	0.97	81.6
Breastfeeding education	120	110	80	28	14	352	3.84	1.09	76.8
Nutrition and exercise promotion	125	115	75	25	12	352	3.90	1.06	78.0
Cholera and waterborne diseases	118	112	82	28	12	352	3.84	1.07	76.8
Tuberculosis awareness	122	115	80	23	12	352	3.89	1.04	77.8
Heart and kidney disease information	110	100	90	30	22	352	3.70	1.16	74.0
Personal hygiene campaigns	138	120	65	20	9	352	4.02	1.00	80.4
Drug abuse and substance misuse awareness	130	118	70	24	10	352	3.95	1.04	79.0
Hepatitis awareness	115	110	85	28	14	352	3.81	1.08	76.2
Glaucoma and eye health education	105	95	90	35	27	352	3.61	1.19	72.2

Note. M = mean; SD = standard deviation. Response categories: 5 = very knowledgeable; 4 = knowledgeable; 3 = neutral; 2 = slightly knowledgeable; 1 = not knowledgeable. Mean percentages are reproduced as supplied.

Table 3 presents respondents' knowledge of health topics aired on radio. The findings indicate that immunisation and vaccination campaigns recorded the highest mean score (M = 4.08, SD = 0.97; 81.6%), followed by HIV/AIDS awareness (M = 4.07, SD = 0.98; 81.4%), personal hygiene campaigns (M = 4.02, SD = 1.00; 80.4%) and family planning (M = 4.00, SD = 1.01; 80.0%). In contrast, glaucoma and eye health education recorded the lowest mean score (M = 3.61, SD = 1.19; 72.2%), followed by heart and kidney disease information (M = 3.70, SD = 1.16; 74.0%). The remaining health topics recorded mean percentages ranging from 76.1% to 79.0%. The findings suggest that respondents reported a relatively high level of knowledge across the health topics covered by radio programmes, although knowledge was comparatively lower for glaucoma and eye health, as well as heart and kidney diseases.

Table 4. Frequency Distribution of Respondents' Perceptions of Radio Health Programmes

Items	5	4	3	2	1	Total	M	SD	Mean (%)
Conforms with cultural values, beliefs and norms	120	135	60	25	12	352	3.93	1.05	78.6
Messages are clear and easy to understand	130	140	55	20	7	352	4.04	0.96	80.8
Programmes focus on timely health concerns	125	130	65	22	10	352	3.96	1.01	79.2
Programmes are educative	140	135	55	15	7	352	4.10	0.93	82.0
Programmes are informative	132	138	60	15	7	352	4.06	0.94	81.2
Time allotted is convenient	115	120	75	28	14	352	3.84	1.08	76.8
Duration of each topic is sufficient	110	118	80	30	14	352	3.80	1.10	76.0

Note: M = mean; SD = standard deviation. Response categories were scored on a five-point scale, from 1 (strongly disagree) to 5 (strongly agree). Mean percentages have been retained as provided.

Table 4 presents respondents' perceptions of radio health programmes in Jalingo metropolis. The findings indicate that respondents perceived the programmes as educative ($M = 4.10$, $SD = 0.93$; 82.0%) and informative ($M = 4.06$, $SD = 0.94$; 81.2%), while also rating the clarity and understandability of the messages highly ($M = 4.04$, $SD = 0.96$; 80.8%). The perception that the programmes conformed to cultural values, beliefs and norms recorded a mean score of 3.93 ($SD = 1.05$; 78.6%), while the focus on timely health concerns had a mean of 3.96 ($SD = 1.01$; 79.2%). However, the convenience of programme timing ($M = 3.84$, $SD = 1.08$; 76.8%) and the sufficiency of time allocated to each topic ($M = 3.80$, $SD = 1.10$; 76.0%) recorded the lowest mean scores. Therefore, the findings imply that respondents held generally positive perceptions of radio health programmes, particularly regarding their educational and informational value.

Table 5. Respondents' Attitudes Towards Radio Health Programmes

Items	5	4	3	2	1	Total	M	SD	Mean (%)
Inhaling cigarette smoke is dangerous to my health	110	140	65	25	12	352	3.88	1.04	77.6
Uncomfortable in a dirty environment	120	135	60	22	15	352	3.92	1.07	78.4
Changed view about HIV/AIDS	125	140	55	20	12	352	3.98	1.03	79.6
Self-medication is wrong	118	142	60	22	10	352	3.95	1.00	79.0
Regular check-ups are necessary	145	135	50	15	7	352	4.13	0.95	82.6

Note: M = mean; SD = standard deviation. Response categories were scored on a five-point scale, from 1 (strongly disagree) to 5 (strongly agree). Mean percentages have been retained as provided.

Table 5 shows that respondents generally expressed positive attitudes towards health-related issues addressed through radio health programmes. Regular health check-ups recorded the highest mean score ($M = 4.13$, $SD = 0.95$; 82.6%), followed by changes in views about HIV/AIDS ($M = 3.98$, $SD = 1.03$; 79.6%), the rejection of self-medication ($M = 3.95$, $SD = 1.00$; 79.0%), discomfort in a dirty environment ($M = 3.92$, $SD = 1.07$; 78.4%), and recognition of the dangers of inhaling cigarette smoke ($M = 3.88$, $SD = 1.04$; 77.6%). These findings indicate that respondents demonstrated favourable attitudes towards preventive health practices, particularly the importance of regular medical check-ups. Although the item on the dangers of cigarette smoke recorded the lowest mean score, it remained relatively high, suggesting that respondents generally recognised its health risks. The results generally suggest that respondents held positive attitudes towards the health issues examined, although the table alone does not establish that exposure to radio health programmes caused these attitudes.

Table 6. Respondents' Behavioural Adoption of Radio Health Programmes in Jalingo Metropolis

Items	5	4	3	2	1	Total	M	SD	Mean (%)
I now go for regular medical check-ups.	140	130	55	20	7	352	4.07	0.98	81.4
I have done medical tests and screenings.	128	135	60	21	8	352	4.01	0.99	80.2
I now observe personal hygiene.	132	138	55	18	9	352	4.04	1.05	80.8
I now adhere to doctors' prescriptions.	125	142	60	18	7	352	4.02	0.95	80.4
I have embraced family planning.	118	140	65	20	9	352	3.96	1.01	79.2
I now accept immunisation and vaccination.	135	138	55	16	8	352	4.07	0.96	81.4

Note: M = mean; SD = standard deviation. Response categories were scored on a five-point scale, from 1 (strongly disagree) to 5 (strongly agree). Mean percentages have been retained as provided.



Table 6 shows that respondents reported positive adoption of health-related behaviours associated with radio health programmes. Regular medical check-ups and the acceptance of immunisation and vaccination jointly recorded the highest mean scores ($M = 4.07$, $SD = 0.98$ and 0.96 , respectively; 81.4% each), followed by the observation of personal hygiene ($M = 4.04$, $SD = 1.05$; 80.8%), adherence to doctors' prescriptions ($M = 4.02$, $SD = 0.95$; 80.4%), and the completion of medical tests and screenings ($M = 4.01$, $SD = 0.99$; 80.2%). Embracing family planning recorded the lowest mean score ($M = 3.96$, $SD = 1.01$; 79.2%), although the score remained relatively high. The findings above indicate that respondents reported favourable health behaviours, particularly in relation to regular medical check-ups and immunisation and vaccination. However, while these results indicate reported behavioural adoption, they do not establish that radio health programmes directly caused the behaviours.

Discussion of Findings

The findings revealed a high level of exposure to radio health programmes among residents of Jalingo metropolis, suggesting that radio remains an important channel for disseminating health information. This finding aligns with the Uses and Gratifications Theory, which emphasises the active role of audiences in selecting media content to satisfy their needs (Katz & Blumler, 1974). It is also consistent with Talabi et al. (2022), who reported high exposure to radio campaign messages on COVID-19 preventive measures in Lagos, Osun and Oyo states, and Julian et al. (2021), who observed similar exposure in Owerri Municipal. However, Anyanwu et al. (2020) found limited interest in a radio health programme among mothers in Ohaji/Egbema, partly because of poor network signals and a preference for entertainment content. These contrasting findings suggest that audience preferences, programme relevance and signal accessibility may influence exposure to radio health programmes.

Furthermore, the findings indicated that respondents reported considerable knowledge of the health topics examined, with knowledge levels exceeding 70% across all topics. This suggests that residents were familiar with a broad range of health issues, including immunisation, HIV/AIDS, personal hygiene, drug abuse and family planning. The findings highlight radio's potential as a channel for communicating health information, including sensitive topics that may be influenced by cultural beliefs and social norms. However, the reported knowledge levels do not establish that radio programmes were solely responsible for respondents' knowledge, as other sources of health information may also have contributed. Furthermore, familiarity with health topics does not necessarily translate into appropriate attitudes or preventive practices.

Additionally, the study revealed generally favourable perceptions of radio health programmes, particularly regarding their credibility, usefulness, educational value and clarity. Asemah et al. (2012) explained that perception is shaped by individuals' experiences, while Ajaegbu et al. (2015) reported favourable perceptions of radio programmes among university students in relation to their relevance. These perspectives help explain the positive assessments recorded in the present study. However, the relatively lower ratings for programme timing and duration suggest areas requiring improvement. Ensuring clear messages, culturally relevant content and convenient broadcast schedules may enhance audience engagement and the perceived usefulness of radio health programmes.

Regarding attitude, the findings indicated favourable attitudes towards preventive health practices among residents of Jalingo metropolis. These results can be interpreted through the Health Belief Model, which explains health-related action in terms of perceived susceptibility,



severity, benefits, barriers, cues to action and self-efficacy. Positive attitudes towards preventive measures may reflect respondents' recognition of the importance of protecting their health. However, favourable attitudes do not necessarily translate into action, as practical barriers and access to healthcare services may influence behaviour. Any reported demographic differences should therefore be interpreted according to the corresponding statistical results, while communication interventions should address the needs of different audience groups.

The findings also provided insight into respondents' reported engagement in health-related practices, including immunisation and family planning. Noar (2006) highlighted the relevance of communication campaigns in health promotion, providing a useful basis for interpreting the potential contribution of radio health programmes to preventive practices. Nevertheless, reported engagement in these practices does not establish that radio exposure directly caused the behaviours, as healthcare access, interpersonal communication, education and social norms may also influence health decisions. Any relationships involving education, age, gender or religion should be interpreted in accordance with the statistical evidence.

Conclusion and Recommendations

This study concludes that residents of Jalingo metropolis are highly exposed to radio health programmes and generally demonstrate positive perceptions, attitudes and reported adoption of health-related practices. The findings suggest that gender and religious affiliation do not substantially differentiate respondents' reported health behaviours, whereas age and educational qualification may influence the extent to which health information translates into action. These findings underscore the role of radio in public health education while highlighting the need for more inclusive communication strategies that address the specific needs of older and less educated audiences. Based on the findings, the study recommends that radio stations expand health programme content to cover non-communicable diseases and emerging health challenges; adjust broadcast schedules, provide repeat broadcasts and allow sufficient time for detailed explanations and audience interaction; incorporate storytelling, drama and simple, repeated messages to improve comprehension across educational backgrounds; develop targeted programmes for older and less educated audiences, using local languages, Nigerian Pidgin and respected community members to address misconceptions; and strengthen collaboration between broadcasters and health agencies through call-in sessions, follow-up summaries and focused programme series to improve public understanding and encourage appropriate health practices.

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AI Use Declaration:

None.
