

Effects of Nigerian Television Authority (NTA) Quality Assurance Crusade on The Embracing of *'DAFDAC And Your Health'* Messages By Dwellers of Jos Plateau State

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ABSTRACT

The study set out to investigate the effects of Nigerian Television Authority (NTA) quality assurance crusade on the embracing of *'DAFDAC And Your Health'* messages by dwellers of Jos Plateau State. The thrust of the study is to find out the extent to which the NAT campaign on fake drugs and other consumables has influenced the residents of Jos in shunning this habit. Anchored on the survey research design, questionnaire was used as instrument of data collection from a total population of 980, 600 out of which a sample size of 400 was purposively drawn. Health Belief Model was used as the theoretical underpinning. Findings showed that few of the respondents are aware of *NAFDAC And Your Health* programme on NTA, low viewership of the programme, the programme is a good avenue to rid the country of fake drugs and other substandard goods as well as the respondents agreed that the programme has influenced them on a very high extent and they are adopting the aims of the programme. The study recommended among others that *NAFDAC* needs to intensify efforts on getting the country off of fake drugs and other counterfeited products through additional airing time on NAT as well as take the campaign to other broadcast stations and print media outfits.

KEYWORDS: *NAFDAC*, Health Campaign, Health Belief Model, Fake, Adulterated and Embracing.

ARTICLE DETAILS

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INTRODUCTION

One of the things that ensuring standard of products does to the life of a society is health of the people. This implies that any society that is serious about development in all ramifications must make health of its populace its cardinal objective. The World Health Organisation defines health as a state of complete physical, mental and social well-being and not mere the absence of disease or illness or infirmity.

Drugs are meant to treat, prevent, relieve symptoms of diseases or cure diseases when manufactured using correct active ingredients and in their right proportion and when used as prescribed by doctors or health experts. They cause injury to the physical and mental health of users when counterfeited or abused. Counterfeit pharmaceuticals remain one of the world's fastest growing industries. Recent trends suggest an increase in counterfeit drug sale to over \$70 billion in 2010, an increase of over 90% from 2005. A report by Pfizer, a global pharmaceutical firm, on counterfeit drugs states that profits from counterfeiting today surpasses gains made from heroin and cocaine (PGS, 2007 cited in Akinyandenu, 2013).

Drug faking is a global public health problem, because the effects can be felt from both the country of manufacture to the recipient countries. Hence, national measures for combating of fake drugs are usually taken (Bates, 2008, cited in Chinwendu, 2008). Nigeria is not an exception in the problems of fake drugs till date. Some people still prefer to self medicate when they are ill, and often time the drugs are bought from unlicensed drug vendors, whose drug quality is not sure, Chinwendu (2008) further notes.

For years now, Nigeria has been battling with fake and counterfeited drugs as Nneka and Olivia (2020) note that counterfeit drugs and substandard food products still proliferate Nigerian markets in spite of the incessant enlightenment media campaign by government agencies like Nigerian Agency for Food, Drug Administration and Control, (*NAFDAC*), and Standards Organisation of Nigeria, (*SON*). "Through the past two decades in Nigeria, the problem of fake drugs has been a very big issue. In addition, fake drugs proved a major factor in contributing to high death rates. Over 150 children died in 1989 as a result of a formulation error in a drug" (Akunyili, 2009). The World Health Organisation, WHO, says substandard and falsified medical products cause

Effects of Nigerian Television Authority (NTA) Quality Assurance Crusade on The Embracing of ‘NAFDAC And Your Health’ Messages by Dwellers of Jos Plateau State

harm to patients and fail to treat diseases for which they were intended. They lead to loss of confidence in healthcare providers and health systems.

But there are arguments that fake and counterfeited drugs would have done more harm to Nigerians if not for the establishment of agency such as National Agency for Food and Drug Administration and Control. Another school of thought has it that six years after Nigeria launched the National Drug Distribution Guidelines, NDDG, drugs are still indiscriminately sold, distributed and administered by quacks across open markets in Nigeria with little or no monitoring in sight (*Vanguard* 11 October, 2019). NAFDAC, established under the Federal Ministry of Health is saddled with the responsibility of regulating and controlling the manufacture, importation, exportation, advertisement, distribution, sale and use of food, drugs, cosmetics, medical devices, chemicals and packaged water in Nigeria.

The mass media encompasses print and non-print methods of disseminating information (including magazines, newspapers, radio, television and even social and other Internet based media) to a large numbers of people. According to Altschull (1995), mass media are accessed by people in second, minutes, hours, daily and even weekly, and these mass media influence the people in different aspects of their lives in big time. In performing these functions, mass media provide information and act as a teacher in some cases by educating the media audience on important topical issues in society including health matters. Scholars like Bala, Strzeszynski and Topor-Madry (2017), Odorume (2015), Carson, Ameer and Sayehmiri (2017), Sharma (2015), Clement, Lassman and Barley (2013), McQuail (2010), Ferri, Allara and Bo (2013), Mujtaba (2011) Wakefield, Loken and Hornik (2010), have acknowledged the advantages of mass media in health promotion activities and or health intervention in that the mass media can be used to reach very high numbers of people to engage in activities related to health behavioural changes.

The need to ensure healthy status of its citizens as regards the issues of fake, counterfeited drugs and other consumables is one of the reasons the government set up The Nigerian Television Authority, (NTA). As Ufuophu-Biri (2008) puts it, the desire to improve the healthcare services as well as to disseminate the information to the masses on the attitudes that guarantee healthy living in Nigeria had made the government to recognise the importance of NTA on the promotion of healthcare services. In view of this, the NTA has reported NAFDAC activities in its various headlines thus: “NAFDAC destroys N613m counterfeited goods in Kano”, “NAFDAC warns against falsified proximexa suspension 125mg/5m”, “NAFDAC urges herbal medicines practitioners to collaborate with researchers on acceptable products”, “NAFDAC warns Nigerians against apple, blackcurrant from Australia”, “NAFDAC commends NBC on product quality, integrity”, “Paracetamol: Health experts raise alarm over food enhancers as NAFDAC beams searchlight on restaurant operators in Northeast”, “NAFDAC warns Nigerians against ‘Maishayi’ tea”, NAFDAC confiscates 3 vehicles loaded with counterfeited fake drugs in Asaba”, “NAFDAC worries over illegal routes used to ferry contraband foods, drugs”, “Fan Yogo Gin, ginger not registered-NAFDAC,” “NAFDAC sets new regulation on marketing of breast milk substitute”, “NAFDAC has taken war against drug abuse to schools-DG”, “NAFDAC raises alarm on consumption of puffer fish”, NAFDAC bans Malco vitamin B complex injection”, “There is a fake anti-snake venom in circulation treatment centre official” “artificial ripening”, “NAFDAC to commence nationwide monitoring of market”.

Television’s peculiar features and characteristics make it important for the dissemination of certain health – related messages, were demonstrations and picture need to collaborate with sound to drive home the theme or central consciousness of health campaign.

The programme ‘*NAFDAC and Your Health*’ on NTA is a programme that focuses on the activities of NAFDAC aims at sensitizing the public about the dangers of fake and counterfeited drugs and other consumables. It is aired on Tuesday at 8pm. It is one of health communication strategies on NTA to draw the attention of the public to activities of NAFDAC, and it is on this note that this study aims at examining the effects of Nigerian Television Authority (NTA) quality assurance crusade on the embracing of ‘*NAFDAC And Your Health*’ messages by dwellers of Jos Plateau State.

STATEMENT OF THE PROBLEM

The powerful inflects of television as a broadcasting medium can/and do influence people attitude and assist to shape individuals views on various issues in the society. The health dangers associated with fake and adulterated products in Nigeria led to the setting up of NAFDAC by the Federal Government. For example, recent and past reports indicated that about 150 died in 1989, more than 80 children died after consuming fake teething mixture in Nigeria, 2500 deaths are caused by fake vaccines as noted by a one time director general of NAFDAC, Prof. Dora Akunyili thus “fake and substandard drugs are responsible for the growing number of cases of hypertension, heart failure, stroke, and other illnesses in Nigeria”. She added, “there is an increase in reported cases of patients who no longer respond to genuine antibiotics as a result of resistance induced by previous intake of fake antibiotics” (Raufu, 2002, *The New York Times*, 2008).

‘*NAFDAC And Your Health*’ is a programme on NTA aims at sensitising the public about the threat posed by circulation and consumption of fake and substandard drugs and other consumables.

Numerous studies have been conducted on media and campaign on health-related issues such as dangers of fake and counterfeited products on humans (Ngigi & Busolo, 2018; Nneka & Olivia, 2020; Chinwendu, 2008 and Akinyandenu, 2013). However, more

Effects of Nigerian Television Authority (NTA) Quality Assurance Crusade on The Embracing of 'NAFDAC And Your Health' Messages by Dwellers of Jos Plateau State

studies on the phenomenon under investigation need to be carried out. From these gaps, the current study aims at ascertaining the effects of NTA's programme 'NAFDAC And Your Health' campaign messages on residents of Jos Plateau State.

OBJECTIVES OF THE STUDY

The objectives of the study are to:

1. Determine the awareness of 'NAFDAC And Your Health' programme on NTA among residents of Jos Plateau State.
2. Ascertain the viewership level of 'NAFDAC And Your Health' programme on NTA among residents of Jos Plateau State.
3. Assess respondents' views of the NTA's 'NAFDAC And Your Health' campaign on fake and adulterated products.
4. Determine the influence of 'NAFDAC And Your Health' programme on NTA among residents of Jos Plateau State.

REVIEW OF LITERATURE

The Concept of Fake and Adulterated Goods

Fake goods or products are the products that are not genuine; adulterated goods or food are products that are made poor in quality by adding inferior substances; adulterated goods are impure and poisonous; fake products are bad products (Omo, 2020). In legal term, fake and adulterated goods are products that fail to meet the federal or state standards; they are products that contain poisonous or deleterious substance which may render it injurious to health it is when a product contains some particles, filthy or decomposed substance other than substance which genuinely forms part of the original product (Class Hall.com).

A counterfeited medication or a counterfeited drug is a medication or pharmaceutical item which is produced and sold with the intent to deceptively represent its origin, authenticity or effectiveness (Bansal, Malla, Gudala & Tiwari, 2013). Such drug may contain inappropriate quantities of active ingredients, or none, may be improperly processed within the body, may contain ingredient that are not on the label, or may be supplied with inaccurate or fake packaging and labelling. (Bassat, Tanner, Guerin, Stricker, & Hamed, 2016).

Defining Health Communication Crusades

Health communication is a powerful and fundamental human interaction that can positively influence behaviour change towards health problems affecting the society. Crusades also known as campaigns primarily aim at influencing members of the public, particular media consumers and bring substantial resources to the task (sometimes monetary, sometimes voluntary, sometimes through collaboration with other institutions). Crusades main objective is to affect people so that they can follow a behaviour that has been recommended aside what people know and believe about the behaviour, and/or by influencing actual and/or perceived social norms, and/or by changing actual skills and confidence in skills (self-efficacy), all of which are assumed to influence behavior (NCCMT 2007).

In terms of health crusades, the basic target is to get a specific result, usually from people that the health communication campaign is targeted at within a particular time frame, and it is usually done via a coordinated, planned and an organized set of communication processes. Health related campaigns are formulated towards ensuring that people adopt particular health behaviour or improve their health status. For this to be realisable, people and institutions like mass media need to understand the link between behaviour and health status for the population of interest (NCCMT 2007).

One of the strategies usually adopted by health campaign communicators to reach their target population is media literacy. The aim of media literacy is to educate targeted population on how to evaluate media information with a view to identifying the sponsor's motives; also teaches communicators how to create messages geared to the intended audience's point of view. In addition, health communication strategists use media advocacy to influence the mass media's through selection of topics and shaping the debate on these issues that seek to change the social and political environment in which decisions on health and health resources are made (CDC 2018).

Advertisement is also a good means of getting to change their held belief behaviours. Advertising is all about in this study means placing paid or public service messages in the media or in public spaces to increase awareness of and support for behaviour change. Health campaign strategists, here, sometimes employ entertainment education approach which incorporates health-promoting messages and storylines into entertainment and news programmes or to eliminate messages that counter health messages. The change agents also seek support of entertainment industry for a health issue (CDC 2018).

Brief on the Historical Development of NAFDAC

NAFDAC, with a mandate of putting measures in place to control the production, trading, distribution, advertisement, and use of food, drugs, cosmetics, medical devices, packaged water, chemicals and detergents, was established by the Federal Government of Nigeria in October 1992. What informed the setting up of the Agency was the death incident of over 150 children in 1989 that did as a result of harmful substances, diethylene and glycol contained in a paracetamol syrups. Another remarkable development in the history of NAFDAC coming on board as regulatory Agency in Nigeria was the role played by a world health assembly held in 1988 that requested the help of countries in combating the production and circulation of fake pharmaceuticals. But before the

Effects of Nigerian Television Authority (NTA) Quality Assurance Crusade on The Embracing of 'DAFDAC And Your Health' Messages by Dwellers of Jos Plateau State

establishment of NAFDAC, there was the Directorate of Food and Drug Administration and Control (<https://nigerianfinder.com/functions-of-nafdac/>)

In December 1992, NAFDAC' first governing council was formed. The council was chaired by Tanimu Saulawa. In January 1993, supporting legislation was approved as legislative Decree NO. 15 of 1993. This declaration was later edited by Decree No. 19 of 1999. The Decree is now the National Agency for Food and Drug Administration and Control Act Cap N1 laws of the Federation of Nigeria (LFN) 2004 (<https://www.google.com/amp/s/www.xyz.ng/en/wiki/functions-of-nafdac-and-brief-history-19464/amp>) Professor Dora Akunyili (late) and Dr. Paul Orhii have headed the Agency at different points while the current Director General is Professor Mojisola Christianah Adeyeye.

Health Campaign: Examining the Importance of Behavioural Change Communication

One of the fundamental roles that communication play is that it serves as a pivot through which one can and do get knowledge, in addition to making individual fulfill their main function, as it makes humans to be full members of a social community (WHO, 2009). The basic function of health communication is to convince a particular segment of a society that is affected by a phenomenon and to make them change their behaviours through access to information. According to LaMorte (2016), the reason for circulating information regarding health is to influence people personal health options by increasing health knowledge in them. For this to be successful, WHO (2009) cited in Ngigi and Busolo (2018) insist that:

In adopting the transmission view of communication, it is reasonable to think carefully about the channels through which intervention messages are disseminated, to whom the message is attributed, how audience members respond and the features of messages that have the greatest impact. The intervention message once is disseminated, it is received and processed through individual and social prisms that not only determine what people encounter but also the meaning that they derive from the communication depending upon factors at both the individual and the macro-social level (pp. 84-85).

This implies that to change people through communication, there should be systematic analysis that takes into consideration communication planning, implementation, monitoring, other people's attitudes, values, beliefs and behaviour and evaluation.

Consequences of Fake and Substandard Products on Nigeria

Fake and counterfeited drugs have dented the image of the country's healthcare sector and made Nigerians to have less confidence in the nation's healthcare delivery system. Due to the quantum of fake and adulterated products in the country, many diseases cannot be properly treated or cured; there is high rate of organ dysfunction or damage, worsening of chronic disease conditions and death of many Nigerians. Even when patients are treated with genuine drugs, no response is seen due to resistance caused by previous intake of fake drugs (Akunyili, 2005). According to National Centre for Biotechnology Information, (NCBI), (2021), falsified and substandard drugs may contain toxic doses of dangerous ingredients and cause mass poisoning. Poor-quality medicines compromise the treatment of chronic and infectious diseases, causing disease progression, drug resistance and death.

Another problem associated with fake and counterfeited drugs and other consumables is that they act as clog in the realisation of the Sustainable Development Goals, (SDGs), 3, 6 and 12 which main objective are good health and well-being, clean water and sanitation, responsible consumption and production (WHO, 2019). It denies the Nigerian people the right to safe, effective and quality medicines. Counterfeit drugs rob the country of valued man power resources and economic benefits. It enables counterfeit drug producers sell their products cheap to vendors who in turn sell to the consumers (Chinwendu, 2008).

REVIEW OF EMPIRICAL STUDIES

Ngigi and Busolo (2018) conducted a study on the topic: "Behaviour Change Communication in Health Promotion: Appropriate Practices and Promising Approaches". The study focused on how communication can be used as a potent tool for promoting positive health behavior among populations to prevent and control the spread of diseases and illnesses. The study also identified models of communication that can be used to guide the development of strategies that foster protection, reduces risky behaviours, and encourage adoption and maintenance of positive behavior. These models included the Health Belief Model, the Integrated Behavioural Model and Theory of Planned Behaviour. The study revealed that wide variety of different communication channels ranging from basic face-to-face conversation, telecommunication channels like the telephone or e-mail, computational channels like the medical record and mass media channels like TV, radio, posters, brochures played important role in change behaviour regarding health. The study recommended that the effort to bring about positive behaviour change in the society should involve all stakeholders.

There is still need to explore health communication change strategies by study the effluence of "NAFDAC And Your Health" programme on NTA focusing on the residents of Jos Plateau State, Nigeria.

Nneka and Olivia (2020) study was on the topic "Investigation of Consumers' Knowledge about NAFDAC Media Campaign on Consuming Counterfeit Drugs and Substandard Food in South East Nigeria". The research made use of survey and interview as methodologies. The main finding of the study was that consumers were quite knowledgeable about the inherent dangers of consuming fake and substandard products. From the results of the study, the researchers therefore recommended that NAFDAC should come up with stiffer punishments for drug and food offenders to really force these products out of the markets and also the

Effects of Nigerian Television Authority (NTA) Quality Assurance Crusade on The Embracing of 'DAFDAC And Your Health' Messages by Dwellers of Jos Plateau State

prices of drugs and food products should be brought down for poor consumers to comfortably afford them because the two products are basic needs of man.

Although the study was on NAFDAC and knowledge of consumers on fake and substandard drugs and food having residents of South East Nigeria in focus, still, the aspect of studying the knowledge of people about NAFDAC campaign messages on fake and counterfeited food in Jos, Plateau State Nigeria is relevant.

In Chinwendu's (2008) study on the fight against fake drugs by NAFDAC in Nigeria, in which descriptive research method was adopted as research design. Findings revealed that the major players in fake drug business are drug manufacturers, importers, wholesalers and retailers, drug professionals, informal drug sellers, consumers and the enforcement as well as factors that contribute to this fake drug proliferation in Nigeria are poor implementation of existing drug laws, inefficient cooperation between stakeholders, illegal drug importation, corruption and greed, high cost of good quality drugs and demands exceeding supply. The study also found out the reasons people patronize drug outlets as their first line for treatment are because the prices are often cheap, close proximity, no consultation fees, flexible payment method, perception of confidentiality, they feel that the quality of care and attention received are adequate, high stock out rate at the health facilities.

From this, it is clear that the gap that has stimulated the need for this current study: 'Effects of Nigerian Television Authority (NTA) Quality Assurance Crusade on the Embracing of 'DAFDAC and Your Health' Messages by Dwellers of Jos Plateau State'' is yet to be filled, hence the relevance of the study in Plateau State, Nigeria.

THEORETICAL FRAMEWORK

One of the most popular theories that scholars have adopted in health campaign studies is the Health Belief Model. This model found itself in the change communication strategy through the effort of Irwin Rosenstock in the 1950s. The theory posits that people's beliefs about whether or not they are at risk for an illness or health-related problem, and their views of the importance of them being involved to avoid or overcome such health problem, is largely responsible for their readiness to take action (Schiavo, 2007). This means that people, according to the Model will take action to prevent illness if they regard themselves as susceptible to a condition (perceived susceptibility, if they believe it would have potentially serious consequences (perceived severity), if they believe that a particular course of action available to them would reduce the susceptibility or severity or lead to other positive outcomes (perceived benefits), and if they perceive few negative attributes related to the health action (perceived barriers) (Carpenter, 2010).

Situating the Health Belief Model in this research is predicated on the fact that the model, in the first instance, demonstrates the influence of the mass media on changing people's attitudes towards healthy living; it is concerned with the views and beliefs of those who the communication campaign is targeted at so that such beliefs and attitudes can be tampered with to pave way for certain health behaviours; and finally, it is significant as it assists to forecast and elucidate reason clients look for health services and their behaviours may or may not be compliant.

RESEARCH METHODOLOGY

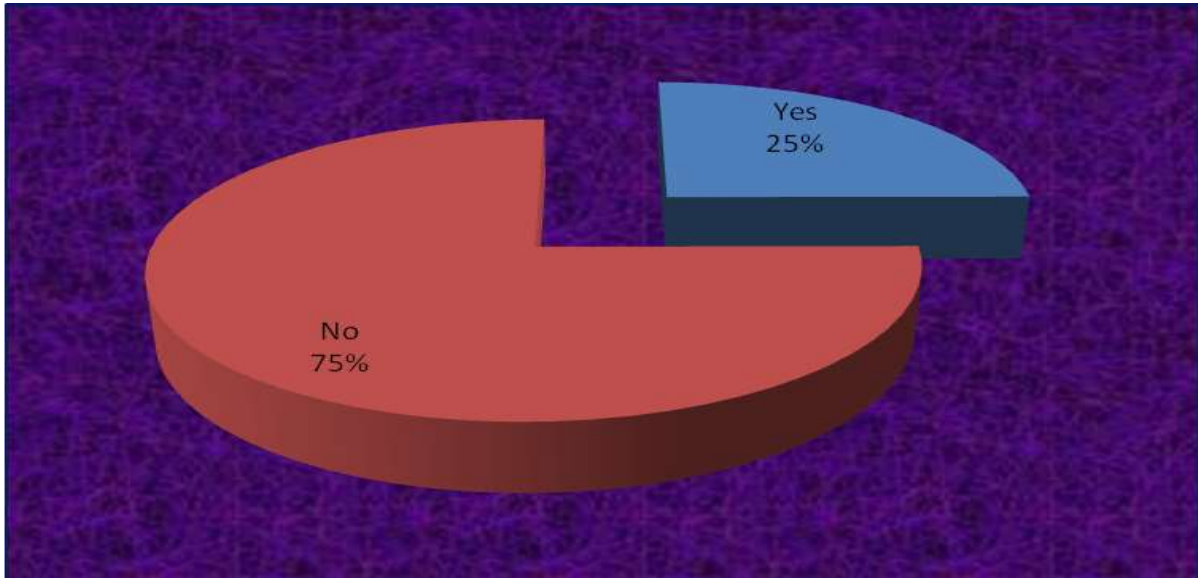
The researcher made use of the survey research design. Survey research was adopted due to the fact that it enabled the collection of data by the researcher from representatives of the whole population as well as to generalise the results collected (Nworgu, 1991 cited in Ayodele, 2019). The population of the study were all the residents of Jos South and Jos North Local Government Areas of Plateau State. According to statistics obtained from city population, the total projections of population of Jos North and South in 2020 are 572, 700 and 407, 900 respectively. The researcher chose the two local government areas based on the availability of light and access to NTA programmes (purposive sampling). They are two local government areas that make up part of Jos metropolis.

However, the target population were people from 18 years and above and these age brackets were chosen because the researcher believed they are capable of understanding and analysing messages on NTA. It was only those who understand English language that were studied (purposive sampling).

Furthermore, the researcher selected certain locations in the two local government areas using the stratified random sampling technique. The necessity of stratification was due to administrative convenience and increase in precision of the survey results. Therefore, for convenience of study, Terminus, Tudun Wada, Zaria Road and Angwan Rogo were selected in Jos North LGA while Rayfield, Zawan, Dadin Kowa and Gyel were selected in Jos South LGA. From these settlements, the researcher for ease of study selected a sample size of 50 from each settlement making a sample size of 400. Simple percentages of data presentation and analysis through the use of charts were adopted, and this was considered relevant for easy comprehension by anyone who may come across the research article.

DATA PRESENTATION AND ANALYSIS

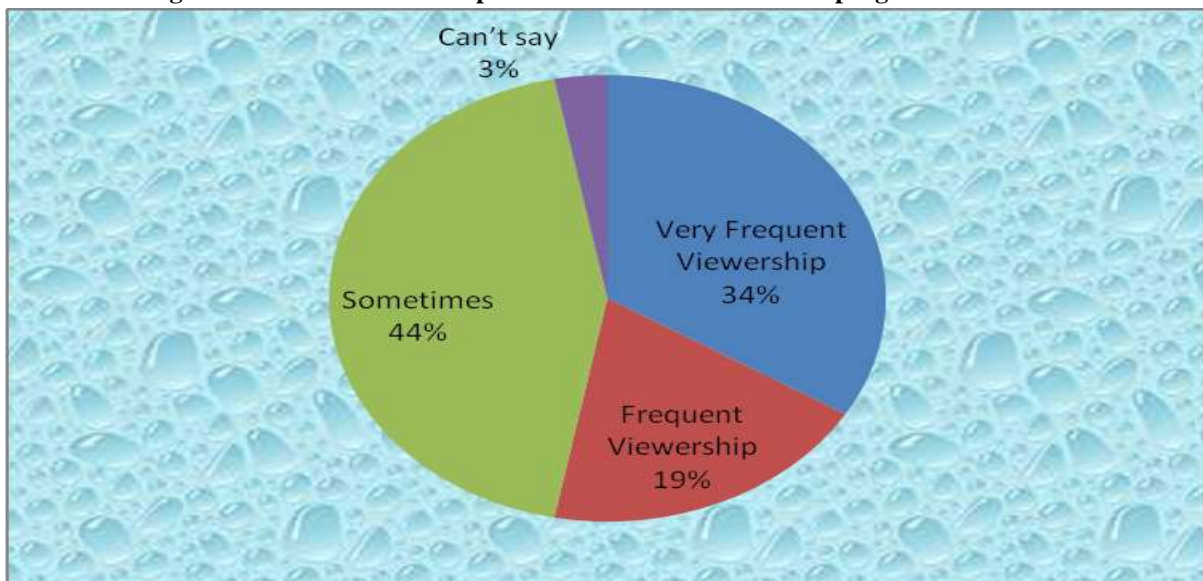
Figure 1: Awareness of NAFDAC and Your Health Programme on NTA



Source: Field Survey, 2024

Data in the Figure above reveal that most of the respondents are not aware of NAFDAC And Your Health programme on NTA. These are represented on the table above by 98(25%) and 295 (75%) respectively.

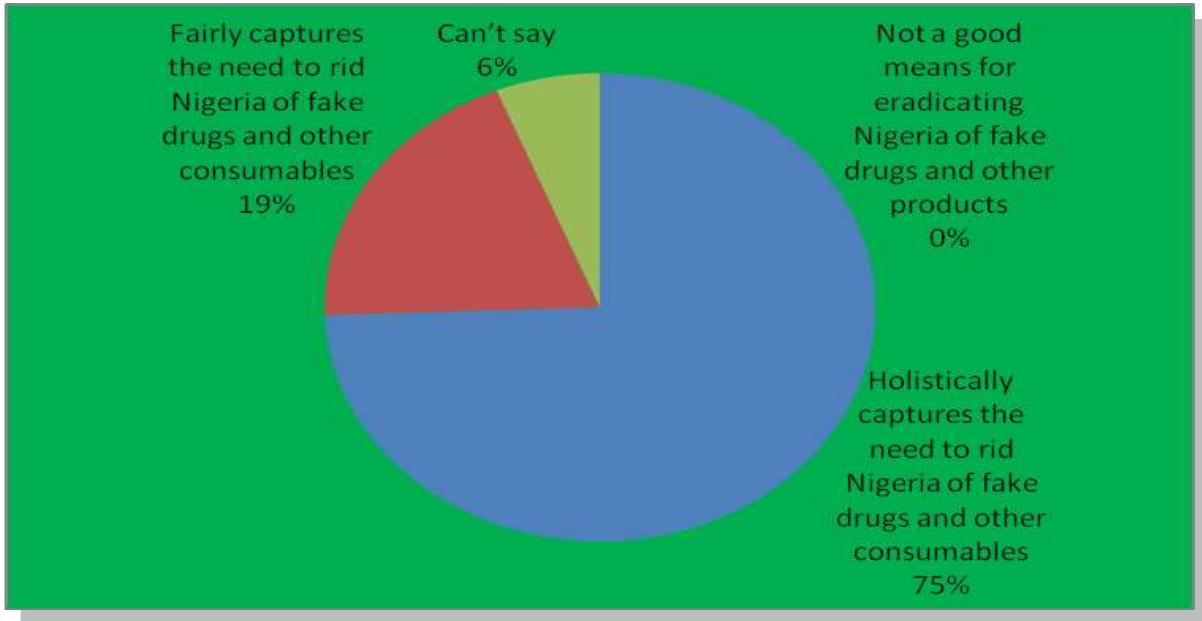
Figure 2: Extent of viewership of NAFDAC and Your Health programme on NTA



Source: Field Survey, 2024

Data in Figure 2 above indicate that most of the respondents view NAFDAC And Your Health programme on NTA on a sometimes level. This goes to say that larger percentage of the respondents hardly view NAFDAC And Your Health programme on NTA, and the implication is that less viewership of the programme could mar the efforts of NAFDAC trying to curb the negative implications of production, trading and distribution of fake and substandard products in the country. .

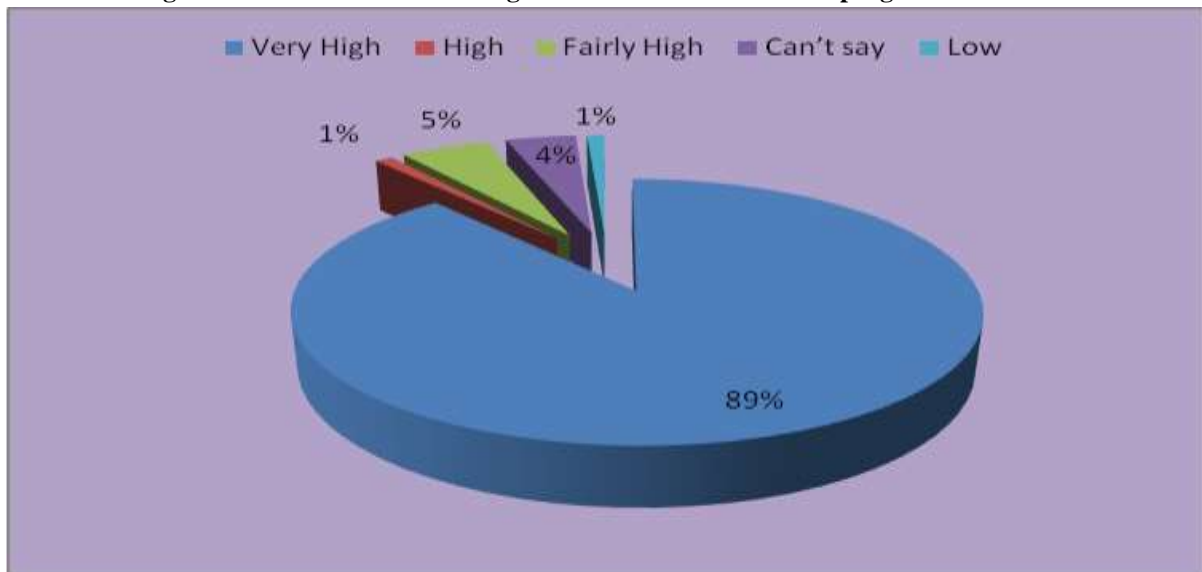
Figure 3: Respondents' opinions on NAFDAC And Your Health programme on NTA



Source: Field Survey, 2024

The results in the Chart are indications that most of the respondents saw the programme as an avenue to rid the country of fake drugs and other substandard goods. The data is represented by 74%. The implication of these findings is that NAFDAC needs to intensify efforts on getting the country off of fake drugs and other counterfeited products.

Figure 4: Influence of Embracing NAFDAC And Your Health programme on NTA



Source: Field Survey, 2024

Data in the above Figure clearly show that most of the respondents agreed that the programme has influenced them on a very high extent and they are adopting the aims of the programme. The implication is that with more such programmes on other stations and more days and time of airing, there could be reduction in the production, trading, advertising and distribution of fake drugs and other adulterated products in the country.

DISCUSSION OF FINDINGS

From the research objective one, results obtained and analysed show that few of the respondents are aware of NAFDAC And Your Health programme on NTA (see Figure1 above). These results underscore the point observed by Ajayi (2016) that even though relevant bodies and organisations do make efforts to creating awareness about diseases, poor public sensitization and enlightenment is responsible for continuation of a particular habit by the people. These findings support one of the tenets of the Health Belief Model adopted in this study, which says that messages will achieve optimal behaviour change if they successfully target perceived barriers, benefits, self-efficacy, and threat (Jones, Jensen, Scherr, Brown, Christy & Weaver, 2015).

Effects of Nigerian Television Authority (NTA) Quality Assurance Crusade on The Embracing of 'NAFDAC And Your Health' Messages by Dwellers of Jos Plateau State

Deducing from these findings, it is important to say that the low level of awareness of *NAFDAC And Your Health* programme on NTA geared towards eliminating fake drugs and other adulterated consumables may be responsible for large fake drugs and counterfeited goods still in circulation in Nigeria.

Further, data regarding research objective two were presented and analysed on Figure 2 above. Results here, reveal that large percentage of those who participated in the study said they view the '*NAFDAC And Your Health*' programme on NTA on a sometimes extent. On the basis of these findings, it is safe to say that the implication is that less viewership of the programme could mar the efforts of NAFDAC trying to curb the negative implications of production, trading and distribution of fake and substandard products in the country. .

Also, results of the findings of research objective three were contained in Figure 3 above. Findings of this research objective revealed that most of the respondents saw the programme as an avenue to rid the country of fake drugs and other substandard goods.

Lastly, the data obtained from research objective four show that most of the respondents agreed that the programme has influenced them on a very high extent and they are adopting the aims of the programme. The finding is in line with that of Oluwaseun, Nlekuwa and Otete (2020) who found that two thirds majority of the respondents they study on influence of NTA health campaign on the adoption of Lassa Fever messages by residents of Ekiti State acceded to having had a high level of adoption of the NTA health campaign on Lassa Fever. This also supports the assumption of the Health Belief Model, which, according to Hochbaum, (1958), is that health behaviour determined by personal beliefs or perceptions about a disease and the strategies existing to decrease its occurrence.

CONCLUSION

From the findings of the study, which were based on the objectives that the study set out to achieve, the study concluded that there was low awareness of *NAFDAC And Your Health* programme on NTA. The researchers also concluded that viewership of the programme was low as larger percentage of the respondents went for the 'sometimes frequency of viewership' option. However, there was an appreciable embracing and adoption of the objective of *NAFDAC And Your Health* programme by the dwellers of Jos, Plateau State.

RECOMMENDATIONS

From the conclusions, the study recommends that:

1. NAFDAC needs to intensify efforts on getting the country off of fake drugs and other counterfeited products through additional airing time on NAT as well as take the campaign to other broadcast stations and print media outfits.
2. Bearing in mind the huge consequences of fake drugs and other adulterated goods on Nigeria, NAFDAC needs to print and distribute flyers encouraging people to view its programmes on NTA, as this will increase viewership of the programme.
3. There is need for NTA to domicile the programme in local languages so that the people can comprehend the messages on NAFDAC on consequences of fake drugs, production, trading, advertising and distribution of counterfeited consumables.

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