UTILIZATION OF MASS MEDIA FOR IMPLEMENTATION OF PATIENTS' RIGHTS IN MT. ELGON SUB-COUNTY, BUNGOMA COUNTY, KENYA

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A Thesis Submitted in Partial Fulfilment of the Requirement for Conferment of Doctor of Philosophy Degree in Communication Studies of Masinde Muliro University of Science and Technology

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DECLARATION

This thesis is my original work and has not been presented in any other university for a degree or any other award.

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I dedicate this thesis to my loving husband Emmanuel Austine and my children Rachel, Philip, Michael and Angel for their inspiration, motivation and prayers throughout this academic journey.

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ABSTRACT

This study sought to investigate the utilization of mass media messages for the implementation of patients' rights among the public of the Mt. Elgon sub-county, Bungoma County. In health, media has been used to popularize new diseases and medical services offered. However, there is little information on its contribution in patients' rights communication. Globally patients' harm contributes to over 2.6 million deaths annually among low and middle-income countries. Patients' rights violation cases have continued to be reported in Kenya despite the policies contained in the new Kenyan constitution promulgated in 2010 and the Kenya National Patients' Rights Charter 2013. This is attributed to low health literacy levels on patients' rights among the public. This questions mass media's role of informing, educating and monitoring implementation of such policies in society. The study objectives were to: examine the nature of media messages disseminated on patients' rights among residents of Mt.Elgon sub-county; determine the perception of public towards mass media messaging on patients' rights among residents of Mt.Elgon sub-county; establish the challenges faced in the dissemination of mass media messages on patients' rights among residents of Mt.Elgon sub-county and determine suitable mass media messaging for effective implementation of patients' rights among residents of Mt.Elgon sub-county. The study was guided by the tenets of the agenda setting theory and the diffusion of innovations theory of the mass media. Exploratory sequential research design of the mixed methods research approach was applied. The study was conducted in Chemoge and Kaptama sub-locations of Mt. Elgon Sub-County and the population studied included: adult residents of the identified sub-locations, media practitioners and health policymakers. From a total population of 13204 adult residents, using Mungenda and Mugenda (2003), 10% was selected for the study totaling 130 persons. Further, 72 members of the population were purposively selected for focus group discussions. In addition, 8 key informants including 2 health policy experts and 6 health journalists drawn from leading national media houses in Kenya were interviewed. Data was collected through tools a questionnaire, interview guides (one for health policy experts and another for health journalists), and a focus group discussion schedule. Content validity was analyzed and reliability calculated Cronbach Alpha coefficient, .84 was obtained. Trustworthiness of qualitative methods and data was observed. The qualitative data collected was analyzed thematically while descriptive statistics were generated from quantitative data with the aid of SPSS. The findings revealed that over 68% of the respondents had not been reached with mass media on patients' rights. Further, audio-visual messages were commonly used in addressing patients' rights rated at 54%. The few messages disseminated have been centered on sporadic happening through news programs and this has contributed to the pessimistic perception registered by focus group discussants. Further, the few messages on patients' rights had not been implemented because they fail to meet the suitability criteria suggested. The study recommends that health journalists should adopt in-depth coverage of patients' rights to increase awareness and practice investigative journalism in monitoring the implementation of these rights across health facilities.

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ABBREVIATIONS AND ACRONYMS

ACHPR	African Commission on Human and People's Rights
BCIDP	Bungoma County Integrated Development Plan
CRH	Centre for Reproductive Health
CESCR	UN Committee on Economic, Social and Cultural Rights
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
HCP	Health Care Provider
HIV	Human Immuno-deficiency Virus
KTN	Kenya Television Network
KELIN	Kenya Legal and Ethical Issues Network
KBC	Kenya Broadcasting Corporation
KHSHRS	Kenya Health Sector Human Resources Strategy
MDGs-	Millenium Development Goals
NMG	Nation Media Group
MoH	Ministry of Health
MCK	Media Council of Kenya
PR	Public Relations
SDG	Sustainable Development Goal
RMS	Royal Media Services
TB	Tuberculosis
UN	United Nations
WHO	World Health Organization
WHA	World Health Assembly

OPERATIONALIZATION OF TERMS

Awareness	This is the knowledge gained through the act of sharing information through the mass media to increase knowledge levels and foster favourable perception of patient rights
A patient	This is a person visiting a health centre for curative,
A right	This is a fundamental legal entitlement or privilege accorded to someone who deserves such a treatment and is formally recognized by law.preventive and palliative care at any given time.
Dissemination	This refers to the act of sharing or relaying information or messages through the mass media on patient rights
Human rights	This refers to the fundamental standards of acceptable actions and practices to all humans on a given field. Patient rights are a subsection of human rights
Human rights reporting	This is a branch of journalism that focuses on the upholding, violations or improvements made in observing the basic standards of how all humans should behave and treat to each other when one party is in a vulnerable state. This type of journalism focuses on procedures, rights and acts leading to the violation as well as the harm caused due to the violation of all human rights indiscriminately.
Health	This is the state of well-being in totality, socially, physically and psychologically.

Health literacy This is the knowledge or awareness levels of an individual on a given health procedure or process, as well rights and responsibilities of patients and health practitioners.

Health facility This is a designated place where health services relating to treatment, preventive and palliative care are offered to the general public.

Health practitioners They are also known as health care provider, is a person designated to take care of patients visiting a health facility for whichever reason.

Health promotion campaign It involves organized dissemination of mass media messages to persuade members of the public about a particular health issue or concern.

Implementation It involves execution or observing patient rights as provided in the patient rights charter to attain desired outcomes in the health sector

Mass media These are channels of communication that relay information or messages on patient rights to a widely dispersed and diverse audience

Mainstream media This term herein is used to refer to traditional mass media which allows for the practice of conventional journalism. They include, radio, television, newspapers and magazines. In this study, magazines have been excluded.

Mass media audience	These are persons targeted with messages disseminated through the mass media on patient rights. The mass media are heterogeneous and widely dispersed.
Messages	This is information packaged and disseminated on an issue to the targeted audience to whom the issue concerns.This study refers to all information disseminated to the mass audience on patient rights issues.
Media audiences	This refers to the receivers and users of content disseminated through the mainstream mass media on patients' rights. They could be large in numbers and geographically dispersed.
News	This refers to information reported through the mass media on health issues and patient rights in particular
News media	These are channels of mass communication that disseminate new occurrences of significant impact to the mass audience to inform, educate entertain and surveillance**.**
Perception	This refers to the mindset created of the mass media messages disseminated on patient rights among the mass audience targeted.

Patients' rights	These are formally recognized privileges accorded to persons visiting health centres for preventive, curative and palliative care. It guarantees care and protection to patients against any harm likely to be perpetrated by immediate caregivers.
Patient safety	This is s state of well-being for all persons visiting health centres for all forms of care. Patients are protected against harm likely to be perpetrated by healthcare givers.
Patient harm	This is used to mean any physical, psychological and physiological interference with normal procedures that is inflicted on persons seeking medical services by health practitioners.
Policy	Thi**s** is a law that is formal and recognized in a state
Traditional media	These are mass communication channels that are not supported by the internet. They include newspapers, magazines, radio and television. Also used to mean mainstream media.

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter presents the background information that forms the basis for the problem statement this study sought to fill and the objectives that the study sought to achieve as well as the corresponding research questions interrogated. It also higlights on the significance of this study as well as the scope covered. Further, it highlights on the limitations encountered in this study and the steps taken to correct the situation.

1.2 Background of the Study

Patients' safety is a great concern globally due to the number of cases of patients' harm reported annually and the resulting adverse effects on the socio-economic spheres of affected countries. According to the National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Board on Global Health, & Committee on Improving the Quality of Health Care Globally (2018), patient harm contributes to over 2.6 million deaths annually in low- and middle-income countries. This does not exclude developed countries, according to Slowomirski et.al (2017), in developed countries, one patient is harmed for every ten patients admitted to hospitals. The harm inflicted on patients consequently burdens individuals, families of loved ones, and the community of the affected patients. In addition, it causes economic impact which stretches to political spheres (ibid, 2017). Poor patients' safety is worse in Africa and the Mediterranean areas, ranging from torture by medical staff to a lack of patient trust in medical practitioners (Konlan & Shin, 2023).

According to Nampewo et.al (2022), most countries in Sub-Saharan Africa, have consistently and consciously violated the right to health despite it being mentioned in their respective countries' constitutions. In Nigeria, for instance, the right to consent to medical services is poorly implemented due to poor healthcare and low literacy levels whereby illiterate patients rely on judgement made by physicians (Ojo, 2021). According to Konlan & Shin (2023), patient safety is upheld by averting patient harm and offering quality health services to all patients.

Pavlish et.al (2017), observe that violation of patients' rights is the major cause of poor health among displaced persons in Rwanda and South Sudan, the most affected in this case are women. In Uganda, according to Kagoya et.al (2013), patients, due to fear of discrimination, feel powerless to negotiate with health workers on their rights. These provide evidence of the prevalent violation of patient rights in the larger African continent.

In Kenya, a good number of patients' harm cases are reported in public health facilities rated at 98% whereas private health facilities report 2% of the cases (Kinuthia, 2018; MoH, 2014). This shows that those seeking healthcare in public health facilities are likely to be harmed, making public health facilities a danger zone rather than a haven for patients. The most affected in this case are likely to be rural dwellers as compared to urban dwellers. According to Ngugi et.al (2017), over 94% of rural dwellers receive medical attention from dispensaries within their location while Wambiya et. al (2021) in contrast state that only 33% of Nairobi city dwellers receive health care from public health facilities.

In order to address this concern and enhance the quality of services rendered to patients, better health policies and practices have been instituted (Slawomirski et.al, 2017). Many policy documents have been developed to offer protection to patients at global, regional and even national levels as a precursor to attaining high-quality dignified medical care anchored on the Universal Declaration on Human Rights of 1948 (WHO, 2021). So as to attain the human rights as presented in the Universal Declaration,various countries have prioritized various policies and programs that foster patients' safety by adhering to tailored patient's rights charters (UN Programme, Agency or Fund and WHO, 2019).

Patients' rights are a subset of human rights which are fundamental minimum standards on how persons expect to be treated by others (Olejarczyk & Young , 2021). In addition, patients' rights provide the guidelines and principles that form a foundation for medical ethics, human dignity and other professional commitments. In Kenya, patients' rights are anchored in the constitution of Kenya 2010's articles 43,46 and 53-57, Kenya's vision 2030, Kenya's Health Policy 2012-2030, the Kenya National Patient's Rights Charter 2013 and other global health commitments.

The basic rights of patients are highlighted in the Kenya National Patients' Rights Charter 2013. They include right to access healthcare which includes preventive, curative, rehabilitative and palliative care; right to receive emergency treatment in any health facility irrespective of the patient's ability to pay; right to be informed on all the provisions of one's medical scheme/health insurance policy; right to choose a healthcare provider provided the provider of choice is qualified, registered, retained and in current good standing with the regulations authority; right to highest attainable quality of

healthcare products and services; right to refuse treatment provided that such refusal does not create an immediate danger to the patient or health of others; right to confidentiality unless when the consent to disclose has been expressly given, is allowed by law or is in the benefit of the public; right to informed consent to treatment; right to information; right to be treated with respect and dignity and right to insurance coverage without discrimination on the basis of age, pregnancy, disability, illness including mental disorder. These rights are meant to improve the relationship between healthcare workers and patients for attainment of high-quality healthcare as provided in the Sustainable Development Goals (SDGs) goal number 3 (WHO, 2019). The mass media is expected to be not only aware of these rights but also to disseminate information to the public regarding patients' rights to increase awareness levels and educate and monitor the implementation processes of the same.

According to the Kenya National Bureau of Statistics (2022), the Kenya Demographic Health Survey Report for 2022 indicates that the right to insurance cover is violated in most counties in Kenya. Among the counties in Western Kenya, the health insurance coverage is low, with Bungoma County covering only 18% of its population and only 20% of Kakamega County residents covered. This is relatively low as compared to other counties in Central Kenya and Nairobi which recorded over 40% insurance cover rates. This shows that the right to insurance is being violated in Bungoma County against the provisions of the patients' rights charter which advocates for health insurance to all persons. Additionally, the Demographic health report alluded to has not listed patients' safety among the key health indicators investigated. This reflects lack of government attention on patients' rights issues as well as patients' safety.

Despite the existence of various policy provisions, the Kenyan media is awash with reports of patients dying due to violation of their patient rights. The most affected are those in need of emergency treatment but cannot meet the associated cost beforehand (Oduor & Simiyu,2015). While some of these cases have not been reported to law enforcers for litigation processes, a number have been reported, heard and determined by Kenyan courts. Some of these cases include petition no.5 of 2014, petition number E010 of 2020 and petition number 24 of 2019 (Kenya law.org/caselaw/cases/view/150953, in the standard of 3rd October, 2018 and Kenya law.org/caselaw/cases). The cases reported indicate that such violations range from physical harm, verbal abuse, stigmatization, discrimination, failure to meet professional standards, forceful referrals and breach of confidentiality.

While patients' rights, which are fundamental human rights, violation cases have continued to be reported, the mass media's contribution in exposing and offering solutions to alleviate the problem and associated effects, also known as human rights reporting, has remained unknown. This contravenes the media's role to the society of promoting and protecting individual rights. Asemah et.al (2013) and Demarest and Langer (2021), highlight that the media has to play a watchdog role to promote and protect human rights in all situations. However, according to Santas et.al (2023), the mass media has failed to communicate objectively on human rights. The mass media has failed to identify the potential of finding a common ground to uphold human rights. This has persisted even in communications regarding patient rights presenting a need for a clear framework of mass media communication on patients' rights.

Low awareness level of patients' rights has been highlighted as the major cause of increased cases of patient rights violations (Agwawal et.al, 2017; Dessalegn et. al, 2022). According to Thema & Sumbane (2021), the low awareness level of patient rights is attributed to limited sources of information regarding patient rights. This diminished the mass media's key role in creating awareness of salient issues among the general public in the society that they serve. Further, it contravenes Olet & Othieno (2015), who highlight that the contribution of the mass media on policy issues is to create awareness among the general lay and the policymakers. Thus, the mass media has a dual responsibility; firstly, to inform policymakers on areas of focus during policy formulation and secondly, to inform and educate the public about new and existing laws for the purposes of proper implementation processes. To this end, there lacks a clear case application of mass media in improving knowledge levels on patients' rights.

According to Connolly (2024) and Shi (2023), one of the main tasks of journalism is to provide people with the information they need to aid in independent decision-making to improve their lives. Maren et.al (2014), concur that media messages can directly or indirectly inform, influence and persuade the target audience. Further, Saraf and Balamurugan (2018) uphold that over 70% of people are positively affected by mass media-related health behaviour. This role has not significantly been achieved as far as focus on patient rights is concerned. This is depicted by the low health literacy levels which have greatly contributed to the violation of patients' rights (Njuguna et.al, 2019; Ghazawy, 2017). In addition, the cases of violation have been attributed to people's low ability to comprehend mass media messages on their rights as patients which affects the

general knowledge of the subject as well as associated attitudes, beliefs and behaviour (Liu et.al, 2020).

Moreover, the mass media has the obligation to create awareness of patient rights through shaping public opinion and also informing, persuading and motivating the population. As noted by Saraf and Balamurugan (2018), the mass media needs not only to inform people about new spreading diseases, but instead, it should also keep them updated on new ideas to expose them and result in a change in their attitude towards healthcare service delivery leading to adoption of new behaviour, (ibid, 2018). The perceptions created among the mass audiences by the mass media regarding patients' rights have not been tackled by previous studies conducted.

Apart from persuading the target audience, it's expected that media reports should also increase public pressure leading to a revision of policies that may be refuted by the population. For the public to refute public policies, mass media should provide sufficient information tailored to audience needs (Costera, 2020). This implies that mass media should go beyond informing its audience by providing proper interpretation, analysis and adoption based on audience judgments made on the subject (Happer and Philo, 2013;Sadaf, 2011). Rube (2021) suggests that media practitioners should adorn the roles of reporters, informers, investigators, monitors, watchdogs and educators. However, the criteria needed to determine the suitability of mass media messages on patient rights remains abstract.

The awareness levels of patients' rights directly affect the implementation process of the said rights. According to the WHO Regional Office of Europe Report 2017 whose special focus is on monitoring of health for sustainable development goals, policy implementation involves carrying out all decisions incorporated in a statute and all other executive orders such as court decisions(World Health Statistics, 2017). This means that policies are said to have been implemented if they are carried out in totality. In comparison to other policies, many health policies are said to have been partially or not at all implemented (ibid, 2017). For effective policy implementation the effort of various actors, organizers, and both local and national authorities is required (Flott et.al, 2019). The consequences arising from patient rights abuse are a result of incomplete or failure of policy implementation. As noted by Wright (2017), partial or total failure of implementation of health policies may result in unintended health consequences as well as ineffective use of public resources.

The mass media can contribute to implementation of policies in two ways; by creating awareness and watching closely on the implementation process of the policies (Mangal, 2022). Though this approach is little known in the communications conducted on patient rights issues, the mass media is expected to investigate all sentiments raised by their audience and present messages that can spark changes in public opinion held causing collective public pressure on the government to act bringing about reforms on public policies(ibid, 2022).

From a scholarly perspective, most studies conducted on policy and health communication have consistently ignored mass media applications on patient rights. The

focus given by most researchers is the human rights and public health perspectives (Ngugi et.al, 2017; WHO 2021; Sircar and Maleche, 2020; Suchman et.al, 2021; Njuguna et.al, 2019; Katuti, 2018). This presents the need to conduct this study on the utilization of mass media in creating awareness regarding the implementation of patient rights for the attainment of quality health services among residents in rural areas of Kenya.

1.3 Statement of the Problem

The mass media has a responsibility to inform and educate the members of the public on all critical issues in the society, thereby increasing their health awareness and knowledge levels. Globally, there are low levels of health literacy among the public on patient rights and cases of patients' rights violations are on the rise. The worst affected countries are those in Africa and the Mediterranean areas. In Africa, the low- and middle-income countries including Kenya have experienced the worst brunt of this phenomenon. According to Kinuthia (2018), the cases of patients' rights violations at public health facilities in Kenya are rated at a whopping 98% compared to those seeking medical services in private health centres rated at 2%. Patients harm has resulted in deaths, economic strain, physical abuse, stigmatization and psychological harm. Despite the guarantee of patients' rights enshrined in the Kenya constitution promulgated in 2010 and the Kenya National Patients Rights Charter 2013 which are hardly implemented in health facilities and patients have continued to become vulnerable, especially at public health facilities.

Further, some patients ignorantly forgo their rights and transfer them to health practitioners who end up taking advantage of the situation, eventually harming them. The few incidences that the mass media has reported have been on specific incidences of gross violations of patients' rights. There has been no targeted communication from the media to the public focused on increasing knowledge of the rights of patients in health facilities. This study sought to investigate the utilization of mass media for the implementation of patients' rights in Mt. Elgon Sub-county, Bungoma County, Kenya by creating increased awareness, changing the audience's perception of patients' rights and fostering public discourse that will lead to the implementation of patients' rights among the residents of the study area.

1.4 Objectives of the study

1.4.1 Main Objective

This study seeks to investigate the utilization of mass media for the implementation of patients' rights in Mt. Elgon Sub-County, Bungoma County, Kenya.

1.4.2 Specific Objectives

The specific objectives of this study include to:

i. Examine the nature of mass media messages currently disseminated to the public regarding patients' rights to residents of Mt. Elgon Sub-county, Bungoma County.
ii. Determine the perception of the mass media audience towards mass media messaging on patients' rights to residents of Mt. Elgon Sub-county, Bungoma County

iii. Establish the challenges faced in the dissemination of mass media messages on patients' rights to the residents of Mt. Elgon Sub-county, Bungoma County.

iv. Determine suitable mass media messaging criteria for effective implementation of patients' rights to residents of Mt. Elgon Sub-county, Bungoma County.

1.5 Research Questions

i) What is the nature of mass media messages disseminated to the public on patients' rights to residents of Mt. Elgon Sub-county, Bungoma County?

ii) What is the perception of the mass media audience towards mass media messages disseminated on patients' rights to residents of Mt. Elgon Sub-county, Bungoma County?

iii) Which challenges are experienced in the dissemination of mass media messages on patients' rights to the residents of Mt. Elgon Sub-county, Bungoma County?

iv) Which mass media messaging criteria is suitable for the effective implementation of patients' rights to residents of Mt. Elgon Sub-county, Bungoma County?

1.6 Significance of the Study

Knowledge of policy administration is vital in policy development and implementation (Cerna, 2013). Nzuki et.al (2013) add that evidence-based approaches to policy processes are critical in improving policy processes and development. Therefore, research findings in the area of policy are critical in determining the effectiveness of the policy processes which include; formulation, adoption, implementation and monitoring. Hence, the findings of this study significantly contribute towards the achievement of

better health services in the country. This is attainable through the appropriate implementation of patients' rights as provided by Kenya's Ministry of Health's Patients' Rights Charter (2013).

Further, the findings of this research provide a guide to all stakeholders in the field of health policy to identify and set appropriate priorities on policy awareness and implementation based on the available evidence as recommended in the World Report on Policy and Systems Research (World Health Statistics, 2017). Moreover, the findings of this study form an information base for policymakers on the appropriate approaches available to uphold the implementation of patients' rights among its citizens for better and quality health delivery as anchored in the Kenya's New Constitution 2010 (Articles 43, 46, 53, 57 and 232) and the vision 2030 on the provision of the improved and high standard of healthcare in the country.

Additionally, these findings provide a roadmap for the integration of mass media to uphold good health by abolishing patients' rights violations. This will further lead to the attainment of the sustainable development goal number three (3) on good health and well-being for all persons. Locally, the findings will stimulate works towards the attainment of the projections of the Ministry of Health's health policy framework for 2014-2030, which aims at reducing the overall annual mortality rate by 14 percent by the year 2030. The findings of this study will enable the policy to be fully implemented from the point of creating and increasing awareness of the involved parties on patients' rights.

According to scholars, Muhammad et.al (2021), Ghazawy (2017) and Maliki et. al (2014), there is minimal information on the level of awareness created of patient rights among the public by respective stakeholders. Thus, these findings provide more and new information in the area of mass media application on patients' rights communication. In addition, they inform other scholars in the fields of both policy and mass communication on the existing gaps for further research.

Philosophically, the findings of this study support the pragmatic approach to communication whereby for effective communication, communicators ought to assess the situation and tailor their messages to attain desired outcomes (Bergman, 2016)). This means that messages should be crafted and disseminated depending on the information needs of the targeted audience as opposed to the needs of the communicator.

1.7 Scope of the study

The study focused on utilization of the mass media for implementation of patient rights among the residents of Chemoge and Kaptama sub-locations of Mt. Elgon Sub- County, Bungoma County. According to the first Bungoma County Integrated Development Plan(BCIDP) 2013-2017, over 48.4% of the area residents live within a range of 5KM and more from a health facility. The utilization of mainstream mass media in dissemination of mass media messages on patient rights among the rural dwellers of the Mt. Elgon sub-county was investigated. Further, the study involved area adult residents, media practitioners and health policymakers. The study was conducted within the location of public health facilities that offer exclusive out-patient health services.

1.8 Limitations of the Study

The study engaged rural dwellers whose perceptions and mass media choices, preferences and use of mass media content may be different from those of urban dwellers. The researcher addressed this limitation by sampling journalists from national media houses whose reach is national and address information needs of both rural and urban residents.

The researcher experienced a challenge in locating the boundaries of the sub-locations in which the study was conducted. This was solved with the use of google maps in addition to recruiting research assistants from the local community.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents the empirical review of the existing scholarly works which exposes the gaps that this study sought to fill. The chapter opens by elucidating the global perspective on communication about patients' rights. This section highlights various statutory documents that speak to upholding patients' rights across the globe. It shifts the focus to patients' rights from the Kenyan context where all legal documents championing patients' rights in Kenya are discussed.

It also paints a clear picture of the media landscape in Kenya from the most dominant media to media ownership as well as challenges facing the media industry in the country. Additionally, it explores the scholarly works that provided the basis for this study across its four specific objectives. The section also expounds on the application of the agenda-setting theory of the mass media and the diffusion of innovations theory to this study under the theoretical framework. Lastly, it provides a corresponding conceptual framework and the associated synergy between the study variables.

2.2 Global Perspective on Communication about Patients' Rights

Health is one of the listed facets of the Sustainable Development Goals (SDGs). The health agenda is item number three of the seventeen set goals. It states:

> '*Ensure healthy lives and promote well-being for all at all ages'*(Global Rewilding Initiative, 2020).

This shows the global commitment towards the attainment of quality medical services and the well-being of every individual in the society. This agenda is threatened by the rampant cases of patient harm through violation of patient rights reported throughout the globe. The SDGs have superseded the Millennium Development Goals (MDGs). The SDG's goal on health is holistic in addressing the quality of health, whereas, MDGs only targeted to address cases of maternal and child mortality, reduce epidemics such as Human Immunodeficiency Virus (HIV), Tuberculosis (TB) among other non-communicable diseases; and improve access to sexual and reproductive health services (Kumar et.al, 2016).

The origin of patients' rights can be traced back to Article 25(1) of the 1948 Universal Declaration on Human Rights. This article protects all humans from any form of abuse in all spheres of life socially, politically, economically and culturally through the provision of civic rights that necessitate life free of fear. This article aims to empower people to demand what should be guaranteed. The article states:

> *'Everyone has a right to a standard of living adequate for the health and well-being of himself and his family including food, clothing, housing and medical care'* (UN, 2015).

Another policy document that addresses the aspects of patients' rights is the European Charter of Patients' Rights. Article 35 of the said document defines the right to health as the ability to access preventive health care and the right to benefit from medical treatment under any established national laws and practices. The document spells out the 14 rights to a patient which include: the right to preventive measures, right to access health services, right to information, right to consent, right to free choice, right to

privacy and confidentiality, right to respect the patient's time, right to innovation, right to observance of high-quality standards, right to avoid unnecessary suffering and pain, right to personalized treatment, right to complain and right to compensation (European Charter of Patients' Rights, 2002). This policy also recognizes that for effective implementation of these rights, citizens should be informed and educated regarding their rights to increase the awareness levels through the use of specialized media. (ibid, 2002).

In Africa, patients' rights are provided through various policy documents formulated by various commissions as well as committees. These include the African Commission on Human and People's Rights (ACHPR) and, the UN Committee on Economic, Social and Cultural Rights (CESCR). The policy documents spell out and emphasize that the right to available, accessible, acceptable and quality health services without any discrimination should be upheld at all times (UN Human Rights, 2018).

It is also notable that policy documents have been developed to address health rights for patients suffering from various ailments and conditions such as the African Charter on Human and People's Rights (1981); African Charter on the Rights and Welfare of the Child (1984); the Protocol to the African Charter on Human and People's Rights on Rights of Women in Africa (The Maputo Protocol, (2003). They not only stipulate the duties and responsibilities of healthcare workers but also expound on dignifying care given to patients at individual levels (African Union, 2024; Organization of African Unity, 2016; African Union,1990).

2.3 Communicating on Patients' Rights in Kenya

In Kenya, ensuring the safety of patients through the protection of patients' rights is not only a health-system requirement but also a constitutional and a policy obligation (Ministry of Health, (MoH), 2013). The patients' rights are anchored in various policy documents namely: the Constitution of Kenya 2010, Kenya's Vision 2030, Kenya's Health Policy 2012-2030, the Kenya National Patient's Rights Charter 2013, health bills and other global and national health commitments.

The Constitution of Kenya 2010's articles 43, 46 and 53-57 state provisions relating to the right to health. Article 43 provides that every person has the right to the highest attainable standard of health. Articles 53 to 57 of the constitution, direct and protect the needs of the vulnerable and other special groups including women, children, marginalized and those with disabilities from any harmful cultural practices and exploitation of all forms. Moreover, article 46's provisions aim at protecting consumers. It spells out consumer rights including protection of consumer's health, safety and economic interests from any form of harm.

The Kenya National Patient's Rights Charter (2013) defines patients' rights and responsibilities as well as the rights of health care providers. Every patient is entitled to the following rights: right to access healthcare which includes preventive, curative, rehabilitative and palliative care; right to receive emergency treatment in any health facility irrespective of the patients' ability to pay; right to be informed of all the provisions of one's medical scheme/health insurance policy; right to choose a healthcare provider provided the provider of choice is qualified, registered, retained and in current

good standing with the regulations authority; right to highest attainable quality of healthcare products and services; right to refuse treatment provided that such refusal does not create an immediate danger to the patient or health of others; right to confidentiality unless when the consent to disclose has been expressly given, is allowed by law or is in the benefit of the public; right to informed consent to treatment; right to information; right to be treated with respect and dignity and right to insurance coverage without discrimination on the basis of age, pregnancy, disability, illness including mental disorder (MoH, 2013).

According to the MoH (2014), Kenya's Health Sector Human Resources Strategy (KHSHRS) 2014-2018, the Kenya Vision 2030 provides a long-term policy whose objective in the health sector is to provide an equitable and affordable health care system of the highest possible quality. According to Kibui et.al (2015), Kenya's Vision 2030's attainment can be made possible if the government can partner with the private sector, the media being one of them, to ease accessibility to healthcare for individuals with financial challenges.

Kenya's Health Policy 2012-2030 further reveals commitment by both the national and county governments to provide the highest attainable standards of health responsive to the needs of the country's population. This policy document spells out policies aim to ensure complete, timely, reliable effective and efficient health management in terms of information shared among stakeholders in the health sector. This Policy focuses on implementing a human rights-based approach to maximize the contribution of the health sector to the overall development of the state. Its main objective is guided by other six

objectives to: eliminate communicable conditions: aimed to be achieved by forcing down the burden of communicable diseases; halting and reversing the rising burden of non-communicable conditions; reducing the burden of violence and injuries; Providing essential health care; minimize exposure to health risk factors; and strengthen collaboration with health-related sectors (MoH,2014).

The Health Bill 2015 also adds to the many policy documents in existence. The bill elaborates on the basic rights of patients as provided in the Kenya National Patients' Rights Charter 2013 (MoH, 2013) viz: consenting to treatment, confidentiality, health information seeking provisions, and addressing emergence testament among others. Further, it also provides the complaint-raising criteria. The bill establishes ways in which the highest quality medical standards can be attained in Kenya (Kenya Gazette Supplement No.169).

Other documents that promote patients' rights in Kenya are The Children's Act; The Sexual Offences Act and the Prohibition of Female Genital Mutilation (FGM) Act; the National Reproductive Health Policy 2007(MoH,2007) ; National Reproductive Health Strategy 2009-2015(Ministry of Health Services, 2009) and the National HIV and AIDS Strategic plan (2009/2010-2012/013)(Office of the president, 2009).

These policies provide evidence of the existence of a written form of mass communication that passes messages to Kenyans and other people around the globe on what needs to be done to uphold patients' rights and in turn, realize quality health services in all health facilities irrespective of their location.

2.4 Status of Patients' Rights Violation in Kenya

There are shreds of evidence of gross violation of patients' rights in Kenya provided in studies conducted on patient rights violation as well as patients' rights violation court cases reported, heard and determined. From the scholarly perspective, according to Kwobah et.al (2023) in the assessment of safety incidences in mental health facilities, over 91% of the cases reported involved verbal abuse whereas 57% of the cases concerned physical abuse. This means that patients are more susceptible to mental and emotional trauma caused by health practitioners through verbal abuse.

In addition, research conducted by the United Nations Development Program (2018) on Trends in HIV and TB; human rights violations and interventions among inmates in Kenya, established that some inmates living with HIV and those with TB were not ready to visit health centres for medication because of the stigma and discrimination they encountered from health practitioners. This consequently made their health status even worse. This shows that people are willing to forgo their basic right to health whenever their respect and dignity is not guaranteed.

The same situation was experienced during the wake of COVID-19 whereby those who tested positive for the disease were forcefully isolated at deplorable medical centres and were forced to meet the cost of the services rendered to them while at the isolation centres. This was in addition to the psychological torture meted out on the affected patients (Liozidou et.al, 2023). These acts were against the patients' rights because the affected patients' consent to treatment was violated through forceful isolation and treatment.

In addition to the scholarly evidence highlighted above, several individual cases have been reported, heard and determined by the Kenyan courts as follows:

The first case is the case under petition no.5 of 2014. The case was highlighted by a local television station namely KTN on 4th September, 2013. It started that on August 5th, 2013 a woman was mistreated at the then Bungoma District Hospital where she had sought maternal health care services. The woman was in labour pains and eventually gave birth on the floor of the hospital, unattended amid abuses from nurses on duty. During the hearing of the case, it was revealed that cases of physical, and verbal abuse, stigmatization, discrimination and failure to meet professional standards of care were many in the said hospital though unreported. In this case, the petitioner demonstrated lack of awareness of patient rights because she left the hospital without filing any complaint and later filed the case long after the occurrence with the aid of non-governmental and human rights activism groups. In addition, the observation that the cases of mistreatment and abuse among patients were many but unreported could be due to low literacy levels on patient rights among residents in the region (Kenya Law, 2014).

The other case was reported in the Standard of 3rd October 2018 whose headline read, *It is illegal to detain a patient in hospital over bills, court rules.'* Gideon Kilundu the complainant had sued the Nairobi women's hospital for detaining his father Daniel Kilundu over the unpaid medical bill of one million shillings. The court ruled in favour of the complainant terming the act unlawful and unconstitutional (Ogemba, 2018). The plan by the hospital administration contravenes the right to access health services irrespective of whether one can pay or not.

In the year 2020, a case was filed under Miscellaneous Application E010 of 2020 between the Karen hospital, based in Nairobi County and Michael Omusula, the husband of, Jackline Nelimamutaki, who was a patient in the said hospital. In this case, the hospital wanted to transfer the named patient, Jackline, to Kenyatta National Hospital without seeking consent from the next of kin to the patient, her husband. The court termed the move unlawful, hence ruling in favour of the complainant (Kenya Law, 2020).

In another petition, published in a digital news platform TUKO, a court ordered Medheal Hospital to pay a patient whose pseudo name is given as Rao for subjecting her to an HIV/AIDS test without consent and disclosing her status in the presence of the hospital staff and other patients (Ruto, 2021). This incident did not only violate the HIV testing protocol but it grossly violated the patients' rights of consent to treatment and confidentiality of all medical reports. In a related incident, a petition filed under petition number 24 of 2019, a woman living with HIV was awarded Ksh. 2 million for violation of her rights to confidentiality by Nairobi Hospital and Liberty Insurance for disclosing her HIV status to her employer (Kenya Law, 2019).

Based on the highlighted cases, people living in urban areas are aware of their rights and thus they never hesitate to seek legal guidance on matters presumed to violate their rights as opposed to those in the rural areas. According to Thuo et.al (2024), the awareness levels of patients regarding their rights are high among residents of cities as compared to rural dwellers. Further, according to Toroitich et.al (2022), poor patients from rural areas and slum dwellers are unaware of their patients' rights and thus they are often exploited and unprotected.

Further, the Chilean model of pension privatization indicates the reasons for the moderate spread of reforms in the health sector regarding learning and adoption of patient rights by indicating that, the same policy frameworks are or can be adopted in varied ways in diverse national settings, hence commonality amid diversity (Cerna, 2013). The variation observed in the highlighted contexts could imply that patients' rights are either fully implemented in rural health facilities resulting in fewer or no cases reported on the same or that the residents of rural areas have no total knowledge of the same and thus they are at the mercy of health practitioners whenever they visit health centres for any form of care.

Moreover, it is notable that people in urban areas have a good understanding of their rights as patients as compared to those in rural areas hence patient awareness levels on patients' rights have remained low in rural areas as compared to urban areas. Ghazawy (2017) concurs that people from urban centres have better access to different types of health services which might help them score more on the awareness scale.

2.5 Media Landscape in Kenya

The Kenyan media space in Kenya has been marked with tremendous growth over time and this has affected the political, social and legal transformations (Media Innovation Centre, 2021). There has been a good climate for media to thrive since the promulgation of the new Kenyan Constitution in 2010. Articles 33, 34, and 35 of the constitution guarantee freedoms of expression, free and independent media practice of all forms and access to information respectively (Reporters Without Borders, 2021). However, the application of these rights is dependent on the government of the day.

The country's media industry has expansive print media, broadcasting media and social media. According to the Communication Authority (2020), as of 2019, there were 173 radio stations on the air, of which 131 were commercial and 42 were community, 72 TV channels, 19 newspapers and 13 online news sites. The dominant media groups are the Royal Media Services (RMS); the Nation Media Group (NMG); Media Max and the National Broadcaster-Kenya Broadcasting Corporation (KBC) (Media Innovation Centre, 2021). These media groups own media across various categories; print, broadcasting and digital platforms to increase their competitiveness and income base.

The commonly used languages by most mainstream mass media are English and Kiswahili. Some have adopted the use of either English or Kiswahili language throughout as applied in print (Mwita, 2021), while others use both English and Kiswahili interchangeably as in the case of most broadcasting stations. In addition, local languages are used mostly in broadcasting media as opposed to print form. However, according to Geopoll (2017), radio stations that broadcast in Kiswahili enjoy the highest audience share. In addition, the utility of mass media varies across the three categories. According to Media Innovation Centre (2021), 77% of Kenyans watched television, and 65% read newspapers whereas, radio has remained a vibrant medium despite recording a significant decline in its listenership.

The existence of many media outlets has increased competition in the media sector. This has compelled various media stations to expand their content production base in order to increase the numbers of their audience. In addition, to retain their audience the media has struggled to produce credible content. Kenyans do not consume content from a

single medium but they cross-check media content to ascertain its credibility (Reboot, 2018). This shows that Kenyan media audiences do not trust media content for they understand that media can be politically influenced, it can give misleading information as well poor content (Bwire, 2019; Media Council of Kenya (MCK), 2022 and Ibid, 2018).

In Kenya, social media has been embraced as a means of sharing breaking news and other news. It is a source of audience feedback for various mainstream media and more especially broadcasting media. This is because social media has an active space marked by increased online content consumption. However, social media provides a thriving ground for fake news which can easily lead to misinformation (Mwita, 2021).

In summary, the Kenyan media industry is well established and supported in its key functions through the constitution of Kenya and other established entities. This can facilitate the media to serve all information needs of its audience as far as communicating patients' rights is concerned.

2.6 Nature of Mass Media Messages on Patients' Rights

According to Ghanta (2021), mass media has a great influence on the public sphere. It brings about convergence in social life and ideologies on societal problems through the mass media messages disseminated. Sadaf (2011) says that the mass media provides the members of the public with knowledge and information on all issues. These functions are performed by all forms of mass media: books, magazines, newspapers, recordings, movies, radio, television and new media courtesy of advanced new communication technologies (Boonchai, 2024). The mass media through the acts of journalists performs

multiple roles: monitoring and curbing power, supporting and creating public debates, educating and entertaining the public in all sectors of life (Wilding et.al, 2018). In this study, these roles were examined as per the study objectives.

The mass media contributes significantly to creating awareness among its target audience across all sectors**.** According to Saraf & Balamurugan (2018), over 70% of people are positively affected by mass media-related health behaviour. However, the positive effects of the mass media messages on an issue are closely attached to media reach, nature of messages, type of appeal and source of information (Al-Dmour et.al, 2022; Newman, et.al, 2016). These setbacks are assessed in this study with a specific focus on how they affect mass media when reporting on patient rights.

In Kenya, according to Newman et.al (2016)in their Reuters Institute Digital News report, media reach is rated at 69%, 62% and 45% for Newspapers, broadcasters and digital platforms respectively. Despite the high statistics recorded in terms of reach, the same report cautions that audience reach does not necessarily translate into a significant share of audience attention. Thus, for the media to influence its audience, its role should surpass that of information conveyors as this study sought to determine the specific nature of messages that can change audience perception on patient rights in the study area.

Message dissemination through the mass media on health issues performs a variety of functions apart from awareness creation. According to the Agency for Healthcare Research and Quality, Advancing Excellence in Health Care (2013), mass media roles are to increase the reach of evidence, increase people's motivation to use evidence and

increase people's ability to apply evidence. This implies that the mass media messages disseminated should be all-inclusive with the ability to inform or create awareness, commonly known as reaching the audience. They should also motivate the audience targeted to act. This ability has been tested and proven as far as utilization of the mass media is concerned. According to den Braver, et.al (2022) in their review on reviews on the impact of mass media campaigns on physical activity through the policy lens, campaigns involving the mass media can help in creating awareness, spreading knowledge, and causing attitudinal and social norm change. Subsequently, such change leads to overall behaviour change. Whereas in respect to the current study, the level of awareness created on patients' rights is low as depicted by the low literacy levels examined by most researchers.

The Ministry of State for Governmental Affairs on Solid Waste Management Privatization Manual by the Egyptian government on public awareness and communication, public awareness campaigns involving the mass media are key for the successful implementation of any policy decision. This is especially so in instances where the support of the public is needed. The use of radio and television is recommended for rural audience reach due to high rates of illiteracy (The Regional Solid Waste Exchange of Information and Expertise network in Mashreq and Maghreb countries (2014).In the current study, the successful use of the mass media in tackling issues of patients' rights among rural dwellers was scrutinized.

The mass media is acknowledged as a fundamental tool in raising awareness among target groups. According to the Sustainable Development Goals Accountability Network- TAP network, awareness rising is defined as a process that seeks to inform and educate people about an issue to influence their attitudes and behaviour. In addition to beliefs, achieving a defined goal using the mass media, is inevitable (TAP Network, 2019). Additionally, a descriptive study conducted on the role of mass media in raising awareness on the importance of intellectually disabled participation in sports for ALL's activities in Egypt, established that mass media plays a critical role and contributes to raising awareness on the importance of intellectually disabled participation in sports for ALL activities . This was through the use of satellite channels, electronic websites, TV, radio and the press respectively. The study recommended that there is a need for cooperation among all stakeholders including the media in raising awareness of the sport and in turn increasing participation in the sport for ALL activities (Tohamy, 2017). Based on these findings, various media channels can be utilized when creating awareness of a public concern. The current study goes beyond mass media use to explaining the nature and formats of mass media messages used for creating awareness on patients' rights.

Apart from creating awareness of salient issues, the media has a role in determining the speed with which information is taken in by the target audience. A case study analysis of the role of mass media in political markets and its effects on public policy in Afghanistan emphasizes the dual crucial role of mass media in societies (Mangal, 2020). The mass media not only creates awareness but also conveys its assessment of issues based on the degree of urgency. The study promotes that the media does this role

through the frequency and emphasis given on some issues as well as by creating a hierarchy of importance for public issues (ibid, 2020). In addition, public awareness is reflected as a major responsibility of the media, that is, the media has a responsibility to inform the public on any new idea as it relates to policy matters. This study failed to provide a case scenario on public policy in which mass media has been successfully applied. Thus, the current study investigates the implementation of mass media messages on patients' rights among the rural audience to determine the levels of awareness created by the mass media on policy issues.

According to Mtega (2021), in a study conducted to determine the channels of communication used to exchange Agricultural information among farmers in Tanzania. The review conducted established that radio, television, mobile phones, newspapers, fellow farmers and agricultural extension agents were the commonly used avenues of communicating agricultural information. The identified means of communication can be further categorized into mainstream media as in the case of radio, television and newspapers. In addition, interpersonal channels with the aid of fellow farmers and agricultural extension officers were also used.

The use of mobile phones can be classified under the use of modern communication technologies through which both content from the mainstream media as well as social media content can be accessed through the internet (Otto & Kruikemeier, 2023). Despite the fact that the Afghanistan study exposes the efficiency associated with the use of multiple channels of communication to address an issue, it fails to explicitly show the nature of messages disseminated to attain success in the respective campaign.The

current study sets out to investigate not only the efficiency of the messages used to create awareness of patients' rights but also the success with which this is done.

The potential of the mass media in raising awareness is evident in a study conducted on mass media and environmental awareness in Kenya with a keen focus on television. The study employed a mixed methods approach and the findings showed that the audiences appreciate the traditional role of the mass media in informing the audience and the potential of TV in creating awareness of environmental issues was rated at 80% (Otinga & Ngigi, 2018). This therefore shows the power of the mass media in creating public concern around environmental issues. In a related research on the role of media in creating awareness about climate change the case of Bijapur city in India; television, newspapers, radio and the internet are the media used to create awareness among people on climate change in respective order of preference (Kakade, 2013). These studies support the use of traditional media platforms in the dissemination of information among the public alongside new media platforms. However, they fail to pinpoint the specific mass media messages that need to be disseminated to attain the awareness objective.

Mass media practitioners as well as organizations targeting to use the mass media in creating awareness should consider that the audience falls into various categories and each category attracts a given form of preferred media. In a study conducted by Shintasiwi and Wasino (2019), on media coverage in creating awareness and its impact on environmental behaviour, the researchers categorized their interviewees into three groups one of which contained students. The study found out that students had been informed on environmental issues widely through the internet and social media whereas the other categories felt that the internet as well as television had not done so well in

creating awareness to realize behaviour change on environmental conservation. These findings challenge both media practitioners and organizations communicating to the general public on issues affecting them to consider the audience demographics while deciding on the appropriate media to apply. However, the conclusion provided does not explicitly show the nature of messages consumed among the audience with varying demographics.

Utilization of various mass media message formats or programs is a necessity when communicating on issues affecting societies. Among the many programs or formats, news is the most preferred format for creating awareness. According to Kakade (2013), most respondents got information on climate change in Bujapur city in India through TV news (55.17%), radio news (53.33%) and newspaper news stories (49.5%). As compared to other programs such as advertisements and drama which recorded 30% for internet users and 13% for radio users respectively. This shows that mass audience depend mostly on news programs to meet their information needs. The current study goes further than the Indian study and seeks to examine the existence of various program formats, to increase chances of reaching all segments of the population with messages on patients' rights.

In addition, Baratwaj & Aravindh (2016) identify features, interpretative news stories, context-setting stories, editorial materials, editorials, columns, and letters to the editor as well as cartoons as some of the message formats through which policy issues can be communicated to the public. Through these avenues, the media fulfils its key role of transferring knowledge through policies to the public and continues to keep the public informed, educated and updated (ibid, 2016). This literature formed a gap for the current

study because the specific nature of mass media messages disseminated through the identified program formats were not provided.

According to Al-Dmour et.al (2022), different media platforms such as traditional media and social media can be used to share information to create awareness among the public but do not guarantee success because more interest is paid to the format of messages shared. Lovari et.al (2021), state that pictures and textual messages can easily be accepted among youthful mass media audiences. In addition, visual images are the most applicable in areas where influence on behaviour is needed. While this study has specified the specific nature of messages that are likely to attract the interest of the mass audience, it fails to identify the corresponding specific mass media formats through which the identified messages need to be relayed.

In addition, Parkinson (2024) reveals that visual images can affect how and what people feel towards stimuli presented visually. He also cautions on the danger of using textual messages exclusively because mere words can only be processed to attract short-term memory. Highlighting on textual messages, Dixon et.al (2015) observe that textual messages are too individualistic.

Thus, messages are interpreted at a personal level based on the meaning accorded to words during the decoding process. They also add that sometimes readers cannot recover the author's intended message thus resulting in misinterpretation of textual messages. Misinterpretation is likely to occur despite one's ability to explore concepts more deeply, this further increases the misunderstanding of complex issues (Cho, et.al, 2024). The incidence of application has not been provided thus assuming that the said

messages affect people uniformly on all issues. The current study aimed at providing clear information on the various ways in which various forms of messages are interpreted.

Further, while referring to visual messages, Hobbs (2023) argues that visuals, either static or moving, affect in a great deal how messages are interpreted. This is attributed to the power of visuals in simplifying messages which creates a connection with the targeted audience. In the same vein Muturi (2016), who carried out a study on the perspectives of the community on communication strategies adopted to advocate against alcohol abuse among the residents of rural central Kenya established that the use of visual aids and images through print media such as magazines and educational brochures would greatly reinforce the uptake of messages to prevent alcohol abuse. The study criticizes the use of audio messages through radio and textural cautionary messages on beer bottles to be of insignificant impact. The current study pursued to emphasize on the corresponding mass media messages needed to create a desired change in the audience concerning mass media use on patients' rights awareness creation.

According to Del Giacco et.al (2020), the use of audio messages has more benefits than other forms of messages, this is because audio messages combine both verbal and nonverbal clues resulting in improved likeability, authenticity, relatability and authority of messages conveyed. Further, verbal messages are enhanced through paralinguistic factors of tone, pitch, emphasis and musicality. This literature fails to identify the medium via which these audio messages need to be disseminated. In addition, the potential of the other forms of mass media messages are ignored.

According to Sokey & Atta (2017), in their descriptive survey on the challenges facing rural dwellers of Shai Osudoku village of Ghana in accessing health information, the most preferred media through which most of the respondents access health information are mobile phones and videos via television programs. The television was preferred because of its ability to show images and actions. The study also established that some of the respondents used families and friends as sources of information. On the nature of information accessed, the study established that video formats were the most preferred at followed by voice and text messages. In addition, some of the respondents received respective information through: books, pamphlets, magazines and newspapers. These findings explain the essence of using multiple channels of communication when sharing information on health matters. This is because there is no defined avenue through which mass media audiences receive information on a given subject. However, the specifications of the audience demographics in respect to specific mass media messages consumed were not tackled.

In summary, the literature reviewed highlights on the potential of the mass media in creating awareness on health, environmental matters and sports among the mass media audiences explored. However, researchers have not yet examined the potential of the mass media on patient rights communication. In addition, the setting that warrants the efficiency of mass media in creating awareness on various issues, including patients' rights, has not been provided. Most researchers have not provided the specific mass media messages and the corresponding nature of messages disseminated to which audience to attain the knowledge levels desired. All these raised gaps that the current study sought to find out.

2.7 Public Perception Towards Mass Media Messaging on Patients' Rights

Mass media exposure influences people's perceptions and behavior (Liao, 2023). This is closely associated with change in beliefs, attitudes and values. This only happens if the information disseminated has any significant impact on the receivers of the information such as raising awareness, informing, educating and shaping perceptions (Ibid, 2023). Its notable that the mass media messages keep increasing with increased mass media tools (McLeod, 2017). This equally leads to increased media exposure (Ibid, 2023). These messages are designated to create an intended perception and judgments in the minds of the targeted audience (Feldman, 1999). This implies that the media plays a key role in decisions made by its audience. Patients' rights are an issue of concern.

According to Sadaf (2011), perception can be defined as 'reality' in people's minds. From a media perspective, McLeod et.al, (2017) states that people's perceptions are often a result of exposure to media content. The messages shared, and how they are put across directly affect the thoughts, feeling and attitudes the audience hold on patient rights and the health systems at large. According to the Pikilnyak et.al(2021) edition, perception is a particular way of understanding or thinking about something. To concur with this observation Ghanta (2021) states that mass media plays a role in shaping the public opinion. The opinion formed in this case is basically the perception that people hold on issues discussed by the media. Choi (2021) emphasizes that mass media is an avenue for social perception formation through content shared as well as content genre. Based on these descriptions, perception, in this context, can be defined as the mindset created on the media audience based on the messages disseminated by the mass media on patients' rights issues.

Several researchers have revealed the power of media in creating either positive or negative perception on various issues in the society but have failed to pin their findings to patient rights parceptions. According to Acholonu et.al (2021), in their study to establish audience perception of mass media role in Entrepreneurial education in South-East Nigeria their survey established that the mass media has the potential of promoting entrepreneur education however at the low of 38%. However, TV was identified as one of the media that has the greatest potential of changing behaviour as far as entrepreneur education is concerned.

The study proposes the use of appropriate communication strategies in order to create the desired impact. This study exposes that the use mass media does not automatically create a desired perception on the targeted audience by mere fact that it's a form of mass media but rather, has to be suitable media in relation to the audience targeted and the content relayed. This finding reveals that media, media content as well as its performance play a pivotal role in shaping people's perceptions by exposing them to the world (McLeod et.al (2017). The messages shared, and the manner in which they are put across directly affect the thoughts, feeling and attitudes the audience hold on patients' rights and the health systems at large as the current study purposed to expose.

The contribution of mass media in shaping social perceptions cannot be underestimated. According to Choi (2021), in a questionnaire-guided survey on the influence of the mass media contents use and personal characteristics on the perception of marriage among university students, mass media messages have the ability to create a desired perception if the message is delivered through the right channel. In this study TV was found to be of much impact in creating a positive perception on marriage among men and women

through drama and movies that is film on marriage and love. The study concluded that the mass media had a direct influence on the attitudes, opinion and thoughts members of a society on the phenomenon of pluralistic ignorance. This shows that messaging should be done appropriately and disseminated using the appropriate genre and media to meet the desired objectives. Although, this study interrogated the power of mass media messaging in creating the perception, it is not known whether the same can said of media's power to shape perceptions towards patients' rights.

According to Guusu (2019), traditional mass media such as radio, television and print media messages such as advertisements, can influence large number of people's behaviour, values and behaviour concerning their actions in a way that can enhance their health. In the study targeting to understand the impact of effective communication with use of radio to create awareness about the Nigerian power sector which adopted a case study approach, the use of different media can influence people in various ways. It has the ability to stimulate discussions depending on how people relate with the media at community level. This study found out that television has a significant impact on its audience . However, its ability to stimulate discussions leading to perception formation at community level still needs to be tackled.

According to Ouchene et.al (2024), in a study that sought to determine the role of mass media in health awareness, accumulated perception and experiences gained through mass media messages disseminated form the building blocks for the accurate knowledge that people hold on a given issue. This means that a set of beliefs held on an issue is contributed to by perception acquired or formed over time and not spontaneously. This relates to the current study, the effects of mass media messages disseminated were

interrogated in line with health literacy acquired over time courtesy of mass media messages consumed by the study participants.

Mass media has the capacity of not only aiding people in forming favorable perception to change but also can mobilize and empower people through the massages disseminated in various levels of human endeavor politics included. Kleinnijenhuis et.al (2019), conducted a panel survey on the combined effects of mass media and social media on political perceptions and preferences. After analyzing content of five leading national newspapers and two TV stations in Dutch, the study established that newspaper and TV content has strong effects on political perceptions and preferences even when content shared is controlled. The study further notes that perception is created among the audience is dictated by; the individual media exposure, frequency and specific news. The media does not create a perception automatically once the messages have been relayed but through its persistence in sharing messages on specific themes and perception is dependent on the audience's choices on media through which they receive their messages. In the current study, there was need to go beyond media exposure and ascertain the extent to which such media contributes to formation of perceptions regarding patients' rights since the perception created is dependent on the audience's choices of media

Torloni et.al (2020), through a systematic review study on mass media campaigns to reduce unnecessary caesarean section, concurs that for mass media to cause any significant changes on behavior change, which is a mark of positive perception created among audience on an issue, campaigns need to be designed and carried to a sufficient scale and intensity. This reinforces that media messages have to be repeated to create a

desired impact on their audience. Further, the study notes that mass media can be very successful in raising awareness among the public. This could be a hindrance to creating the desired perception because being aware does not guarantee knowledge and any perception created by only being aware can be biased hence perception bias. The current study aimed at providing clarity on associated perception biases in mass media communication on patient rights.

Highlighting on factors that influence perception formation, audience trust and credibility of the sources contribute significantly towards amplifying the effects of media in opinion formation. According to McLeod et.al (2017) in a review conducted on theory and research on media perceptions, media effects perceptions and their consequences, audience impression of news content, journalists performance and the media organization shape up the required trust, credibility and bias among audience.however, thereview doesn't explicitly explain the level of trust acquired among the target audience. Sadaf (2011) picks on past experiences, cultural expectations, motivations, psychological and attitudinal factors can determine perception created by distinguishing the most important from the unimportant issues in a society. However,perception cannot be fully pegged on mass media and mass media messages but an array of factors which range from social, economic and even political domain.

According to Quattrin et.al (2015), in their review of media content spreading over 15 years on health promotion campaigns and mass media; looking for evidence, conducted in Italy, the power of mass media and more especially TV in particular and Computer related platforms precisely known as new media is definitive. However, caution should be taken when dealing with mass media audiencebecause their emographics contribute

significantly to the mass media consumption patterns which in turn affect perception formed. The current study explores how mass media messaging caters for demographics of the audience in terms of age, sex, gender and even level of education should be factored foe efficiency.

In another study conducted to determine the impact of mass media exposure to messages on chronic illnesses and uptake of screening conducted across three cities in Ghana, it was established that increased exposure to mass media campaign messages on non-communicable /chronic illnesses stimulated an increase in the uptake of screening for non-communicable diseases.In addition, the study realized that the mass media use improved people's awareness levels (Konkor et.al, 2024). This study shows the significant impact the mass media has on its audience. However, the study failed to describe the type of audience, conditions surrounding the communication on the issue, knowledge on media adopted and the characteristics of messages disseminated .this provides room for this study to prove the required interpretation on the characterisitics of mass media messages that have the potential to yield favourable perception change.

Caution should be taken on the nature of messages disseminated through the mass media if the desired perception has to be achieved. According to Kagunda (2020), a review on the critical role of mass media in promoting mental health for the realization if Kenya's vision 2030, the study established that media frames affect the perception created on people with mental illnesses. The study illustrates that some frame project these persons as violent or tragic thereby hampering the treatment and recovery efforts. In addition, lack of appropriate and adequate mass media messages on an issue affecting society can

lead to doggedness of the issue. Such kind of framing may have a great bearing on the resultant perception even in other studies, including the current study on patient rights.

Further, the same precautions on media use and subsequent effects is shared by Guyo (2013), in this study on the role of mass media in promoting national cohesion; a case of Marsabit county. The study found out that objective reporting of the mass media will de-scale conflict. Tough the study noted that the media had not provided adequate coverage on matters conflict at Marsabit County. The sparing involvement of the mass media in sharing messages on the conflict issue in the county has created a ground for the conflict to be persistent. The current study exposes the magnitude of media coverage on patient rights to spur a favourable mindset.

The thin mass media coverage can be affected by some factors such as resource availability, time constraints, ideological and cultural factors (Harcup & O'neill, 2017). This causes lack of appropriate and adequate mass media messages on an issue affecting society leading to doggedness of the issue. However, the mass media is obliged by to provide good journalistic practices which do not only serve the three major roles of entertaining, educating and informing but should be able to provide a forum for exchange of ideas and opinion.Moreover, it should help societies to understand themselves and as well provide them with materials upon which they will base their common conversations (Wilding et.al, 2018)). In relation to this study, the mass media should provide the public with appropriate messages on patient rights and associated issues to generate favorable discourse in the public sphere hence affecting the perception formed.

Media messaging is not enough to create a desired perception in an audience. According to Rosen et.al (2018), journalists who work closely with their audience have higher chances of attaining a desired impact. The media audience should contribute in the design of media content to make it persuasive. Journalists should acknowledge that there is change of roles and to determine what the audience needs; they should be given a chance to share in the content and should be seen as mere consumers. The current study sought to understand the levels of interaction between journalists and their respective audiences Acholonu et.al (2021), shares this opinion that societal needs and interests should be identified for the media to attain its potential impact on the audience.

According to Rube (2021), the perception created by mass media messages is strongly affected by the perceptions of journalists on who they are and their perception towards their work. In a study aimed at investigating perception of 'Progress' conducted among journalists in Kenya, the exploratory study established that personal factors, newsroom experiences in terms of news, created cognitive bias among journalists affecting their objectivity in their work. In addition, according to Kumar (2018), the audiences' cognitive abilities also affect the manner in which mass media are selected, sreened and judged or interpreted.This study, as many others, highlights the contribution of journalists in overall perception formation however, it fails to link journalistsic perception to audience perception which is sought in the current study.

It is also notable that the mass media may fail to create the desired perception in the stakeholders as well as the public by providing fewer solutions to issues on patient rights. According to Mwangi (2018), a study on media influence on policy in Kenya; the case of illicit brew, the content analyzed of two leading newspapers in Kenya for a

period of ten years up to 2015, it was proven that intense, congruent and evidence driven media content directly influenced government action on related policy enactment but failed to provide solutions required on the issue and this formed the basis for the current study.

Perception can be created through engaging with the audience. A study conducted in the United States of America on audience engagement and how the e-community connectedness can be pursued in the public media, found out that the media audience need to be attracted to media content by keeping them engaged online and even offline so as to know their expectations and information needs (Gagnon et.al, 2019). The online audiences can be kept engaged through social media platform such as twitter and facebook whereas offline audiences can be engaged through broadcasting from communities commonly known as on-location production as opposed to studio production or by organizing community gatherings where journalists meet with the members of the community. Attraction to media content is the first step in creating a conducive mindset towards media content. In the current study, the avenues for mass media audience engagement in relation to patients' rights were investigated.

Mass media may not always enforce people's behaviour. In a study conducted in Nigeria on communication strategies adopted in public health communication , it was found out that mass media has a great potential of reaching a very large audience. However, it may be ineffective in changing or enforcing the behaviour of its audience (Olubunmi et.al, 2016). The study further established that the word of month messages through interpersonal channels of communication such as friend, relatives and health practitioners are very helpful in health decision making. Mass media do not have to

work in isolation when targeting to change people's minds. The findings were based on secondary data thus excluding people's first-hand experiences and observation. This is a gap the current study endeavored to fill.

According to Ike et.al (2021) in their survey on media reports on locally produced goods and audience perception conducted in Lagos Nigeria, favorable media reports on the availability and quality of Nigeria made products led to more audience awareness and corresponding satisfactory opinion. However, the study did not interrogate the educational value of the mass media disseminated to aid in creation of favourable perception. This is a gap the current study sought to fill in relation to patients' rights mass media messages in order to provide a basis on how to improve mass media communication outcomes on patients' rights among rural dwellers.

Various viewpoints and richer investigative mass media content are the yardsticks to unveiling desired audience perception. Hyacinth et.al (2018), in their study to establish the audience perception of mass media performance in a depressed economy in Nigeria, found out that the mass media needs to rethink how to change the audience perception to remain afloat in a harsh business economy. In the current study the viewpoints adopted by journalists as well as health policy experts in their quest to appeal to the audience mindset with mass media messages on patients' rights were determined.

Media credibility and the media format used have a great influence on perception created among the mass media audience. Nwokedi (2018) in their study to explore the use of Film as a Mass Medium and Audience Perception created by Home Video Films in Awka South Nigeria,found out that the video content relayed had to reflect realities in

the community to achieve a significant impact on the viewers. This implies that mass media messages have to be relatable to the mass audience in order to be credible enough to create an impact. Kumar (2018) concurs that mass media messages do more than reflecting realities by providing a base for confirming truth. This study investigated the credibility of mass media messages in influencing the perception formed on patients' rights among the mass audience.

Further, Kumar (2018), suggests that the role of creating perception is contributed to by both journalists and the mass audience. The former, can set agenda through selection of news items by selecting stories that they deem to be most significant. The latter, creates perceptions through informal discussions that they hold among public groups. These groups would be interested in mass media content discourses or issues facing their respective communities. This shows that perception is anchored on the mass media content because community discussions that enhance the public agenda created revolve around mass media content shared. To expose this in the current study, the study explored both the views held by journalists and the residents of the study area on perceptions formed regarding patients' rights.

Journalists' understanding that media audience are heterogenous can greatly influence the perception adopted in their daily undertakings. According to Obong & Targema (2023) in their theoretical review of Media audience, media content, and media-use theoretical discourse, mass audience are categorized based on their physical location, psychosocial, psychological and demographics, the mass media channel used, style and preferences, time of media use and the attention span to mass media messages. The

current study tested the efficacy of the suggested audience segmented and the corresponding perceptions formed on patients' rights. In addition, Brownsons et.al, (2018) concurs that in communication, the communicator should understand that audiences fall into frames and each frame interprets messages differently depending on various factors that affect their mental abilities. Thus, to attain success in changing the existing perception, the messages shared should be framed in a way that fits and satisfies the specific section of the audience targeted by evoking emotion and interest that demonstrate usefulness .

Based on the literature reviewed in this section, the following gaps have been identified:

First, no specific research has potrayed the particular perception formed among rural mass media audience on patients; rights. In addition, researches have failed to pinpoint the mass media exposure levels that can yield to audience perception change. Moreover, the mass media descriptions that can aid in changing perceptions are not provided by various scholars the field of mass media. Similarly, the corresponding mass media messages that can directly change audience mindset have not been highlighted. Further, researchers have failed to provide journalists with steps required in building the desired trust with the mass audience in order to improve on perception created on patients' rights.

2.8 Constraints to Dissemination of Mass Media Messages on Patients' Rights

According to Brownsons et.al (2018), ineffective dissemination is the greatest barrier to both knowledge and application of policies communicated. This means that dissemination which is the act of sharing messages is the integral part in realizing a

fruitful communication process. However, despite the powers depicted by the media in influencing societies on matters of policy, the media is faced with some effective dissemination challenges which in turn have affected its ability to disseminate messages on patients' rights especially among rural audience.

As Deane (2016) in his study on media and communication in governance notes, the mass media faced a myriad of problems when handling issues of advocacy. These issues range from reduced funding, total ignorance, invasion by informal bloggers, citizen journalists and new media outlets who in turn have affected the formal status of the media. Further, less priority is placed on the media especially on matters that require or would lead to accountability on the government side. New technologies are also identified as a probable barrier to dissemination of patient rights messages. The current study tries to establish a link between the identified barriers and those that would be affecting mass media communication processes on patients' rights.

In another study by Mwangi (2018), on the media influence on public policy in Kenya a case of illicit brew consumption, content analysis of coverage of newspapers in Kenya over a span of ten years revealed that media coverage on elicit brew sparked debate among policy makers. However, the researcher notes that the environment under which the media operates encourages journalists to beat competition and acquire favorable rating and advertising revenue through exaggeration of issues. This means that the media is more likely to cover favorable topics in order to attract advertisers at the cost of truth which could be offensive. In ordinary sense,the topics that attract advertisers are not necessarily interesting to the mass audience neither do they meet their information

needs. The current study sought to exposes how journalists navigate through economic challenges by forgoing advertisers'interests to serve the needs of their targeted audience.

Mass media challenges do not only spring from the external forces but also from the industry's key players. The Queensland parliament factsheet on the role of media; everyone's parliament, the mass media filters information received and presents a story that they feel will serve the audience needs. The story might cause discomfort to members of government and opposition because the media is free to select stories that they consider important or interesting. It further notes that journalists are quite powerful and they decide the angle or the content of the story. Media's role is multifaceted and cannot be viewed solely as reporter of parliamentary and government news items to the public but as a participant in a complex process involving both mutual and competing interests (Queensland parliament, 2015).

Additionally, Mangal (2020), through a case study on role of mass media in political markets and its effects in public policy, pinpoints that journalists and editors can filter issues so that reporting conforms to their dominant news values. The current study sought to bring out the ways in which journalists would maintain objectivity in their journalistic works by creating content that matters to their audience and not that which serves their individual interests.

Moreover, Mangal (2020) notes that, the mass media stereotypes on policies, individuals or groups can influence policy outcomes which have a direct impact on policy implementation processes. Otinga and Ngigi (2018) concurs that media practitioners and precisely, reporters and editors are a limitation in relation to awareness creation on

various issues affecting society. In her study on how media, a case of TV, affects awareness creation on environmental issues, noted that reporters and editors were blamed for producing poor quality environmental programs that did not attract viewership. This was attributed to poor research and lack of working partnership between the media and environmental stakeholders. With full knowledge of their responsibility to the public the media need not to be lazy but rather proactive in research and in finding expert opinion on the concerned issues. This poses a danger to the level of media trust among the audience and subsequent levels of awareness created. In the current study, the manner in which the health reporters maintain responsible journalism is investigated.

Moreover, language of communication used by the mass media when dealing with topical issue can affect the desired impact the messages create on their audience. According to Otinga & Ngigi (2018), the use of complex language in reporting on environmental sciences by television journalists affected viewership of those programs due to complexity of the language used. This challenge had a direct impact on awareness levels on environmental issues as communicated and intended to be achieved by the mass media. This in turn posed a change to the implementation processes of the relayed messages among the general public. The current study exposes how journalists ensure the suitability of language used in disseminating mass media messages on patients' rights and the impact created among the mass audience.

Further, language of communication can be a barrier to dissemination of mass media messages. A study by Sokey & Atta (2017) aiming to expose challenges confronting rural dwellers in Shai Osukodu District of Ghana in their access to health information.

Language of communication was identified as a major inhibitor of effective communication on health information. This was in addition to poor and unreliable information infrastructure adopted in the dissemination of health information and lack of needed devices and tools to access information such as lack of mobile phone and television receiver sets among other factors. In the current study the ways in whichlanguage inhibits mass media messages dissemination process on patients' rights is uncovered.

Disinformation has also emerged as a common problem among the mainstream media. According to Tsfati et.al (2012) after conducting a review on the causes and consequences of mainstream media dissemination of fake news, it emerged that the mainstream media is used to amplify fake news among its audience. Even though the study notes that the fake news can easily be corrected though the use of the same channels, it warns that correcting fake news with an accurate copy cannot replace the already perception created in the minds of their audience by the message contained in the fake copy. Fake news is normally as a result of unrealiable sources. The current study looks into the dangers of presenting fake news on patients' rights to all stakeholders involved.

Apart from mass media related constraints there are other factors which can affect the whole process of delivering and executing policies effectively at community level. According to Campos & Reich (2019), failure to understand and address conflicts can cause resistance and lack of cooperation among stakeholders causing problems with the implementation process.The current study sought to dissect how external factors inhibit

mass media performance in influencing mass audience in rural areas fostering patients' rights implementation.

Apart from the mainstream media, new media platforms are a barrier to dissemination of accurate information on health-related issues. According to Gooble (2020) in the article on social media impact on the dissemination of health- related information and patient – physician relationship, various social media platforms such as twitter, Facebook and even YouTube have a great potential in disseminating messages on health but care should be given by the users because they project a high possibility of harm through provision of inaccurate information, hence, misinformation.

Bhatia (2017) also notes that the use of social media poses a danger not only in dissemination of messages but also in terms of internalization of the messages due to lack of standardized formats in presentation of information. The current study seeks to find out the possibilities of misinformation through traditional masss media among rural audiences on patients' rights matters.

Moreover, appropriate infrustracture can be an hindrance to adoption of social media messages among rural dwellers. According to Sokey et.al (2018) while investigating media use for health dissemination to rural communities in Ghana-by-Ghana health service, it was noticeable that infrastructural associated challenge is a hindrance in use of social media. The reliability of the same media is in doubt due to issues of network and connectivity to electricity. The current study explores the available communication infrastructure to allow for reach and adoption of mass media messages on patients' rights among the rural mass media audience.

According to Ouchene et.al (2024) journalists working in health affairs need to uphold ethical duty alongside social responsibility. Highlighting the challenges that face health journalists as presented by Amrar 2020-2021, they contend that strategic errors committed by health journalists can cause confusion in the public mass media audience and also drain the credibility of both the information and the mass media. In sum, journalists working in this field should have specialized skills and should uphold professional standards. The current study sought to understand the journalists' abilities to maintain the work ethics while performing social responsibilities in communicating patients' rights.

Media content disseminated through mass media lacks the seriousness it deserves to realize action expected. According to Hyacinth et.al (2018), in a study on audience perception of mass media performance in a depressed economy in Nigeria, there is little professional motivation among journalists which has led to shallower mass media content. In the case of Kenya, various media houses laid off most of their staff members in order to cope with the draining economy caused by Covid 19 (Media Innovation Centre, 2021). This has left a gap in the media industry in relation to media reporting. The study strove to yield results regarding how health journalists are handling this crisis in their reportage on patients' rights and the associated negative impacts.

A thin line between journalism and other communication disciplines such as Public Relations (PR) affects mass media reporting on patient rights. Researches conducted to determine the existing relationships and how they influence each other have ascertained an existing danger whereby journalists are sometimes and even more often compelled by the poor work environment and close relations they establish with their sources to

practice PR in areas where journalism is required (Supriadi et. al, 2023 ; Iturregui et.al, 2020 ; Vogler & Schäfer, 2020). However, these studies have been conducted in areas of marketing and advertising, leaving out health policy communication. Further, these studies fail to expose whether the existing relationship between journalists and PR officers affects mass media communication activities targeting rural areas.

This scholarly knowledge exposes the fact that mass media practitioners face a lot of associated challenges while disseminating messages to their respective audiences. However, the studies reviewed have not highlighted the audience based barriers and the source related barriers. The current study interrogated internal and external factors that can act as a hindrance to reception, interpretation and action required on mass media messages on patients' rights.

2.9 Suitable Mass Media Messaging for Effective Implementation of Patients' Rights

Mass media as conveyors of information greatly influence societies, countries and even cultures through message visualization and associated benefits (Alawad & Kambal, 2018). However, in some cases, health promotion messages may fail to meet their communication objectives due to the failure of the parties involved to consider the whole dissemination process in totality starting from pre-production, production and post-production (Flay, 1987).

The message being communicated has a great weight and determines the success of any communication campaign. A Message can be defined as what you choose to say about

any issue, its solutions and who you are (Quatrain et.al, 2015). Stead et.al (2019) define a message in the context of a campaign by stating that a message contains information and its effects on behaviour change. The most important aspect of a message is the information shared in a given context. Message dissemination does not guarantee understanding and application of the messages and implementation (Glennerster et.al, 2021). Implementation of policies is the second last stage of the policy cycle. Implementation represents the conversion of new laws and programs into practice. Without proper implementation, policy has neither substance nor significance. For successful implementation to take place, there must be an entity that is able to translate the policy objectives into an operational framework and that is accountable for its actions (Gerston 2004: 98).The mass media serves as this entity in translating policies on patients' rights.

The credibility of messages qualifies the suitability of messages communicated through the mass media. While exploring mass communication media credibility: An approach from the credible Brand model, Porral et. al (2014), insist that credibility improves media processes and image as journalists strive to meet information needs of their audiences. Further, message facts should be laid clear to attract audience. The current study pursued to understand how credibility of mass media messages on patient rights is achieved and upheld.

According to Svenmarck et.al (2024), in their article on message dissemination in social networks for support of information operations, in the communication process, messages are filtered by both the sender and the receivers and only what is deemed suitable is

shared and received. This study sought to attain the required level of suitability of the mass media messages, the audience targeted and the sociocultural factors surrounding the message dissemination process should be considered. In addition, the study investigated journalists' approach to subjective news analysis and interpretation employed by mass media audiences. This is with full knowledge that individuals constantly filter mass media information and only receive what they what as they block what they perceive as unsuitable and unwanted.

Involvement of mass media audience at all levels of message dissemination can improve the quality of messages shared and consequently make them acceptable. In involving the audience, journalists will create messages which are conscious-oriented, transparent and inclusive (Ogolla & Kwanya, 2024). Kim et.al (2021) and Flay (1987) agree to this by stating that to attain suitability of media messages, audience targeted should be involved in the pre-production phase. The pre-planning stage involves, planning, research and concept-testing. This study focused on understanding the steps involved and the level of involvement of the targets in the communication processes through the mass media on patients' rights.

According to Brownson et.al (2018), recommend that communicators need to understand what has worked in other disciplines, interrogate the current practices, know their target audience characteristics, select the available communication tools and measure or determine the impact created. In summary, message dissemination effort should focus on the message to be disseminated, source of the information, the audience targeted and the channel of communication. The current study provided the basis for other studies in relation to suitability of mass media messages on patients' rights.

Mass media messages suitable for their audience should explore total coverage, good frequency and time, cost friendly and attain a level of trust. According to Zhang et.al (2014) in their analysis of different information dissemination for different media in disaster pre-warning, the study suggests that a suitable message dissemination criteria which starts with getting information from targeted audience through research and ends with analysis of the information outcomes should be adopted. The current study similarly sought to understand the approach employed by health journalists participating in the study in message design and dissemination so as to ensure that the messages disseminated are suitable to their audience and will elicit implementation at health centres.

Campaign messages should build trust, encourage dialogue among their audiences and provide useful resources in order to clear any disparity created in the mass media audiences. According to Hannon et.al (2009) in their study on mass media and marketing communication promoting primary and secondary cancer research, to promote health literacy on cancer, messages have to be culturally appropriate, failure to which, they can cause increased inequalities. The existing study sought to explore how the messages shared on patients' rights fit in the cultural values and beliefs as well as the practices of the studied community. In another study, Haroz et.al (2022) reinforce that messages should not only be culturally relevant but should consider the needs., wants and desires of the targets. The study sought to find out whether mass media messages on patients' rights were tailored to the needs and desires of the targeted audience..

According to Chen (2023), in a study to determine effective strategies employed in attracting and engaging the audience targeted in the modern competitive market, there are three strategies proposed to attact audiences targeted, namely: knowing the audience, choosing the right channels for communication and lastly, providing value by either solving their problems or satisfying their needs. This study failed to highlight the geographical conditions under which these strategies apply. Additionally, it did not bring out the channel appropriate for the messages designed adopting the provided criteria. Hence, the current study examined the application of the identified strategies in design and dissemination of suitable mass media messages on patients' rights among rural mass audience in particular.

To attain success in dissemination of suitable mass media messages, the linear relationship that exist between the media content producers and the audience should be altered. Malmelia & Villi (2017) suggest that there has to be a shift in roles in the mass media whereby editorial teams should transform from being content creators to coordinators and managers to nurture audience communities. In the current study, the roles played by various key players in communication processes on patients' rights through the mass media were interrogated.

Research is paramount when designing suitable messages. Otinga & Ngigi(2018) concur that media practitioners and precisely, reporters and editors are a limitation in relation to awareness creation on various issues affecting society. In her study on how media, a case of TV, affects awareness creation on environmental issues noted that reporters and editors were blamed for producing poor quality environmental programs that did not

attract viewership. This was attributed to poor research and lack of working partnership between the media and environmental stakeholders. With full knowledge of their responsibility to the public the media need not to be lazy but rather proactive in research and in finding expert opinion on the concerned issues. This poses a danger to the level of media trust among the audience and subsequent levels of awareness created.

According to Cerna (2017), Fullan (2008), Hill and Hupe (2002) policy implementation is an act of carrying out basic policy decisions usually incorporated in a statute but can also take the form of important executive orders or court. They point that passing of policies doesn't guarantee their effective implementation at the ground if the process of implementation is compromised. In close reference to a study conducted on implementation of education policy by Bullock et.al (2021) successful implementation of public policies is evidenced by coherence, stability, peer support, training and engagement which call on the support from all concerned agencies. In addition, local capacity, adequate resources and clear goals are important for effective implementation of policies.

According Belchior et.al (2024) in their study on Party policy responsiveness at the agenda-setting and decision-making stages, observed that the mass media has been noted to play a major role in almost all stages of a policy cycle namely: agenda setting, policy formulation, policy adoption, implementation, and evaluation). Similarly, Gerston (2004), denotes that the mass media is an actor in the agenda setting phase of policy formulation. He adds that most topics that are covered in the mass media set the policy agenda. Olper & Swinnen (2009) conducted an empirical study on the effect of media on

agricultural policies and found that an increase in share of informed voters and media penetration led to policies that benefit the majority more. Further,voters rely on media products such as newspapers to decide on private action. Therefore, the more precisely the news predicts or analyzes future policies, the more likely it is that readers will take correct private actions. But media can also indirectly affect government policies through behavioral patterns of the voters through the manner in which they provide information to citizens.

According to Mangal (2020), the media need to play a watchdog role on the implementation processes of policies. The media has both the public and civic duty to set agenda on policy issues and stir up a public keen watch on the manner in which policies are implemented. Bou-Karroum et.al (2017) following a systematic review on media impact on health policy making states that, the media interventions can result in positive results by improving on awareness levels.

Some of the studies conducted to assess message delivery versus implementation have shared variant results on the ability of messages disseminated to be implemented by the audience. In a study by Mazor et.al (2010) to assess the level of understanding of messages on Cancer, the interviewees were exposed to messages and later interviewed. The results revealed that those interviewed were able to remember the information relayed by the clips, but could not fully understand the messages and some misinterpretations were recorded. This means that messages should be crystal clear to avoid any misinterpretation on matters of patients' rights to attract application of the same at health centres.

The quality and information content of the mass media has an effect on applicability of the messages. According to Glennerster et.al (2021) in a study to experiment on whether it's the media or the message that affects media messages uptake among women in Burkina Faso on modern contraceptives use, the findings revealed that family planning uptake increased in the areas targeted and among the women who were given radios and it reduced in non-target areas. The use of local radio in this campaign was to make the campaign messages linguistically suitable for their target audience. Thus, the quality of messages by its ability to be internalized easily making it suitable for use. In addition, messages should conform to the geographical needs of the targeted audience.

According to Nwogwugwu et.al(2021), in their quantitative study on the influence of newspaper editorials on policy formulation in Akwa Ibom state of Nigeria, the mass media messages through editorials and other reports monitor government policies and the associated effects to the society. This forces the policymakers to rely on the mass media to get feedback on the policies made within the state. This study does not provide the corresponding impact of mass media use in determining the policy implementation among the mass audience.

The available literature exposes the suitability of mass media messages in various advocacy campaigns. However, the criteria to enhance suitability of mass media messages on patient rights is glaringly missing in the studies highlighted. In addition, the studies fails to expose criteria applicable when designing messages to be disseminated to rural audiences. On the implementation of patient rights, the little literature available does not clearly explain how the implementation process of patient

rights can be achieved with the aid of mass media messages disseminated to the rural audience. The current study sought to fill the established gaps to enhance not only the suitability of mass media messages but also to improve on implementation of the mass media messages through upholding of patients' rights at the health facilities in the study area.

2.10Theoretical Framework

The study was guided by the tenets of the agenda-setting theory of the mass media and the diffusion of innovations theory.

2.10.1 Agenda Setting Theory

The Agenda Setting Theory of the mass media expresses the role of the mass media in influencing the creation of certain images in the minds of the public. The theory was postulated by Lippmann in 1922 and popularized by McCombs and Shaw in 1972. The theory holds that the mass media can set three agendas: public agenda, media agenda and policy agenda (Rogers & Dearing, 1988). This implies that the mass media messages influence what the public discusses on topics highlighted in the media itself. Moreover, mass media leads to interrogation of the existing policies and in some instances stimulates policy formulation or review processes.

According to this theory, mass media influences lives, opinions and actions of their audiences through messages shared and the manner in which messages are presented. According to Ibidem (2008), agenda setting theory provides a comprehensive guide to studying not only political but also social and cultural impact of the mass media. This was applicable to this study whose focus was to expose social problems affecting

communities as far as implementation of patients' rights is concerned. Agenda setting refers to strong correlation between the emphases the mass media places on certain issues and importance attributed to these issues by the mass audiences (Scheufelle & Tewksbury, 2007). This means that issues majorly focused on by the mass media are perceived to be of significance to the media audiences.

According to Tahamtan et.al (2022), agenda setting involves creation of public awareness and concern on salient issues of the media. The theory holds that the media act as mediators of information between political elites who make decisions on public policies and the real problem that face the masses. The identification of the political elite as the category reached and influenced by mass media messages means that mass media influences some parts of audience who in turn influence the rest of the audience. This interrogates the ability of the mass audience to assign meaning to the messages disseminated to the mass audience. In the current study , this ability was interrogated by examining the perception formed regarding mass media messages on patients' rights and the available ways to ensure that messages shared are suitable to their targeted mass audience.

According to Lee et.al (2020), agenda setting occurs through accessibility. This implies that the more frequently and prominently the news media covers an issue, the more accessible the issue becomes in the memories of the audience and can easily be recalled whenever need be. Geiß (2022) agrees that media messages can be repeated to create a construct in the memory of the target audience hence efficiency of a communication exercise. This tenet is of essence while interrogating the level of awareness created by the mass media on target audiences as per the objectives of this study.

Mass media have continued to play a central role in setting the agenda on various issues affecting society. Luo et.al (2018) observes that mass media is the primary message mediator that shapes the public's perception of the world. McCombs & Shaw (2014) concur that the mass media has the ability to impose on public opinion over certain issues. Consequently, topics covered by the mass media are perceived to be the most important. The power of the mass media in creating awareness among the mass audience is emphasized by Protess & McCombs, 2016 who opine that despite there being alternative sources of information, news media are still the major avenues for most information about the outside environment. This justifies the current study which sought to investigate mass media concerning how they create awareness and change people's perceptions towards patient rights in the study area identified.

While the theory assumes that the mass media has control over its audiences, the new media environment has imposed a great challenge on this critical role of the mass media. Ibidem (2008) observes that changes in the media environment have created a shift in the roles of the audiences in addition to media use and the manner of programming. This in turn, as Nowak (2016) states, has further affected the citizen's opinion set by the media through both learning and persuasion. Further, new media formats have emerged in the new media environment which include the traditional online media and the online social network.

The shift in the media environment has caused various changes in the audience in several ways which in turn affect the mass media agenda set. According to Baumöl et.al (2016), there are changes in roles in the media whereby the audience has been greatly

empowered to produce their own content and this has significantly contributed to the interactivity of the audience in the communication process. If this new environment is not regulated it can lead to misinformation through the spread of fake news and misleading content.

In addition, traditional media has directly affected agenda setting among targeted audiences through dissemination of information that stimulates different relationships to produce different effects (Weiman & Brosius, 2016). However, Ibidem (2008), insists that despite the changes in the media environment steered by the internet and new media, the traditional media; press, radio and television still continue to hold a central position in the media systems**.** Journalists play a crucial role in delivering the decisive role played by the news media. Thus, journalists need to harmonize their media reports with the public agenda at all times (Kumar, 2018).

These tenets did not only guide in understanding the specific challenges that the media faces while creating an agenda on patient rights issues in the targeted study population but also support this study's focus on traditional mass media as key contributors in creating awareness of patients' rights among its audience. This can lead to the achievement of the desired awareness levels leading to the effective implementation of patients' rights in all health institutions.

The agenda set is dependent on the cognitive aspects of the agenda-setting function such as the structure of the messages and the corresponding impact this can create on the mass audience (Scheufele & Tewksbury, 2007). This shows that the mass audiences are not passive receivers of information but are actively involved in the interpretative

processes. However, the meaning drawn from these messages relies on the mental abilities of the targeted audiences.

Further, the theory highlights the limitations associated with the ability of the mass media's agenda setting. Baumol et.al(2016), point out that personal variables can interfere with the effects of media agenda setting on individual audience. Kumar (2018) emphasizes that for the media to create an agenda in the public, its audience should have abilities to screen the messages disseminated, select the messages that they can relate with and interpret or judge the messages disseminated.

Despite that the agenda setting theory paints a clear picture on the influence of the mass media in supporting public debates,it fails to reinforce the adoption of such messages by the mass media audience. This compels the use diffusion of innovations theory of the mass media as explained below.

2.10.2 Diffusion of Innovations Theory

The theory justifies both methodological and theoretical aspects of this study.

The theory was postulated by Everett Rogers in his book titled; diffusion of innovations (1962) in the diffusion of innovation theory, the steps of diffusion are identified as: knowledge, persuasion, decision, implementation and confirmation (Halton, 2023). The knowledge highlighted in this theory can be translated to mean the mass media awareness created on patients' rights; the persuasion is translated to the perception created through the mass media messages on patients' rights within the study area whereas the implementation which refers to the application of the mass media messages on patients' rights.

Halton (2023) further points out that during the diffusion process, there are various barriers that can be encountered such as values of the target population, cultural stigma and psychological factors such as culture. This study also sought to determine challenges that affect the mass media messages dissemination processes. The theory also supports the methodological approach employed in the study. As noted by Bou-Karroum et.al (2017), policy analysis should include multiple methods of analysis to yield the best understanding of a given policy. In this consideration, the study will adopt both the national interaction model as well as the regional diffusion model. The two models of the diffusion of innovation recognize that both national and regional communication networks are necessary for sharing information on an innovation. The theory emphasizes on behaviour whereby policies are emulated and borrowed by member states of a given organization. This tenet applies to this study because patients' rights charters are formulated and implemented by UN member states after the Amsterdam declaration (ibid, 2017).

According to Desmarais et.al (2023), an innovation refers to new ideas or things that can diffuse through members of a social system if communicated through certain channels over time. The means of communication used as well as the frequency of communication on anything new has a direct impact on awareness. The scholars further observe that implementation is a measure of adoption and change.

The diffusion of innovation models presents various aspects of the adoption of an innovation namely: relative advantage, compatibility, complexity, trial-ability and observability (Rogers, 2003). Some of these aspects such as compatibility, complexity and observability applied to the study. Compatibility and observability were positively

applied to the study as an aspect of focus and a technique of study. Whereas, complexity presents the need for inclusion of mass media in communication processes on complex issues such as policy matters, ideas that are too hard to understand usually pose a challenge to diffusion. As far as this study is concerned, the diffusion models were applied to understand the communication approaches employed in disseminating messages on patients' rights to all stakeholders and the rural dwellers.

The two theories proposed provided a basis for this study. While the agenda setting theory of the mass media revolves around the role of the mass media in creating awareness among its audience on various public issues, the diffusion of innovations theory focuses on how new ideas are circulated to the mass audience with the aid of communication channels. The diffusion of innovations theory focused on both national and regional levels which is more applicable in Kenya's two-tier administration at national and county levels. Further, the two theories illuminated the media challenges faced in communicating to the mass audience on policy matters, which in turn affect the patients' rights implementation processes as well as the quality of services delivered.

2.10.3 Conceptual Framework

Independent variable **Dependent variable**

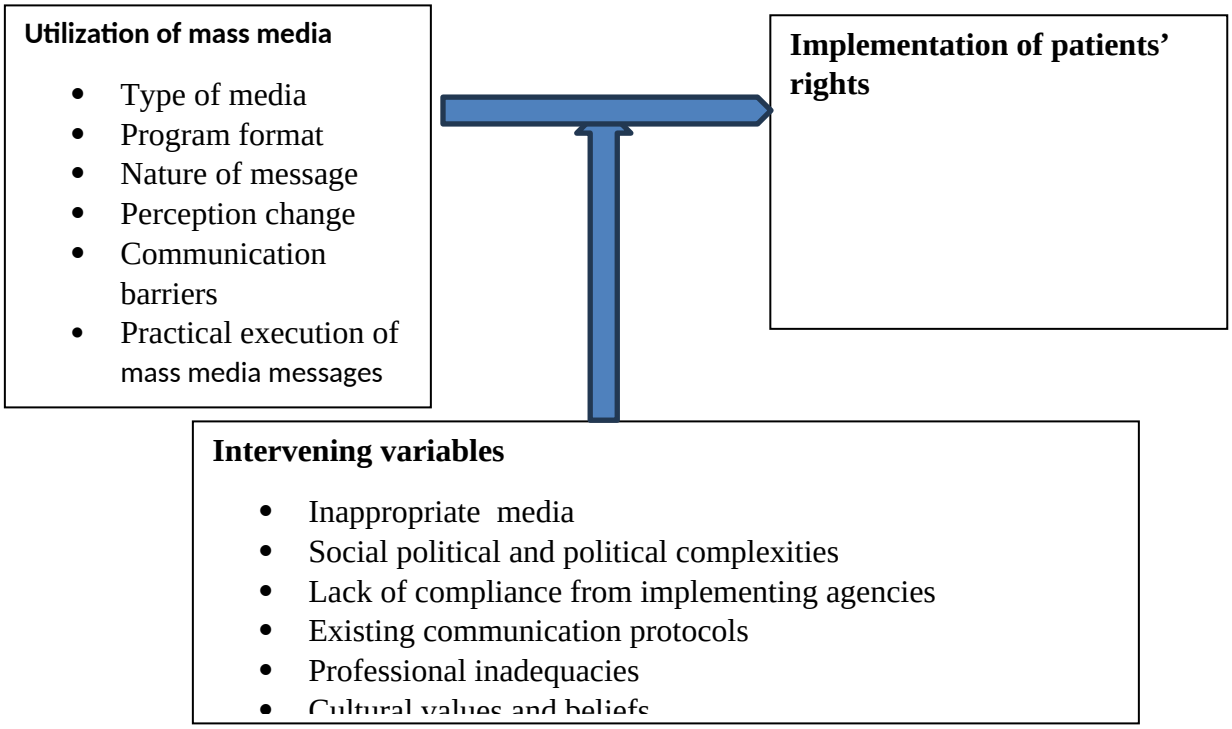

Figure 2.1: Conceptual framework (Researcher ,2024)

(Source: Researcher, 2024)

The conceptual framework

The conceptual framework shows a linear relationship between the mass media and the implementation processes of mass media messages addressing patient rights. This relationship is attainable if the right messages through the right media, format and nature are disseminated.

Further, mass media messages on patients' rights disseminated need to create a desired perception to enhance the implementation of the messages. Perception was tested by examining the ability of the messages to erode fear among the target audience, enhance

openness between patients and health practitioners, whereby, patients can demand for the services that they desire without fear. Ultimately, the messages should lead to a fully changed mindset on health facilities and health practitioners.

To enhance implementation of these messages on patients' rights, the messages should not only change the perception of their targeted audience but should also be able to: improve the targeted audience's knowledge levels. It should use appropriate language and be interpreted with ease. Further, the messages need to be practical and give directives that can easily be attained by the targeted audience.

The process of disseminating mass media messages is likely to be hampered with some challenges which would be emanating from the audience, who are consumers of information disseminated. Barriers affecting the mass media audience are likely to range from personal to technical challenges. This could also be associated with experts in the field such as the policy makers who are expected to break down the messages for journalists to enable them to communicate clearly to their targeted audiences. Moreover, the challenges would be intrinsic challenges affecting journalists who are tasked with the mandate of the sharing messages with their audiences.

2.11 Summary of the Research Gaps

The literature reviewed exposes that the mass media has the potential in creating the desired impact when used in dissemination of messages. However, the studies analyzed have failed to expose the application of mass media in sharing messages on patients' rights and related issues. In addition, the setting that warrants the efficiency of mass media in creating awareness on various issues identified has not been provided and thus

the current study explored that power in relation to a rural setting. Further, most researchers have not provided the specific mass media programs and the corresponding nature of messages disseminated from which audiences attain the knowledge levels desired.

On perception formation, the scholarly knowledge available on mass media on perceptions only paints a general picture of the potential of mass media in creating perceptions desired among audiences targeted. However, no specific research has portrayed the specific perception formed among rural mass media audiences on patients' rights. In addition, researchers interrogated failed to pinpoint the mass media exposure levels that can result in changes in audience perceptions. Moreover, the mass media descriptions that can aid in changing perceptions are not provided by various scholars. Similarly, the corresponding mass media messages that can directly change audiences' mindsets have not been highlighted. Further, they fail to provide journalists with the steps required in building the desired trust with the mass audience inorder to improve perceptions created.

Mass communication is not void of challenges. Many scholars in the area of communications have highlighted a myriad of problems affecting communicating on various issues through the mass media.The scholarly knowledge exposes that mass media practitioners face a lot of associated challenges while disseminating messages to their respective audiences. However, the studies reviewed have not highlighted the audience based barriers and as well the source related barriers. In the current study, journalistic barriers alongiside those affecting their targeted audience and information

sources are exposed. The study further interrogated internal and external factors that can act as a hindrance to reception, interpretation and action required regarding mass media messages on patients' rights.

The area of suitability of mass media messages versus implementation of the the messages on patients' rigyhts by the targeted audience was also been given a keen focus. The criteria to enhance suitability of mass media messages on patient rights that was glaringly missing in the studies reviewed was highlighted. On the implementation of patient rights the thin literature available did not explicitly explain how implementation processes of patients' rights can be achieved with the aid of mass media messages disseminated to the rural audience. The current study sought to fill the established gaps to enhance not only the suitability of mass media messages but also to improve on implementation of the mass media messages through upholding of patients' rights at health facilities in the study area.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the techniques, methods and procedures used in carrying out this study. It explores the philosophical underpinning for this study. It describes the characteristics of the study area, the study population, the study design, the sampling procedures,the sample size, the data collection procedures, the study tools used. The chapter also focuses on the approaches to data analysis, validity and reliability tests of the study as well as the ethics that guided this study.

3.2 Philosophical underpinning

This study employed the philosophy of pragmatism. Pragmatism is a philosophical paradigm identified as most appropriate when conducting mixed methods research. According to Kaushik and Walsh (2019) , pragmatism involves careful examination of the data and tools at the researcher's disposal in order to make an informed decision on what questions to ask. The research focused more on the research problem giving the researcher more freedom to choose the applicable methods, techniques and procedures in implementing the study. Pragmatism offers an alternative which embraces the positivism and constructivism paradigms (Creswell, 2014). It also validates the research questions that determine the extent to which qualitative and quantitative methods are used (Teddlie & Tashakkori, 2009).

The pragmatic philosophy was founded by Charles Sanders Peirce in his book titled ' *How to make our Ideas Clear'* written in 1878 and later popularized by William James

in 1978 (Binder, 2023). In pragmatism, the processes through which knowledge is acquired or gained are practical and not theoretical (Scott & Briggs, 2009).

3.3 Study Area

The study was conducted in Chemoge and Kaptama sub-locations of Mt. Elgon Sub-county in Bungoma County. The County of Bungoma has a total of nine Sub-counties and forty-five administrative wards. The county is known for several economic activities such as farming, mining and tourism. (First Bungoma County Integrated Development Plan, BCIDP, 2013-2017). Bungoma County has 136 health facilities of which 11 are hospitals, 4 nursing Homes, 16 health centres, 78 dispensaries, 27 clinics and 134 community units. The County has a fair distribution of health facilities, though they suffer from inadequate infrastructure, personnel, health products, health information, equipment and limited financing towards health. It has a shortage of quality health facilities with a high percentage of its residents up to 48.4% living within 5 km and more of a health facility. Only 8.6% reside within a distance of 0-1km from the health facilities (ibid, 20013-2017).

In addition, the county is experiencing the emergence of Zoonotic diseases and Zoonotic epidemics due to unprecedented ecological changes and reduction in natural ecosystem and biodiversity. Mt. Elgon Sub-county is the largest and home to landless people due to frequent eviction from the forest rendering residents susceptible to diseases and other socio-economic challenges (BCIDP 2013-2017). Mt. Elgon Sub-County covers an area of 956.6 KM^2 and has a population of 194,767 persons (males 97,305 and females 97,462) as at 2013 thus a density of 204 persons per kilometer square. The Sub-County

is majorly rural with headquarters at Kapsokwony town. Notably, the sub-county has most disease outbreaks.

According to Marshall et.al (2023) poverty is linked with non-communicable diseases in low- and middle-income countries. Thus, people with low socio-economic status have higher prevalence of acquiring and dying of non-communicable diseases. Further, the sub-county has 16 health facilities covering 956.6 KM^2(Bungoma County Integrated Development Plan, BCIDP, 2018-2022). Bungoma is home to various speaking ethnic groups: Bukusu, Saboat, Iteso, Tachoni, Batura and other Kenyan communities. Further, the subcounty is faced with natural disasters such as rolling stones and mudslides.

The county has more than 13 broadcasting media stations located and operating in Bungoma in addition to national media. They include Nyota FM and TV station, Tandaza FM, West FM and TV, Mumbo FM, Sasa Radio, Aviation FM, Radio Safina among others (Communication Authority of Kenya, 2023). This shows the ease with which residents of Mt. Elgon and Bungoma at large receive mass media messages.

3.4 Study Population

The study population comprised of adult residents of Mt. Elgon Sub-county, health policy experts and media practitioners**.**

3.4.1 Adult residents of Mt.Elgon

The adult residents of Mt. Elgon Sub- County of Bungoma County comprised both males and females. They formed the primary respondents of the study.

3.4.2 Health Policy Experts

Health policy makers both at national and county levels of governance were also interviewed as key informants on matters of patients' rights.

3.4.3 Media Practitioners

Media practitioners from leading national media houses with a bias in health journalism provided expert knowledge on this issue hence participating as key informants.

3.5 Study Design

The study employed the exploratory sequential research design of the mixed methods approach whereby both qualitative and quantitative data were collected and analyzed. According to Busetto et.al (2020), mixed methods are adopted when a researcher wants to: triangulate results for corroboration, complement the findings for clarity or expand the breadth and range of the respective study. In this study, mixed methods were adopted to collect data and to triangulate results to support and validate the findings.

This exploratory sequential design involves conducting of a qualitative study after which a quantitative study follows (Busetto et.al, 2020). Creswell & Plano (2018) emphasize that the exploratory sequential design of mixed methods study is more applicable in instances where more qualitative is needed as compared to quantitative, data. Data is collected in small phases followed by larger samples in the subsequent phases. This approach was applicable in this study because it allowed for the collection of both qualitative and quantitative data.

According to Tahersdoost (2021), qualitative data involves information that that cannot be expressed in numbers, hence non-numerical data. This data is collected in words and remains in words even after analysis, covering the feelings, thoughts, emotions and perceptions of the participants. The qualitative data collected in the current study captured both feelings and experiences of the mass audience on patients' rights.

On the other hand, quantitative data is numerical data which can be mathematically analyzed. This method employs a structured way of collecting data and in this case, random sampling is applied (Taherdoost, 2021). Despite the fact that quantitative data is expressed in numbers, words are also used in its collection and the findings are also reported back in both numbers and words after statistical manipulation (Blaikie, 2003). Further, in this study, more qualitative data was collected and analyzed as compared to quantitative data hence, the applicability of this approach to this study.

3.6 Sampling Techniques and Procedures

Various sampling criteria were adopted for various respective study participants**.**

3.6.1 Sampling Technique for the Area of Study

The study purposively selected Chemoge and Kaptama sub-locations of Mt. Elgon Sub-county Bungoma County. The two sub-locations have the highest population in the Mt.Elgon Sub-county based on the 2019 Kenya Housing and Demographics census outcomes.

3.6.2 Sampling of the Focus Group Discussion Participants

Three focus groups were conducted in each of the two selected sub-locations based on demographic factors of age, level of education and gender to allow for research saturation (Barbour 2005; Carlsen & Glenton, 2011). This gave a total of 6 focus groups with each group comprising of 12 participants (6 males and 6 females). The numbers were sufficient and within the recommended range of 8-12 for a moderate focus group discussion. According to Mishra (2016), the number of focus group discussions should be between 6-8 any number lesser than this can inhibit interaction resulting in less information provision and larger numbers can be hard to manage.

The inclusion criterion for all participants in the focus groups included: residence within the respective sub-location, an adult above 25 years of age, must have sought any form of medical services at any particular time from a nearby health facility, has basic education and an adherent user of any form of mass media.

Small samples were selected for qualitative data to support the in-depth information that was collected and for easy analysis (Vasilelou et.al, 2018).

3.6.3 Sampling of the Health Policy Experts

The health policy experts at both national and county governments were purposively selected for in-depth interviews based on whether they had participated in health policy matters before. From each level, one participant was purposively selected totalling to 2 participants.

3.6.4 Sampling of the Media Houses and Media Practitioners

The media practitioners on matters of health in 6 national media houses were purposively selected as shown in Table 3.2 below to participant in in-depth interviews. The media houses selected are leading in relation to audience reach as per the study conducted by Geopoll 2022(Kibucha, 2022).

3.7 Sample Size for Adult Residents

For the general population from whom the quantitative data was drawn, ten percent of the general public targeted formed a sample for this study as per Creswell, 2014; Mugenda & Mugenda, 2003). A random walk was adopted in choosing the respondents for the questionnaire.

The sample distribution for a questionnaire was as shown below:

Table 3.1: Sample Distribution

County	**Sub-county**	**Sub-location**	**Total population**	**Sample size(10% of the total population**
Bungoma	Mt. Elgon	Kaptama	6422	64
		Chemage	6682	66
		Total		**130**

Table 3.2: Sample Distribution for Mass Media Houses and Practitioners

Media genre	Channel	Sample selected
Print	The Nation	1
	The standard	1
Television	Citizen TV	1
	NTV	1
Radio	Radio Citizen	1
	Radio Jambo	1
	Total	**6**

3.8 Data Collection Procedure

Data collection is a very complicated task in which the success of a study is dependent. This exercise involves both tools and methods applied in collecting data for a respective study (Operandi, 2022). According to Dawit (2020), data refers to numbers, characters and images which are in a form that can be assessed to provide a decision on a specific action to be undertaken upon interpretation. Data can be first hand from the field known as primary data or it can be extracted from existing literature referred as secondary data.

In this study, both primary and secondary data were collected using a questionnaire, two interview guides and a focus discussion manual as explained in the sub-sections below:

3.8.1 Primary Data

Primary data includes data or information collected from respondents for the exclusive purpose of a respective study (Dalati & Gomez, 2018). It involves getting raw facts on a phenomenon under investigation from the items or participants of the study commonly known as respondents. Primary data collection is a rigorous activity that is sometimes faced with challenges which can hamper the data collection exercise and even affect the

overall outcome of a study. The tools used for primary data include questionnaires, interview guides, focus group discussion manuals, and observation manuals (Rathi and Ronald, 2022). Accordingly, primary data was obtained from adult residents of Mt. Elgon, policy experts and journalists.

3.8.2 Secondary Data

Secondary data, according to (Dalati & Gomez, 2018;Martins et.al , 2018), includes data or information collected from records, research articles, books and other internet articles by someone else before the execution of the current study. This form of data is cheaper to obtain and readily available in comparison to primary data (Taherdoost, 2020). Secondary data is accessed and analyzed or interpreted to bring out any opportunities available for research. When carefully manipulated concerning new variables under focus, it can result in new conclusions. This data is more valuable because it is used to speed up the rate at which research is conducted without compromising quality (ibid, 2018).

For this particular study, secondary data was collected from already documented manuals reports and scholarly articles on policy and mass media contributions on policy issues and more specifically health policies on patients' rights from all over the globe were assessed.

3.9 Data Collection Tools

The respective tools used were: a questionnaire, a focus group discussion schedule, and two interview guides tailored for media practitioners and policy experts.

3.9.1 Questionnaire

A questionnaire is a set of questions used to collect primary data or information from people targeted about a given study (Rathi & Ronald, 2022). It is more applicable when the number of respondents is highly and geographically dispersed as in the case of this study. The questionnaire was used to capture information from adult residents at the household level. A closed-ended type of questionnaire which required fixed answers was formulated and self-administered randomly to the adult residents of Mt. Elgon. The questionnaire had 7 sections labelled as **section a-g** whereby: **section a** sought for bio-data of the respondents. Relevant demographic information was also sought. This included: the age, sex, level of education and marital status. **Section b** explored general information on hospital use among respondents. It sought information regarding whether the respondent had sought for medical attention from the nearby health center and whether he or she was satisfied with services rendered to him or her from health practitioners in the respective facility. In **section c** general media use habits were determined ranging from general sources of information used to specific mass media channels used to access information on any issue in the public domain.

In **section d**. questions regarding nature of mass media use on patient rights were captured. The section explored the respondents' knowledge of patient rights as communicated through the mass media to the nature of messages shared through the mass media on patients' rights. This section provided data for the first objective of this study.

Section e provided answers for objective 2 whose focus was the perception created in the minds of the audience through mass media messages shared. **Section f** explored the respondent's knowledge on patients' rights as communicated through the mass media which provided information on the challenges faced while disseminating messages on patients' rights as sought in objective 3 and lastly, **Section g** provided information on the suitability of messages on patients' rights answering objective 4 of the study.

3.9.2 Interview guide

An interview guide is a tool used to collect data gotten through conducting interviews. An interview, according to Prabhat & Meenu (2015), is a verbal conversation between an interviewee and the interviewer in which information regarding the scope of a study is sought and provided by an interviewee. Interviewees are acknowledged to be primary methods of data collection in qualitative research (Doody & Noonman, 2013). Interviews are categorized based on the structure of the interview and the questions asked for instance: structured interviews, semi-structured interviews, and unstructured interviews among others (Oparendi, 2022).

In this study, a semi-structured interview guide was prepared and a respective interview was conducted. This approach was more applicable because it allowed the interviewees to provide more information on their views, perceptions and even experiences about communication on patients' rights through the mass media. According to Hamza (2014), in semi-structured interviews, the checklist of questions to be asked is drawn from the study objectives and the interviewer is allowed to probe the interviewees more based on the answers provided.The two interview guides were formulated; one for health policy

experts and another one for health journalists practising in the selected media houses in Kenya as highlighted below:

3.9.2.1 Interview Guide for Media Practitioners

This tool explored all four objectives of this study. Various indicators were interrogated in each objective. In objective one, the tool interrogated the participation of journalists in relaying journalistic content on patients' rights through the mass media. Further, the nature of stories or programs used to relay information on patient rights through the mass media and the nature of messages that journalists have been able to relay on patients' rights was assessed. In objective two the guide interrogated how the perception of the audience has been changed through the mass media messages disseminated on patients' rights. The challenges facing the audience as far as the dissemination of mass media messages on patients' rights is concerned were focused on in objective three. Lastly, objective four explored the suitability of mass media messages on patients' rights and their implementation processes at local health facilities.

3.9.2.2 Interview Guide for Health Policy Experts

This tool was used to collect data from health policy experts in this study. Relevant questions were drawn from various indicators of the relevant four objectives of the study. In objective one, the health policy experts were questioned on the general use of mass media in creating awareness on patient rights and the specific mass media programs and formats they used in disseminating messages on patients' rights to the mass audience. In objective two, the health policy experts responded to whether their messages on patients' rights through the mass media created the desired perception in the mass media audience. In objective three the health policy experts had to explain the

challenges they faced when using the mass media to reach the community members with messages on patients' rights and in objective four the experts were asked whether their messages, shared through the mass media were suitable for their targeted audience and whether they were being implemented at the local health facility levels.

3.9.3 Focus Group Discussion Schedule

According to HERD (2016), focus group discussions have the potential to yield a lot of information within a short time. Thus, they are a good way to gather detailed information on the thoughts and opinions of a community on a given topic. Misra (2016), argues that during focus group discussions, respondents influence each other through how they answer questions. For this study, the focus group discussion schedule was used to draw data from the adult residents of Mt. Elgon. The schedule explored all four objectives of the study.

3.10 Data Analysis

Data analysis is a rigorous activity that involves changing or breaking down the collected raw data in either qualitative or quantitative forms into simpler parts from which meaningful facts and ideas can be drawn (Dawit, 2020). According to Taherdoost (2020), data analysis involves converting data gathered from the field during a study into meaningful information. Ayala et.al (2024) suggests that critical thinking and organising skills are required to understand what data does and what it contains. In brief, data analysis involves the manipulation of data collected from respondents of any form for interpretation based on which discussions are held and conclusions drawn. Data is normally either of the two forms: qualitative data and quantitative data. In this study,

both qualitative and quantitative data were collected and analyzed using respective data-analyzing approaches.

3.10.1 Data Processing Procedures

Before data was finally analyzed, it was edited, coded, classified and tabulated as explained below:

3.10.1.1 Editing

According to Kothari (2004), editing involves scrutinizing a completed questionnaire or schedule to ensure the accuracy and consistency of the data collected, hence correcting of data collected. This can be done in the field whereby facts captured by research assistants are checked by the researcher and any illegible writing is clarified. It can also be done centrally whereby all collected administered research tools are checked and collected by a single editor before they are coded and analysed. In this study, data was edited both at the field and centrally by the researcher. The filled questionnaire, interview notes and notes from focus group discussions were edited for accuracy, coherence and consistency before being subjected to the other data processing operations.

3.10.1.2 Coding

This involves assigning data that belong to the same class a numerical value or symbols for easy computation (Neuman, 2000). A codebook is used and a brief description of the variable measure, formats and responses are provided(Taherdoost, 2020). In quantitative research coding involves the act of naming or labelling data collected. The coding process in qualitative data include dividing text into words or phrases, categorizing data or sorting out codes and identifying a related category which is known

as theme (Tong et.al, 2007). The coding can be done by highlighting codes using coloured pens or with the aid of colour coding in word (ibid, 2007). According to Brailas et.al (2023), there are two categories of coding in qualitative research; deductive and inductive coding. Deductive coding involves utilizing pre-defined or theory-driven coding. This is drawn from empirical data. On the contrary, inductive coding involves creating codes drawn from meaningful data as identified by a researcher also known as open or dynamic coding (Corr & Davidson, 2023; Mason, 2017). There are several codes in open coding such as *In vivo*, descriptive codes and open codes (Saldan, 2013).

In this study, the quantitative data was coded with the aid of corresponding numerical symbols whereas in qualitative data the codes were highlighted and the themes were presented in *In vivo* which allowed for the use of text as presented by study participants in the interviews and focus group discussions conducted. The *In vivo* codes allowed for the retention of the original meaning of the responses which contributed to the trustworthiness of the data documented (Corr & Davidson, 2023; Mason, 2017) .

3.10.1.3 Classification of data

Accurate classifications can lead to accurate predictions therefore, the applied classification method is very important. It involves reducing data into homogeneous group for computation and interpretation (Dawit, 2020). Data with similar characteristics is put in the same class with the aid of attributes or numerical (ibid, 2020).

In this study, quantitative data was categorized with the aid of numerical with which frequency percentages and other descriptive statistics were determined whereas the qualitative data was classified with the aid of common characteristics exhibited among

the responses given by study participants during in-depth interviews as well as focus group discussions.

3.10.1.4 Tabulation

This involves arranging the cleaned and assembled data in a logical order(Kothari, 2004). The raw data is displayed in a tabular form for further analysis. In this study, this stage applied to quantitative data collected by displaying in tables for easy entry into data analysis software for further analysis.

In this study, quantitative data collected was summarized with the use of tables. This enabled easy entry of the tabulated data into the Statistical Package for the Social Sciences, SPPS software that was used for analyzing quantitative data to generate the descriptive statistics.

3.11 Analysis of Quantitative Data

According to Ameer (2021), quantitative data analysis is a systematic process of both collecting and evaluating measurable and verifiable data. This analysis helps a researcher to conclude about a phenomenon under study using an identified sample (James & Simister, 2020). There are two types of quantitative data analysis, descriptive and inferential statistics (ibid, 2020). According to Ghanad (2023), descriptive statistics are used to convert complex data into simpler forms for an explanation. It involves distribution or frequencies, measures of central tendency which include mean, mode and media and variability such as standard deviation, variance,minimum and maximum variables, kurtosis and skeweness. Inferential statisitcs on the other hand, utilizes samples to make estimates about a wider population (ibid, 2023). Dawit (2020), adds

that descriptive statistics include the use of graphs tables and charts to calculate various descriptive measures such as measures of central tendency including mean, averages, frequencies, and percentiles.

The quantitative data in this study was collected with the aid of a questionnaire in word form. Data was cleaned and edited after which it was coded. Data was classified according to the variable examined in line with the objectives of the study and tables generated bearing variables alongside codes representing the data. Entries were done into the Statistical Package for the Social Sciences version 21.0. descriptive data showing percentages, frequencies, mean, mode and averages were generated and displayed using pie charts, graphs and tables.

3.12 Analysis of Qualitative Data

Qualitative data is information represented in word format either verbally or narratively presented(Dawit,2020). According to Cohen et.al (2007), analyzing qualitative data involves explaining, understanding and interpreting the situations and the people being investigated. Qualitative analysis is based on interpretative philosophy. Further, Green et. al (2017) explain that qualitative data is word data or non-numerical data collected with the aid of interview guides and focus group discussion schedules. According to Cohen et.al (2007), qualitative analysis involves five categories of analysis which are: content analysis, narrative analysis, discourse analysis, grounded theory and framework or thematic analysis.

In this study, the qualitative data collected through in-depth interviews and focus group discussions was analysed thematically. According to Elliott (2018), thematic analysis

involves analyzing textual qualitative data with the aid of codes put into themes or categories that capture the meaning of the data as per the study's objective. Naeem et.al (2023) explain that thematic analysis involves identifying and interpreting themes in a set of data also known as patterns. During this analysis six steps are utilized:transcription and data familialization, identification of key words,selection of codes , development of themes, interpretation of keywords, codes and themes and eventual development of a conceptual model (ibid, 2023).

In the current study, the researcher transcribed all data that had been collected after translating it from Kiswahili language into the English language. The researcher read through the transcribed data and highlighted the key viewpoints in line with the study objectives. The researcher sought recurring patterns in the transcribed data explaining perceptions, opinions, attitudes and behaviour of the research participants with close reference to the research objectives examined. The data was coded by identifying short phrases and words that can be used to denote a significant message in the data. The codes developed were organized into groups to establish patterns and relationships. The emerging concepts were defined and aligned with the current research. The knowledge gained through this study was discussed in line with the agenda-setting theory and the diffusion of innovations theories that guided this study. The insights drawn from the data were also presented.

3.13 Validity and Reliability of Quantitative Research

The criteria used to verify the instruments used in this study and the reliability of the data collected using the respective instruments are provided.

3.13.1 Validity

Validity determines whether the research instrument measures what it was supposed to measure(Joppe (2000). Thus, validity tests the sharpness of the instruments used in a study to capture the intended data. According to Surucu and Maslakci (2020), validity entails measuring whether the research instruments measure the behaviours or qualities that they are intended to measure. In addition, validity determines how well the measuring tool performs the functions intended. This implies that the validity of a research instrument determines the quality of data obtained in a study. According to Whiston (2012), validity involves obtaining appropriate data to test the research instrument.

There are quite several approaches employed in determining the validity of a research instrument which include: content validity, internal validity, external validity, theoretical validity, predictive validity, and evaluative validity (Oluwatayo, 2012). The many types of validity can be compressed into two major types of validity, content validity and construct validity (Surucu and Maslakci, 2020).

3.13.1.1 Content validity

According to Taherdoost (2016), content validity is a qualitative type of validity whereby a researcher evaluates whether the expressions or questions contained in a research tool adequately represent the phenomenon under study. It is used in reviewing

research tools in terms of language in order to improve the quality of expressions used in interrogating on the phenomenon under study. According to Yeşilyurt & Çapraz (2018), expert opinion is sought to transform qualitative opinion into qualitative statistics. This means that in this test, the expert opinion is sought to evaluate the contents of a research tool intended for use. Rubio et.al (2003) agree that in content validity, a researcher consults experts to evaluate the appropriateness of each expression used in a research tool within a given scale. The quality and number of experts used play a significant role in this case. A researcher should make a keen choice of experts to evaluate the research tool.

The expert analysis can be statistically computed using the formula (Lawshe, 1975):

Whereby CVR refers to Content Validity Ratio

Ne is the number of experts evaluating the relevant item as appropriate

N= Total number of experts evaluating items in the measuring instrument

According to Lawshe (1975), each statement in the pool of items created is presented to experts to obtain their opinions. According to Yeşilyurt and Çapraz (2018), experts score these statements as "Appropriate", "Appropriate But Should Be Corrected" and "Subtracted". If half of the experts express their opinion on the statement in the measuring instrument as 'Appropriate', CVR= 0, if more than half of them state "Appropriate", CVR> 0, and if less than half of the experts state "Appropriate" then CVR<0. If the CVR is 0 (zero) or negative, that expression must be subtracted from the measuring instrument.

Content validity can also be determined through factor analysis. This approach involves the use of mathematical procedures to explore and simplify patterns in the variables concerned. It is applicable in social sciences, economics and geography (Sürücü & Maslakçı, 2020). In this study, content validity was attained through expert opinion. The researchers reviewed the research opinion and qualified them as appropriate for the study.

3.13.1.2 Construct validity

According to Sürücü & Maslakçı (2020), construct validity is concerned with the degree to which the instrument measures the concept, behaviour, idea or quality- that is, a theoretical construct- that it purports to measure. This means that construct validity is carried out to determine the relationship between variables. Harmeni & Talib (2022). State that construct validity is an essential aspect of developing an instrument that involves the collection of evidence to justify decisions.

According to Newell et. al (2021), construct validity involves two areas of validity namely, convergent and discriminant validities. Harmeni & Talib (2022) explain that convergent validity refers to the analysis of a variable that measures only one construct while discriminant Validity involves analysis to test whether a construct is related or different from another construct, discriminant validity aims at assessing the relationship between variables.

Construct validity can be measured by use of a value of Average Variance Extracted(AVE) or the method developed by Cronbach & Meehl (1955), for convergent and discriminant validity respectively (Bagozzi et. al,1991: Hair et al., 1998). In

convergent validity, the AVE has to be higher than 0.5 for validity to be appropriate. In discriminant validity, the scale is considered to be reliable when the CR value is more significant than 0.7, as with Cronbach's alpha value(Harmeni & Talib, 2022).

In the current study, the validity of the instruments was assessed at the content level with the aid of experts. The two supervisors who are experts in mass communication research took time to review the contents of the four study tools used to ascertain the appropriateness of each expression in line with the variables investigated. In addition, the tools were subjected to a peer review process guided by senior researchers from the School of Arts and Social Sciences of Masinde Muliro University of Science and Technology and they were deemed to be appropriate. Moreover, the instruments of this study were formulated under the guidance of the supervisors. This is in line with Yeşilyurt & Çapraz (2018), who recommend expert judgment as the means of attaining validity of research instruments. The expert cleared the tools for use in the research after ascertaining that the expressions used were appropriate.

3.13.2 Reliability

According to Joppe (2000), reliability is the extent to which the results of a study are consistent over time and can accurately represent a population studied. In addition, reliability can be achieved in a study if the study methodology can be replicated somewhere else indicating the reliability of the study instruments used (ibid, 2000). Reliability checks on the replicability of results whereby the tools used in a study can be reused and attain similar results.

Sürücü & Maslakçı (2020) expose the various methods used to determine reliability scales including test-retest reliability, alternative forms methods, and internal consistency tests. While in the test-retest approach, one tool is administered twice to the same population of study after 1-2 weeks. In alternative forms methods, two sets of two tools testing the same variable are administered to respondents within the same area with the same features and reliability is estimated by calculating the reliability coefficient by establishing the Pearson correlation coefficient (ibid, 2020).

Methods of Internal Consistency are used to determine the extent to which items in an instrument measure the various aspects of the same construct. Cronbach's alpha coefficient is commonly used (Susmairni et.al, 2023) and analysed as per the criteria shown below:

The Classification of Cronbach's Alpha Coefficient

Cronbach's Alpha	Coefficient Interpretation of Cronbach's Alpha Coefficient
$\geq 0,9$	The internal consistency of the scale is high,
$0,7 \leq \alpha < 0,9$	The scale has internal consistency,
$0,6 \leq \alpha < 0,7$	The internal consistency of the scale is acceptable,
$0,5 \leq \alpha < 0,6$	The internal consistency of the scale is weak,
$\alpha \leq 0,5$	The scale has no internal consistency

Adopted from Sürücü and Maslakçı (2020)

In this study, the researcher tested the research instruments through a pilot study in which small samples of 13 respondents 1 focus group discussion and 1 interview with a journalist and a health policy expert were conducted in the Buchifi area of Kakamega

county. The findings of this pilot study were used in revising and adjusting the study instruments accordingly (Busetto et. al, 2020).

For the questionnaire, which was used to collect quantitative data, the Crobchan alpha coefficient was calculated on the nature of media messages, the perception created by the mass media messages on patient rights and the suitability and implementation levels of mass media messages on patient rights. A consistent value of alpha .84 was recorded which shows that the tool had internal consistency confirming that data collected with the tool was reliable as summarized in the table below.

Table 3.3 Reliability Analysis Table

S/ No.	Variable	Cronbach's Alpha Co-efficient
1.	Nature of mass media messages on patients' rights	.87
2	The perception created by the mass media messages on patients' rights	.839
3	Suitability and implementation of mass media messages on patients' rights	.84

(Source: Researcher, 2024)

3.14 Trustworthiness

According to Noble & Smith (2015), Qualitative research is frequently criticised for lacking scientific rigour because it is subject to personal bias. This is because the measures used to assess validity and reliability in quantitative research are not applicable in qualitative research. According to Leung (2015), validity in quantitative research can be used to mean the appropriateness of the research tools, processes and data. However, he notes that in qualitative research it is challenging to define reliability.

Based on this observation Phil (2022), argues that in qualitative research validity and reliability are ensured by examining the level of trustworthiness As Lincoin & Guba (1985) posit, in qualitative research, the measure of validity and reliability is replaced with trustworthiness in determining the confidence level in study results. This is because, in qualitative research, validity is affected by individual researcher's perceptions (Golafshani, 2003). In addition, qualitative data has no statistical data and thus the tests to check on the reliability of information collected are based on trust, hence trustworthiness (Sulton & Austin, 2015) According to (Stahl & King, 2020) trustworthiness improves the reader's sense of confidence on the findings of the study.

According to Whittemore et. al (2001), in qualitative research validity can be attained at two levels primary validity which includes the primary criteria for credibility, authenticity, integrity and critical analysis. The second level is secondary validity is achieved by observing the vividness, explicitness and thoroughness of the data collection, interpretation and presentation processes. In addition, reliability can be attained internally through credibility and externally through upholding transferability, reliability, dependability, objectivity and confirmability (ibid,2001). This forms the basic criteria for attaining trustworthiness which involves credibility, transferability, dependability and confirmability as illustrated below:

3.14.1 Credibility

Credibility can be promoted through the triangulation of methodologies, data, investors, theoretical and environmental triangulation (Ahmed, 2024). This study adopted methodological triangulation by use of more than one method of data collection. This included: a survey, focus group discussion and interviews. Further data triangulation

was also adopted whereby various sources of data were incorporated. They included: policy makers, journalists and adult residents of the study area. Moreover, credibility can be attained by involving informants such as tutors and program coordinators from a writing centre (Stahl & King, 2020). This was fulfilled by involving my supervisors at every stage of the study. Further, the proposal was approved by the university research committee before the implementation of the study. Further, the findings of this study were discussed with close reference to the tenets of the agenda-setting theory and the diffusion of innovations theories including the existing scholarly knowledge that supported them.

3.14.2 Transferability

Transferability refers to the thick description including contextual information about the fieldwork sites (Nyirenda et.al, 2020). It involves giving detailed information on the shared experiences of the study participants and the study (Renee et. al,2024). In addition, it involves the mechanical recording of rich data in verbatim to provide a more revealing picture (Phil, 2022). In this study, all data collected from key informants through in-depth interviews and focus group discussions were presented and analysed in verbatim. In addition, the experiences of the study participants as shared during focus group discussions were also captured. Moreover, a vivid description of the study area was provided.

3.14.3 Dependability

The dependability of the qualitative data collected was upheld through documentation of every step of the research process. This was aimed at ensuring transparency which can allow others researchers to replicate the study (Ahmed, 2024). In this study, the

researcher maintained a record of decisions made during the study, including changes in methodologies or analyses, facilitating transparency and traceability.

3.14.4 Confirmability

Confirmability involves engaging with colleagues or experts to review interpretations and findings, to minimize researcher bias (Adler, 2022). The researcher observed this by seeking feedback from peers and experts to help validate interpretation to minimize personal biases. This was to provide alternative perspectives to increase the objectivity and accuracy of the findings.

3.15 Research Ethics

Research ethics arise majorly in qualitative research because human subjects are always involved (Dooly et. al,2017) The research ethics are provided and observed to clear any presumed harm the research is likely to cause the intended participants. This study involved human subjects and was undertaken with special consideration of all ethical concerns. The major ethical values observed included: informed consent, privacy and confidentiality/ anonymity, respect for personal dignity, and researchers' responsibility in conducting careful interpretation of data (Brikci & Green, 2007; Gatara 2010).

3.15.1 Informed consent

Informed consent involves explaining to study participants what the study involves to enable them to willingly decide to participate in the study. As Pietrzykowski & Smilowska (2021) point out, all participants of a study should be informed on how data that is being collected from them will be used by the researcher. In addition, the overall objective of this study need to be explained to all participants of the study.Dooly et.al

(2017) adds that knowing something about a study is not sufficient to warrant participation. The subjects of a study need to be varnished with all the information to guide them in decisions made on their involvement in the study. If the subjects of study are minors, parents and guardians of the children involved should be consulted to give consent.

In this study, a consent form providing detailed information on what the study involved and its objectives was availed to all participants who read through as research assistants and also explained the objectives in simplified language. the consent form provided detailed information on the background and the purpose of the study, the confidentiality and associated risks, withdrawal of participation provisions, and the cost benefits of participating in the study. Further, it provided contacts of the researcher if more information was needed by the researcher and the participant's signing section was also provided.

3.15.2 Privacy and Anonymity

Though some study subjects may not take their identities seriously, they should be protected by the research to avert any form of harm. Barrows et.al (2023) point out that the researcher should keep any information shared by study participants with utmost confidence. Privacy is achieved by maintaining the anonymity of the person providing information and the privacy of data provided that can be used to identify the participant. According to Kisselburg and Beever (2022), privacy needs to be observed in four basic areas: physical, mental, decisional and information while undertaking the study. In this study privacy of the informants or study participants was guarded to avoid any form of harm by referring them as discussants for focus group discussions and responses for

media practitioners. The names and descriptions that can aid in identifying the participants of this study have not been provided.

3.15.3 Integrity in Research

To uphold the integrity of a research, the researcher should be transparent, honest and respectiful (Zhaksylyk et.al, 2023). The integrity should be observed at all stages of a research to achieve validity of the study. In this study, the researcher openly explained the research objectives to the research participants and presented the findings of the study fairly.

3.15.3 Researcher's responsibility in the interpretation of data

Further, ethics should be observed during data interpretation procedures. According to Dooly et. al (2017), data collected should be carefully interpreted to draw representative conclusions. The researcher should not over-interpret or misinterpret the results to counter associated biases. This can be avoided through the research methodology adopted as well as the data analysis techniques employed (ibid, 2017). In this study, multiple methods of data collection were adopted and as well the researcher employed data triangulation techniques in data analysis to clear any biases that would have arose. The researcher observed the identified ethical values. This enhanced openness among study participants leading to the collection of reliable data.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Overview

This chapter presents the findings of this study as per the study objectives. The section presents the analysis, interpretations and discussions of both quantitative and qualitative data in line with the study objectives. In addition, the study explored the demographic information of the study respondents and basic communication avenues.

4.2 Response rate

Table 4.1 :Response rate

Tool	No. Administerd	No.returned	Percentage
Questionnaire	130	130	100
Interview guide for health policy experts	2	2	100
Interview guide for journalists	6	6	100
Focus group discussion schedule	6	6	100

(Source: Researcher,2024)

All the four research tools used for this study registered 100% return rate.

4.3 Demographic information of the respondents

4.3.1 Gender of Respondents

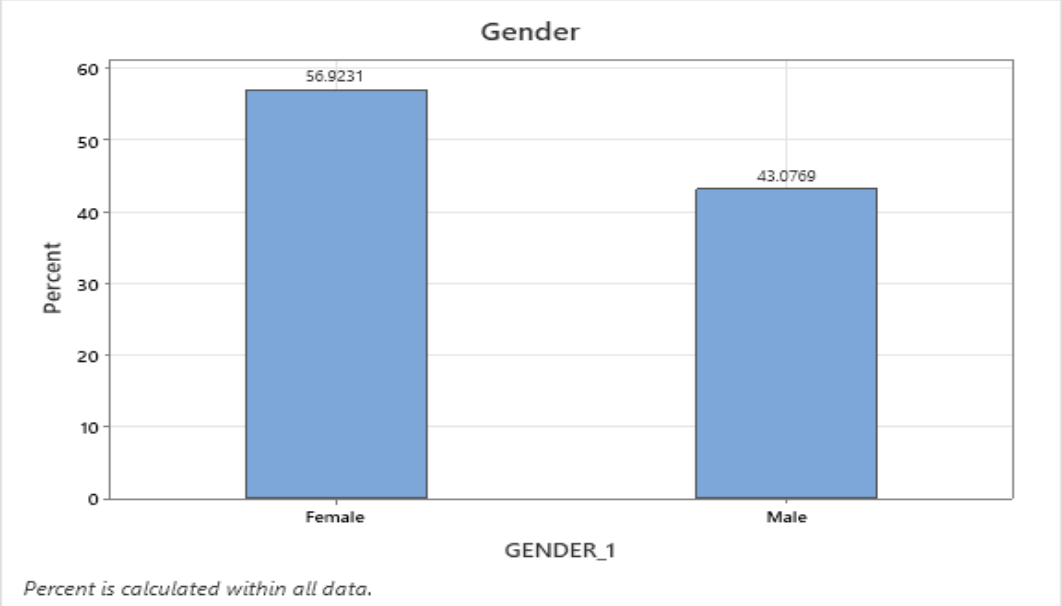

Figure 4.1: Gender of Respondents

(Source: researcher,2024)

As shown in the graph in **Figure 4.u1** above, most of the respondents were female rated at 56.9% whereas male respondents accounted for 43.1%. This can be attributed to the time of the day the research was conducted and the willingness of the respondents to participate in the study after a brief. This finding ascertains the societal role of women as caregivers and in most cases; women seek medical services for themselves and other members of their respective families. This finding agree with Ruiz & Nicolas (2018) that caregiving is a responsibility that is assumed naturally by women who perceive it as their role and thus their willingness to participate in the study.

4.3.2 Level of Education of Respondents

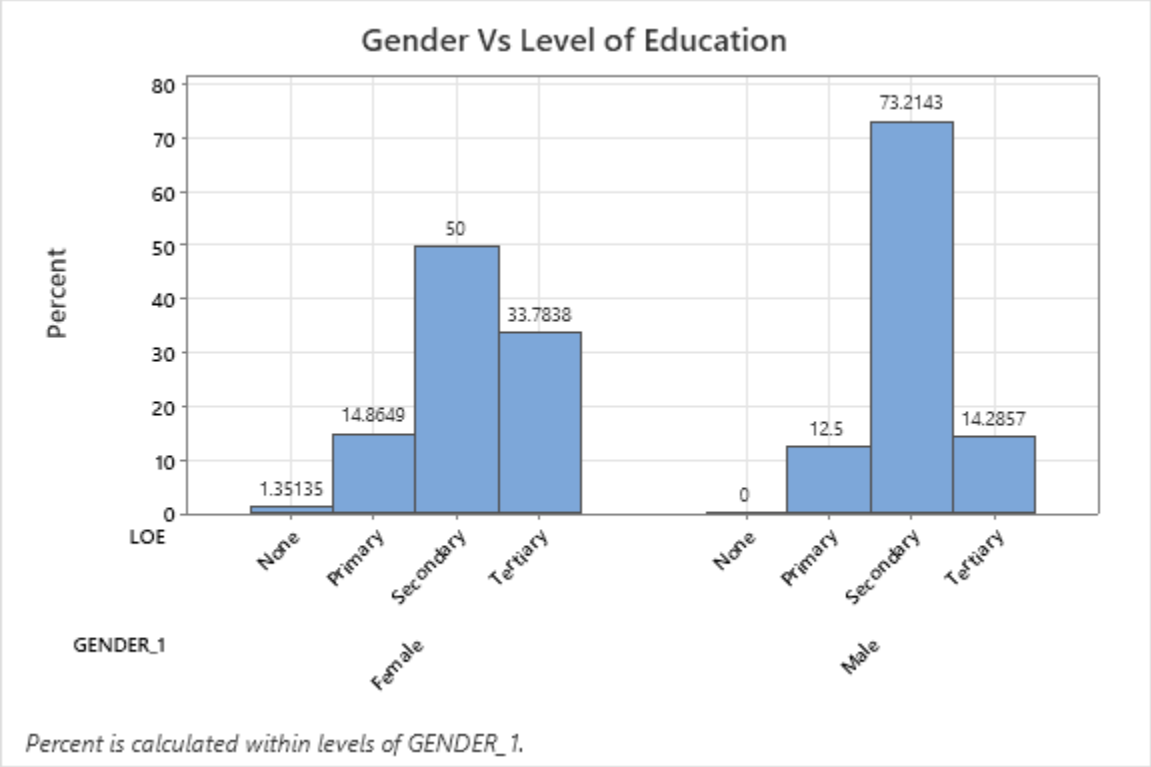

Figure 4.2 : Gender and Level of Education of Respondents

(Source: Researcher, 2024)

In terms of the level of education, most of the respondents had attained secondary education which registered 50% and 73% for both female and male respondents respectively. Those without education at all registered 1.3% notable in females. Primary level education was rated at 14.86% in females in comparison to male who recorded a rate of 12.5%. More women have got tertiary education as compared to men rated at 33.8% against 14.2% in both female and male respectively. In addition, in men, all the respondents had some level of education whereas in women, 1.3% recorded lack of education.

This shows that the respondents have a high ability to receive and interpret mass media messages disseminated to them on patient rights. However, the ability to interpret messages correctly is not only dependent on the level of education of the targeted audience but can also be influenced by other external factors. According to Oliver & Raney, (2023), the mass media audience's attitude, mood and other unpredictable external factors can interfere with message evaluation processes.

4.4.3 General Sources of Information among Respondents

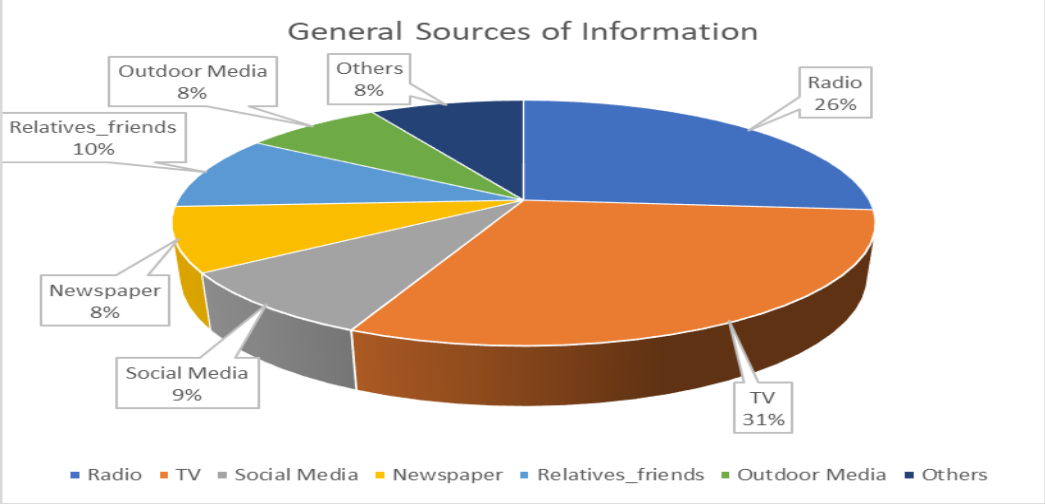

Figure 4.3: General Sources of Information

(*Source: Researcher,2024*)

In **Figure 4.3** above, the residents of Mt Elgon received information from various sources at varying rates. Radio recorded 26%(62), television31%(72), social media 9%(21) newspapers 8%(20) relatives10%(18), outdoor media 8%(18) and others 8%(20).Based on these findings, mainstream mass media recorded high percentages as means through which respondents received information on various issues with television recording a high of 31% and radio high of 26%. Social media and print media

represented by newspapers trail third and fourth recording 9% and 8% respectively. Interpersonal forms of communication are also in use with relatives and friends recording 10%. These findings depict the consistent dominance of traditional broadcast media that is radio and television among the rural audience.

In addition, focus group discussions were conducted to determine the general sources of information among residents of Mt. Elgon. The indicators explored in this case were the various sources of the mass media; print and broadcast media, outdoor media and interpersonal channels among other communication avenues. The findings were as provided in the **excerpt1** below:

Except 1

> **Moderator:** ***Ni kupitia njia zipi za mawasiliano mnapata habari mbali mbali kuhusu eneo mnamokaa?***
> ***Jibu1****: Kwangu mimi, ninapata habari kutoka kwa redio kupitia kwa simu yangu*
>
> ***Jibu2:****Ndio, redio kupitia kwa simu hutusaidia kujua habari mbalimbali , lakini nikifika nyumbani jioni, huwa nathibithisha niliyoyasikia kupitia kwa runinga kila jioni*
> ***Jibu 3****:Unajua hapa kwetu**,** kusoma gazeti lazima ununue na television isipokua stesheni za kitaifa,lazima ulipie sasa sisi hutegemea sana radio, unaiingizia moto nayo inakupasha.*
>
> ***Jibu 4****:Kwangu mimi, nasoma gazeti katika mkahawa kule mji Mdogo wa 'Kamukunywa'*
> ***Jibu5:****Kuna wale walio na pesa , wao huwa wananua data ya internet nao uingia kwa mitandao ya kijamii lakini mimi na wengine wasio na pesa tunategemea radio na television tu.*
>
> ***Jibu6:****wametaja mbinu zote lakini pia kuna wanao sambaza uvumi hapa mtaani. Usipopata habari kupitia vyombo vya habari, wenzetu hutujulisha.*

Translation

> ***Moderator: Through which sources do you receive information on various issues in you society?***
> ***Discussant 1:*** *for me, I normally listen to the radio for updates through my phone.*
>
> ***Discussant2:*** *yes, radio through our phones serves that need, but I confirm what I get through radio with TV news in the evening.*
>
> ***Discussant 3:*** *you know, for one to read newspapers he/she has to purchase them, and for television, except for our national channels, one has to pay a monthly subscription. For radio, we only need to keep our phones fully charged and we will be kept informed.*
>
> ***Discussant 4****: for me, I get a chance to read newspapers in a restaurant in our local town, at 'Kamukuywa'*
>
> ***Discussant5****: those who have money to purchase data bundles, get information through online sources and even social media but for meand the rest of us, radio and TV serve us that need.*
>
> ***Discussant 6****: they have stated them all, when we fail to listen to news, our friends keep us informed.*

The findings in **excerpt 1** above reveal that broadcast media; radio and television are common sources of information among residents in the study area. Moreover, there is an indication that the participants rely more on less costly information channels. For instance, **discussant 3** highlights that for one to read newspapers and watch some television channels they should be able to meet some cost. The same is voiced by **discussant 5** who identifies online /digital sources as avenues for those with the potential to purchase data for internet access to access information on various issues.

Further, there would be a potential challenge associated with access to print media. For instance, **discussant 4** stated that he/she travels from her/his home in Kaptama/Chemoge to Kamukuywa to read a newspaper. This shows that among the rural dwellers, newspapers are cherished and read from social places.

As per the findings in this section as shown in **figure 4.3** above and the responses from discussants in **excerpt 1**, radio and television are the major means through which rural communities receive information. **Discussants 1** to **4 agreed** that they rely on radio and TV for updates.These findings reveal the sustained power of the traditional broadcast media in creating awareness of variant issues among rural dwellers.

These findings agree with and Sjuchro et.al (2023);Sokey & Atta,(2017) who argue that broadcast media is not only powerful but also a successful tool in educating many people in rural areas and that it has sufficed information needs among rural dwellers for decades. Al- Fareh (2018), supports this opinion by highlighting that broadcast media (radio and TV) are accepted sources of information whereas print is reserved for criticism of the accuracy and correctness of information shared.

According to Olubunmi et.al (2016), television is the most preferred media among adolescents and teenagers while radio remains to be dominant among rural audience. As per the statistics on **figure 4.3** above, it is notable that TV is gaining more users as compared to radio which has been of dominant use over time. This finding agree with the Communication Authority(2020) which reports that there is a significant increase in television viewership as compared to radio listenership which is significantly reported to be decreasing. This would be attributed to changing trends in media use and preference

whereby the media audiences are more in need of actual pictures than mental pictures that radio messages create in people's minds. The responses by **discussant 2** on confirming radio messages with TV news and **Discussant 4** on reading newspapers from a restaurant in a local town indicate that though accessible, radio does not fully suffice the information needs of its audience. It shows that a mass media audience cannot be uniformly reached through one particular media platform and thus multiplicity of such is needed when addressing a serious public concern such as patients' rights. According to Zhang et.al (2014), television has a higher information coverage and is a greatly trusted media presenting a good source of information for mass media audiences.

According to Guusu (2019), despite that people use different media platforms which influence them in various ways, television is found to have a significant impact on its audience as compared to other forms of mainstream media. Further, the use of print media, though the rating is significantly low, indicates that print media has remained relevant among its audience. This can be attributed to its ability to present well-researched information, unlike other instant media platforms such as social media (Udenze, 2018). However, a survey conducted by the Media Council of Kenya in 2022 indicated that newspaper readership is significantly decreasing in Kenya. This observation justifies the low rating of print media use as a source of information in the current study (8%). Further, Hassan & Amzi (2018) attribute the declining use of print media among mass media audiences to a decline in the distribution of hard copies of newspapers and also the existence of online versions of the same newspapers. This justifies why **discussant 4** in the above excerpt has to travel several kilometres from his

home in Kaptama to read a newspaper from a restaurant in a neighbouring shopping centre.

The fact that social media is almost outdoing print media in the dissemination of messages among rural audiences shows that social media is gaining significant penetration into rural areas. This finding agrees with Odera (2024) who argues that there is high internet penetration in Kenya facilitated by mobile technology. Additionally, Otieno & Anyuor (2024) concur that there is a potential of internet use among rural dwellers because of the improved internet reach in the rural areas through internet service providers such as Safaricom.

However, a majority of rural dwellers have no money to buy data bundles more often and this limits them in their usage of social media platform and as well as the nature of content accessed. This is justified by **discussant 5** in the above excerpt who explains that it's only ‘those who have money that are in a position to access internet and internet-enabled communication platforms. In addition, rural dwellers lack devices such as smartphones and computers through which they need to access the internet and social media. The same sentiments are also shared by Sokey & Atta (2017), who highlights that lack of smartphones among rural dwellers in Ghana is a hindrance to access of health information. The limited potential of social media among rural dwellers need to be improved if the channels are to be used to disseminate information relating to patient rights.

Moreover, the findings also depict the power of interpersonal sources such as friends and relative over forms of print and social media in reaching rural dwellers. The use of interpersonal channels as sources of information in the community studied shows the relevance of these forms of communication compared to print media. Interpersonal channels have been successfully used in health promotion campaign Ghana (Nkanunye & Obiechina, 2017). In most cases, the interpersonal channels of communication are deemed to be for the illiterate communities. The high illiteracy level among rural communities presents a hurdle in interpretation of messages communicated through the mainstream media and interspersonal channels offers the interpretative function.

However, In this study considering that only 1.35% of the respondents lack formal education, illiteracy is not a driving factor for the use of the interpersonal channels in the community studied. As explained by **discussant 6** above, interpersonal channels are used if one misses news relayed through the mainstream media. According to Ezeah et.al (2020), interpersonal communication channels are deemed significant among rural communities because they are assumed to be credible and thus have influence on the behaviour of rural dwellers.

Furthermore, in this context, interpersonal channels can guarantee simplified language use which can in turn enhance the relevance of the mass media messages on patients' rights shared among the rural dwellers. This means when dealing with complex issues such as patients' rights, interpersonal channels can be employed alongside the mainstream media to improve on clarity of meaning obtained by the targeted audience and the corresponding actions.

4.4.4 Preferred sources of information and gender

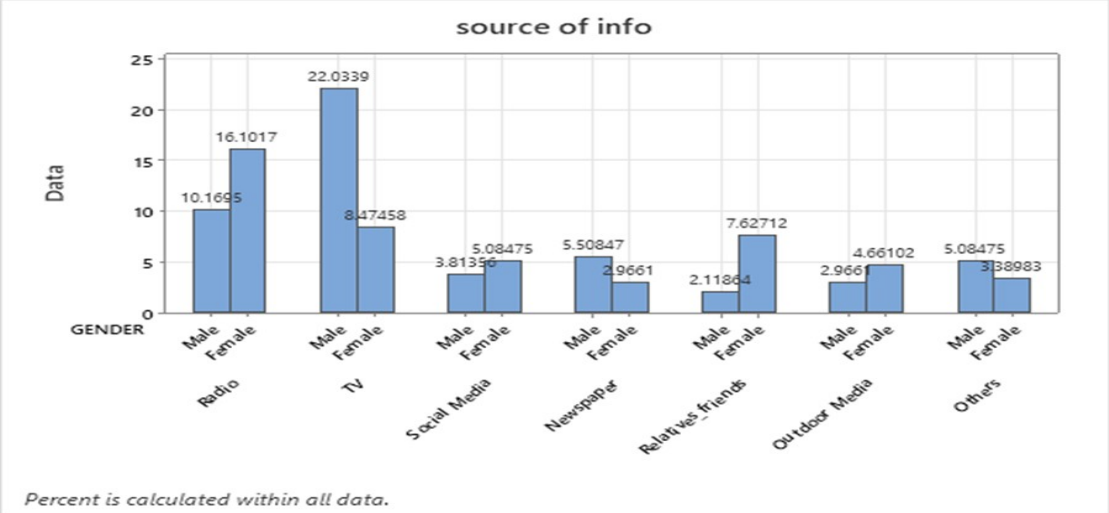

Figure 4.4: Preferred Sources of Information based on Gender

(Source: researcher, 2024)

The findings in **Figure 4.4** above reveal that 10.1%(24) of males listen to radio compared to 16.1%(38) of the female. 22.0%(52) of males watch television compared to 8.4%(20) of the females. Social media is utilized by males at 3.8(9) and 5.8%(12) in females. More males read newspapers at 5.5%(13) whereas females recorded 2.9%(7). More females use interpersonal channels(relatives and friends) at 7.6%(18) whereas males record 2.1%(5). The findings above show that gender affects choices made on information sources. As per **Figure 4.4** above, male respondents get information mostly through the television 22% against their female counterparts at 8.4%. More female respondents prefer radio rated at 16% compared to males rated at 10%. Concerning the use of social media, females use social media more than males rated at 5% and 3.8% respectively. Newspapers are mostly used by males (5.5%) whereas interpersonal forms

of communication remain relevant among females with 7.6% of the female respondents getting information from relatives and friends against 2.11% of males.

These findings indicate various patterns in mass media use confirming that gender is a factor to consider when sharing messages among males and females. This is because gender determines the content preferred and consumed consequently affecting media choices made. For instance, according to the FEMM Committee (2023), social media is slightly highly used among females as compared to males for various reasons, while, for women, it's used for educational purposes, for men it serves the entertainment role. Ali et.al (2021) concur that females learn more from social networking sites whereas males use social media for both entertainment and communication functions.

Further, Twenge & Martin (2020) agree that female spend more time on smartphones and social media platforms as well as texting. On the contrary, male spend much time gaming and on electronic devices in general. The preference registered for TV across the two genders is also pegged on content. Daalmans et.al (2017) highlight that females prefer television for the same reason, content, whereby they seek entertainment and thus watch soap operas and drama.

The above findings also reveal that women are more likely to refer to relatives and friends, as well as other sources of interpersonal communication. These findings echo the findings by Odini (2013) on the information-seeking behaviour among women whereby, a majority of women seek health information from relatives and friends rated at 91% and 89% respectively. Further, Edet & Joseph (2017) agree that interpersonal

channels are real in both planned and unplanned communication activities on development.

The variations registered across the two genders on information-seeking behaviour have to be taken keen consideration during any communication exercise on patients' rights targeting the mass audiences to achieve the desired success.The findings on the demographics of the respondents indicate that most respondents in the study area had more than basic education which can aid in inperpretation of messages on patients' rights. The findings also show varied information consumption patterns based on sources utilised. The respondents do not rely on one communication channel but seek clarity on messages by comparing information from one source with other sources for confirmation.

4.5 Nature of Mass Media Messages Disseminated on Patients' Rights (Objective 1)

In order to understand this objective, the study explored the following key variable indicators: mass media and patients' rights awareness creation, preferred mass media formats among mass media audiences, mass media message formats on patients' rights, level of education against exposure to mass media messages on patients' rights and the forms of mass media information/messages on patients' rights. Both quantitative and qualitative data were collected and analysed as shown below:

4.5.1 Mass Media on Patients' Rights Awareness

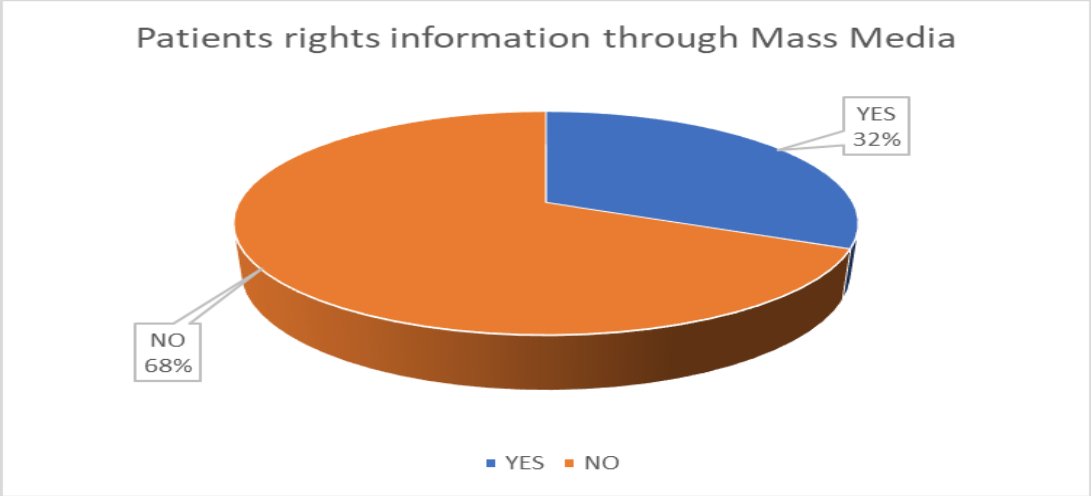

Figure 4.5: Mass Media on Patients' Rights Information.

(Source: Researcher, 2024)

The findings on figure 4.5 above on awareness levels on patients' rights among respondents created through the mass media messages disseminated, 68% (89) of the respondents have not gotten information from the mass media on patients' rights while only 32% (41) of the respondents are aware of patients' rights through the mass media messages accessed.

In addition, interviews with policy experts and journalists as well as focus group discussions conducted to capture views and experiences on the use of mass media to create awareness of patient rights established the findings presented in **excerpts 2, 3** and **4** below:

Excerpt2

Moderator: ***umewahi pashwa habari kuhusu haki za wagonjwa kupitia kwa vyombo vya habari?***
Jibu 1:*mimi sijui wala sielewi haki za wagonjwa ni nini. Na sikumbuki kama nimewahi sikia habari kuzihusu kupitia kwa vyombo vya habari.*

Jibu 2*: Najua kuwa nina haki ya kushughulikiwa vilivyo na vizuri kila mara ninapoenda hospitalini na hii ni haki yangu ya kikatiba katika kifungu cha haki za kimsingi*

Jibu 3*:Kwangu mimi ninasema kuwa sijawai pata habari zozote kuhusiana na haki za wagonjwa kupitia kwa vyombo vya habari*

Jibu 4: *Mimi nina mawazo sawia na ya wenzangu, sina ufahamu wa hizo haki na wala Redio Jambo ambayo ninaisikiza kila mara haijanipasha kuhusu haki hizo.*

Jibu 5*: Hapana mimi sijawai sikia kuhusu hayo*

Jibu 6: *Niliwai soma kuhusu hizo haki katika ubao wa hospitali yetu kuu.*

Translation

Have you been reached with messages on patients' rights through the mass media?
Discussant 1: *I don't even understand what patients' rights are and I can't even remember having heard any information from the mass media on such an issue.*

Discussant 2*: I know that I have a right to be attended to well whenever I visit hospitals and this is clearly stated in the Kenyan constitution under the section bearing the bill of rights.*

Discussant 3: *For me, I can simply say that I have never heard anything on patients' rights through the mass media.*

Discussant 4*: I share the same sentiments with my colleagues here, I don't know those rights and Radio*

> *Jambo which I like listening to more often has never shared anything about these rights.*
>
> ***Discussant 5:*** *No. I have not heard such information from the media*
>
> ***Discussant 6****: I have read those rights on the service charter in our general hospital.*

These findings in **excerpt 2** reveal that most residents in the study area have no knowledge of what patients' rights are and this can pose a challenge in the implementation processes of these rights. The little knowledge that people have of rights is that they are a constitutional provision under the Bill of Rights aimed at protecting them whenever in need of medical services. As **discussant 2** states, good health is a constitutional requirement in Kenya. This means that unless one understands the provisions of the Kenyan constitution on health, then they will not be in a position to defend themselves against any form of violation of their patients' rights meted out on them by health practitioners. Moreover, the public display of the patients' rights charter at health facilities can contribute to improved awareness levels of patients on what rights they need to enjoy while receiving attention of any form from health practitioners as explained by **discussant 6.** Total lack of such messages in the mass media contributes to low literacy levels on patients rights creating room for violation of patients' rights at health facilities.

Further in separate interviews with journalists, they confirmed that they have only published stories on incidences that happen in hospitals and featured stories on health matters as highlighted below:

Excerpt 3

> ***Interviewee: Have you shared messages to create awareness on patients' rights among your audience?***
>
> ***Response 1***
>
> *Precisely, I focus on reproductive journalism, I carry out solution journalism through features. In my coverage, I try to illuminate the violation of patiens't rights but I have never written any story to explain patients' rights in particular.*
>
> ***Response 2***
>
> *I have not highlighted on patients' rights charter because the charter without incidences cannot result to anything interesting to report about.*
>
> ***Response 3***
>
> *No! No! No! My task is to feature health concerns such as diseases, inventions, actions and any technological developments in the field of health*

These responses indicate that health policy issues and more specifically patients' rights have been given little or no attention by the media practitioners. The mass media practitioners' focus is more centred on the incidents happening within hospital premises. **Response 2** indicates that the mass media is more concerned with reporting incidents than interpreting issues for a better understanding of the mass audiences.

Moreover, in an interview with health policy experts, the mass media is the last avenue considered to reach the public with messages on public policies and in particular patients' rights.

Excerpt 4:

> ***Interviewee: Which mass media do you use to relay messages on patients' rights to the general public?***
> *We occasionally use the local radio and TV stations when delivering on laws through talk shows during morning shows. But we have our preferred avenues besides the mass media which we use to reach the public on our laws, such as organized community meetings or seminars commonly known as Barazas. We also use stakeholders' engagement both for civic and public laws and policy creation, we publish our laws on our county's website, and we organize legal clinics where we meet the public and make them aware of public laws. Lastly, we also have the advocates' legal awareness week in collaboration with the Law Society of Kenya whereby we set desks outside our law courts countywide to offer legal guidance and familiarization.*

This excerpt paints a picture of massive use of interpersonal communication avenues by policy experts when reaching communities on patients' rights and other policies.

The findings in **Figure 4.5** as well as responses in **excerpts 2, 3** and **4** clearly explain the dangers of omitting the mass media from creating public awareness. In addition, it shows the power of the mass media in creating awareness among its audience. According to Edet & Joseph (2017), the mass media has not only the power to set an agenda but also to increase consciousness and knowledge among the public on all issues. The fact that 68% of the respondents have not gotten any information on patients' rights through the mass media is a lapse in the media showing the diminishing power of the media in addressing issues of policy and more specifically patients rights.

The use of interpersonal communication such as seminars, and community gatherings among other avenues to create awareness on matters of policy and more specifically patients' rights as stated in **excerpt 4,** shows that policy experts still believe that interpersonal modes of communication are real and inevitable at community level considering their ability to spread messages both vertically and horizontally (Edet & Joseph,2017). However, Davison (2024) warns that interpersonal channels are slower and more limited in scale as compared to the mass media. This means that they can only reach a limited audience. Further, the use of local radio and TV stations to create awareness on patients' rights as explained in **excerpt 4** is beneficial and a necessity for rural development. This is attributed to the use of the local language for the proper interpretation of issues and to provide the local minority with first-level information (Adebumiti, 2016; Busolo,2016).

However, according to Omucheyi (2021), local media may fail to adequately address policy issues due to poorly trained and unskilled employees in human rights activism. This is also depicted in **response 3** of **excerpt 3** whereby a journalist insists that his sole task is to file stories. This shows that the journalist lacks the understanding and skills to execute advocacy journalism through human rights reporting which in consequence affects the level of awareness created on patients' rights through the mass media. This has created room for high statistics of unaware respondents of patients' rights and as well a repeated, 'I don't know', chorused in **excerpt 2** during the focus group discussion.

4.5.2 Mass Media Formats Consumption Across Various Media

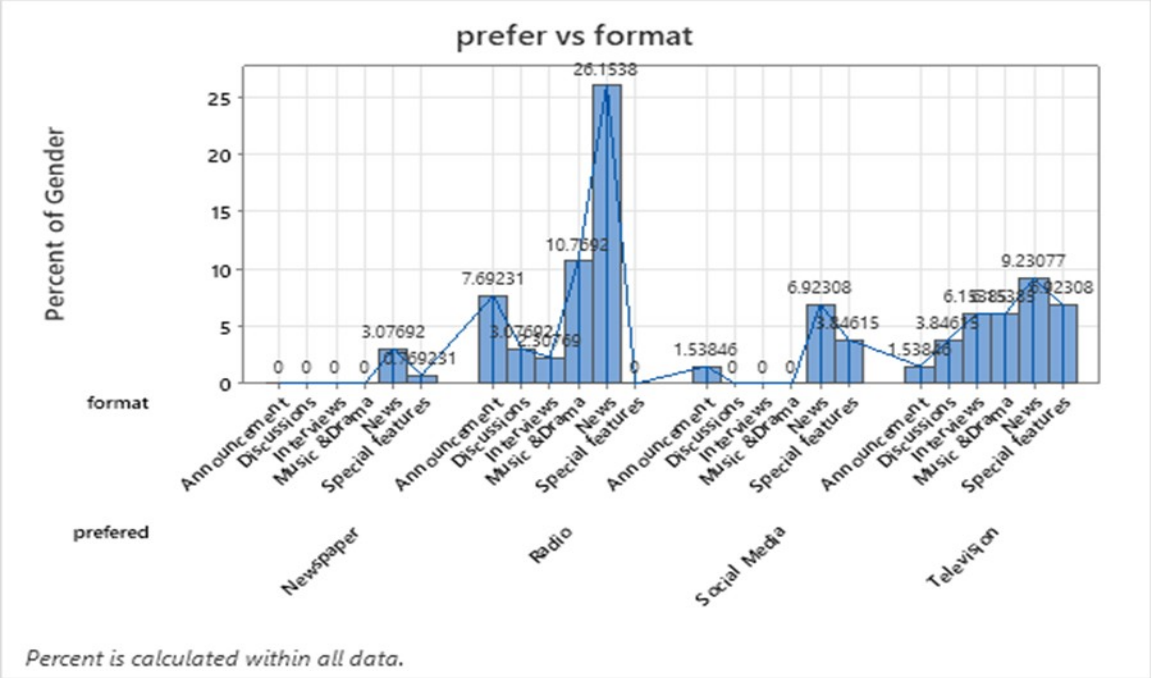

Figure 4.6: Preferred Mass Media and Message Formats

(Source: Researcher, 2024)

Various media formats were explored across four dominant mass media that is, newspapers, radio, television and social media. The findings shown in **Figure 4.6** above reveal that radio and television attracted audiences across all programs studied with radio news recording the highest rate of preference at 26.1% whereas television news recorded 9.2%. Radio interviews recorded the lowest audience of 2.3% whereas television commercials and announcements recorded the lowest audience of 1.5%. In print, denoted by newspapers, only news and special features attracted readership at 3.07 and 0.75% respectively. Social media news attracted 6.9% viewership whereas commercials and announcements attracted a viewership of 1.5%.

Responses from focus group discussions on mass media formats or content of preference are as shown below:

Excerpt 5

Moderator: ***Ni vipindi vipi au Makala yapi mnasikiza au kutazama au kusoma mara kwa mara ?***

Jibu1: *Mimi husikiza taarifa na mijadala ya asubui ambayo hujadilia mambo yanayotusumbua katika hili jimbo letu. Weekend mimi husikiza muziki.*

Jibu2*: Sikosi kusikiza habari lakini pia nasikiza matangazo maalum kila jioni nisije nikapata kuwa mtu wa karibu amekufa bila mimi kujua.*

Jibu3:*Vipindi vyote vina umuhimu kwa mfano ukisikiza kipindi cha mahojiano cha patanisho, unajifunza namna ya kuyashughulikia maswala ya kawaida ya Maisha.*

Jibu4: *Mimi husoma kila kitu ikiwa nina wakati, ikiwa sina, napitia habari kuu peke yake.*

Jibu5:*Natazama habari kila mara nikiwa kwa nyumba lakini nikiwa kazini mimi husikiza vipindi vyote katika redio citizen.*

Jibu6:*, Habari huwa ya kwanza ili tupate kujua kinachoendelea nchini Kenya na vile ile hapa kwa kaunti yetu.*

Translation

Moderator: Which media programs/ formats/articles do you commonly listen to /watch or read?

Discussant1*: I normally listen to news and morning debates on issues affecting our county during weekends I normally listen to music*

> **Discussant 2**: *I never miss news, and in the evening, I have to listen to special announcements. They can inform me of the demise of my acquaintances or even relatives*.
>
> **Discussant 3**: *All shows are good because they serve a specific function for instance when you listen to 'Patanisho'(call-in) you can learn some tricks on how to solve life problems*
>
> **Discussant 4**: *When I have enough time, I read the entire newspaper, but when I don't, I read the main news making headlines.*
>
> **Discussant 5***: I watch the news when in the house but I listen to all-day programs on our national radio citizen when at work over my phone*
>
> **Discussant 6**: *News, as they have said, comes first. We are more interested in knowing what is happening in this country and our Country.*

The findings in **Figure 4.6** above and the responses from **discussants 1 to 6** in **excerpt 5 abov**e depict that news is the most utilized media format followed by entertainment programs such as music programs. The findings also reveal that some people don't understand the nature of programs/formats they receive from the media as in the case of **discussant 1** who referred to morning talk shows as a debate while **discussant 3** knows the title of the program he listens to, unlike its category. In addition, dis**cussant 6** talked of all programs without classifying them in terms of their nature and content.

The findings in **Figure 4.6** above and as well responses in **excerpt 5** indicate that informative and entertainment programs are the most explored among the mass media audience. Most respondents have always relied on news programs to get information on what is happening around them. These findings agree with Hutchby (2017) who

observes that mass media audiences are mostly attracted to news and entertainment.However,news is not sufficient to interpret patients' rights to the mass audience due to limitation in terms of time and space.

4.5.3 Mass Media and Respective Formats used to share Messages on Patients' Rights

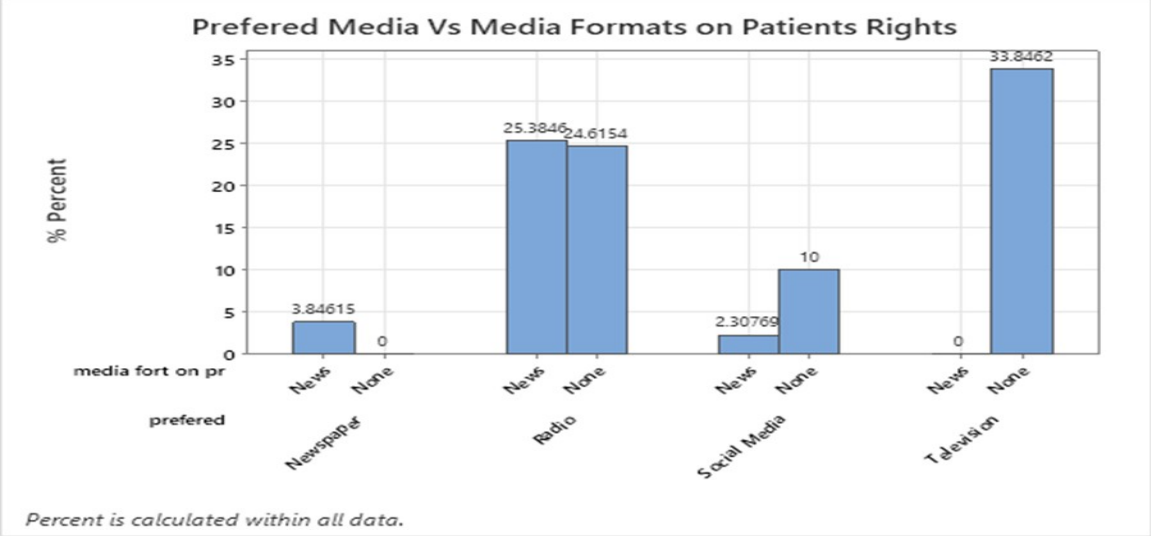

Figure 4. 7: Media and Media Message Formats on Patients' Rights.

(Source: researcher, 2014)

Figure 4.7 above portrays that the respondents who have heard information on patients' rights have been reached through published or broadcast news as in the case of print and broadcast media respectively. Most respondents rated at 25.38% under radio have been reached on patient rights through news same applies to 3.8% and 2.3 % through newspaper and social media news respectively. A higher percentage was recorded by those who have not been reached with messages on patients' rights through all media formats recorded at 33.84%, 24.64%and 10% for TV, Radio and social media respectively.

In separate interviews with journalists and policy experts, the responses are as reported in excerpts 6 and 7 respectively as shown below:

Excerpt 6

> ***Which program/ formats do you adopt in your messaging on patient rights for your respective medium?***
>
> ***Response 4***
> *I write both hard and soft news stories but the latter is more frequent than the former*
>
> ***Response 5***
> *In most cases, I produce feature stories and reports on incidents that occasionally happen in health facilities.*
>
> ***Response 6***
> *I write more feature stories whose leads are my sources*
>
> ***Response 7***
> *My business is to look for news so I file such stories in form of either hard or feature stories, especially for t stories with a lot of details.*

Excerpt 7:

> ***Which mass media formats or programs or articles do you use to communicate on patients' rights to the public or your targets?***
>
> *As I stated earlier, we hold talk shows with local radio and TV stations. Our activities are sometimes featured in news programs when journalists attend but I insist that when the need to use the mass media arises, we opt for talk-shows.*

Based on the findings in **Figure 4.7** above, on media and message formats used in addressing patient's rights, as well as responses in **excerpt 6,** news is the predominant media program through which matters of patients' rights are communicated. However,

much of the information shared appertain general health issues as expressed by media practitionners in **excerpt 6** above. This shows media practitioners' less focus on exposing patients' rights matters through the mass media. This finding contradicts the findings in **Figure 4.5** above whereby 32% of the respondents agreed to have been exposed to mass media messages on patients' rights. It is probable that the respondents have only had a chance to listen, watch or even read stories touching on general health issues and ended up confusing them with patients' rights stories. This is because the overwhelming majority have not had a chance to get mass media content of any kind on patients' rights across all mass media studied.

The low awareness levels among the study participants are demonstrated due to the failure of the mass media to use varied program formats as well as articles in disseminating information on patient rights among the targeted audience. As observed by other scholars, news programs fail to attain the information needs of a given audience because they are hampered by various news filters such as media ownership, advertising needs and relevance of information to those in authority (Harcup, 2009). In addition, in incidences where the news is shared through social media platforms, it can be treated with care and sometimes assumed to be misleading because social media platforms are known to spread rumours and fake news at high rates (Munene & Oloo, 2024). This means that news as a program should not be majorly relied on by mass media practitioners promoting patients' rights , instead they should combine news with other programs that can give room for clarification of information provided.

However. Hyacinth et.al (2018) caution that if journalists continue using news programs to disseminate messages without combining it with any other program on the respective topics, they will be equated to scratching the surface. This applies in patients' rights reporting too, whereby if mass media practitioners continue to relie on news as the only format to create awareness on patients' rights, the messages may fail to provide sufficient interpretative function needed. This reveals that news programs have limited potential in improving literacy levels on patients' rights among mass media audiences. Further, mass media practitioners fear reporting about sensitive topics due to the associated effects (ibid, 2018). For this reason, journalists fail to meet the information needs of their audiences in areas that are deemed to be sensitive. These findings challenge the practice of investigative journalism as well as special programming if awareness levels on patients' rights have to be improved to the desired levels.

4.5.4 Forms of Mass Media Messages on Patients' Rights

The objective further examined the forms of information disseminated on patients' rights to the mass audience. The audiences were asked to identify the nature of messages they have been exposed to about patients' rights messages. Mass media messages were put into seven categories namely: audio, audio-visual, pictorial, textual, text-pictorial, video and none. The results were as shown in the table below;

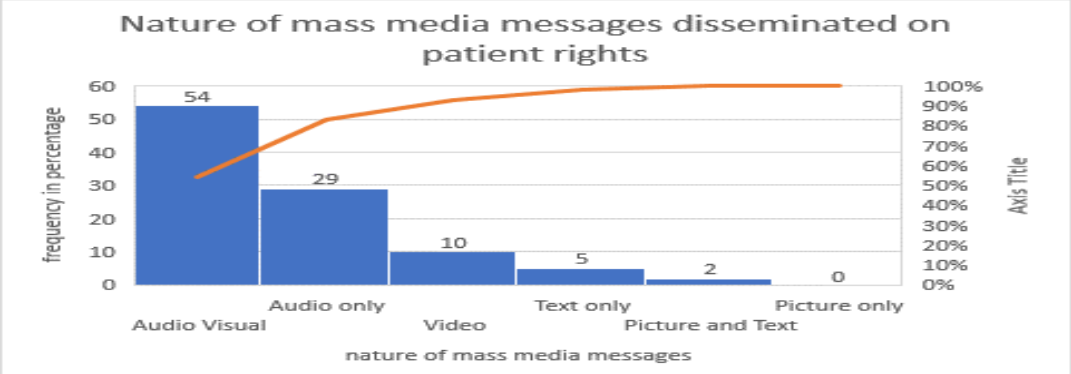

Figure 4.8: Nature of Mass Media Received on Patient Rights

(Source: Researcher, 2024)

The **figure 4. 8** above reveals that of 84% (54) of the 32% that have received mass media messages on patients' rights as depicted on **figure 4.5** above, have been reached through audio-visual content. Audio messages closely follow at 48% (29). Text-only messages as well as picture and text only recorded 3% (2) and 9% (5) respectively. Picture-only messages have not been accessed by respondents in totality.

These findings agree with the findings by Moltaji (2018) that messages that combine pictures and audio messages are more likely to be remembered by the media audience. According to Sokey & Atta (2017), video formats were found to have been greatly used in the dissemination of health information in Ghana. This would be attributed to their ability to show and talk about an issue thus making them more memorable. Walter et.al(2017), highlights that messages of this nature (audio and pictorial) can appeal to both multisensory and emotional clues of its audience as compared to pure audio and textual messages.

Further, pictures in communication can attract the audience in addition to increasing the audience's memorability (Moltaji, 2018; Houts et.al, 2006 and Hsia, 1971). On the contrary, care should be exercised when pictures or visuals are used alongside audio or textual messages. According to Engelmann et.al (2021), pictorial and/or visual content can lower the amount of information gotten from news-related content through television. However, Nwokedi (2018) states that video messages have the potential to reflect realities in society and can lead to increased credibility of the messages. Moreover, the studied population's exposure to textual messages which is almost negligible can be attributed to the population's low ability to interpret textual messages. According to Ali et.al (2013), to interpret textual messages one requires arbitrary interpretation as well as a skill to do so.

In addition, interviews with media practitioners revealed that mass media practitioners produced messages that corresponded to the media category that they worked for. For instance, those who work for radio produce audio messages while those working for newspapers produce textual messages and sometimes texts are accompanied with pictures. During incidences where they have no picture from the scene, they use pictures deemed to be relevant from their files. Further, mass media practitioners working on TV produce audio messages accompanied by pictures/videos. Based on these findings, the mass audiences need to have articulate skills in media literacy to understand the various patients' rights messages as they may be highlighted in the general news items normally filled by health journalists. According to Milenkova et.al (2018), the audience's media literacy is necessary to enable them to analyze and evaluate images, sounds and general messages that they receive daily.

Moreover, Al-Fareh (2018) observes that news on an issue may fail to meet the communication objective because of the agenda set. He adds that news content reflects the communicator's narrow perspective which blurs rural development. Further, time allocated to news programs may not be sufficient to create the desired level of awareness of the patients' rights charter. For instance, the mass media reporters may not have enough time to explain the specific rights being violated and thus fail to create awareness on the same.

Although presenting issues in news programs has been proven to be effective in addressing climate change issues (Kakade et.al, 2013) recommend that for a significant impact to be realized, various media programs or rather formats should be used especially when addressing matters related to policy. According to Baratwaj & Aravindh (2016), features, interpretative news stories, context-setting stories, editorial materials, editorials, columns, and letters to the editor and cartons are ideal for spreading knowledge on policy issues among the public. This stresses the use of talk shows by policymakers to share information on public policies among them patient rights. The messages should also be tailored to the most preferred form such as audio, audio-visual, pictorial or even text based on the interpretative abilities of the audience targeted. According to Ali et. al, (2021) mass media messages are considered to be more memorable and appealing when in some forms as opposed to others.

The findings presented conform to both the agenda-setting theory and the diffusion of innovation theory applied in this study. The ability of the mass media in creating awareness as major information source agrees with Scheufelle & Tewksbury (2007) who

hold that the mass media has the ability to set agenda on issues by increasing their accessibility through frequent coverage. Further, the agenda setting theory favors the use of news as a major format that can generate debate among media audiences. This implies that news disseminated on patients' rights can stimulate public agenda on patients' rights among the mass audience. Further, McCombs & Valenzuela (2007), state that the power of the mass media in agenda setting is through repeated reporting of news on a specific concern over time. Thus, the mass media's repeated coverage of patients' rights issues can stress on the significance of these rights.

Moreover, the diffusion of innovations theory supports time of reporting as an important aspect when communicating on new ideas (Nowak, 2016). Mass media messages on patients' rights should not only be repeated for increased exposure but should also allocated more time and space for the mass audience to understand them.

The study establishes that the massive use of interpersonal communication platforms by health policy experts has failed to meet the expected awareness levels among the public on patients' rights. This is because the public depends on the mass media for information as per the findings documented. Further, the skewed use of news formats to communicate incidents surrounding patients' rights issues has not sufficiently addressed patients' rights awareness issues because most study participants lack understanding of what patients' rights are. Further, the study reveals that messages disseminated on patients' rights have largerly adopted audio and pictorial forms. This has left out a section of the audience with interest in other forms of messages such as texts, audion and videos. It also establishes that gender affects media and media content preferences.

In summary, the mass media is yet to be widely used in informing the public in the study area on matters of patients' rights. This is attributed to lack of involvement of mass media practitioners by the health policy experts in communication activities on patients' rights and the use of one major media program which is news and one predominant form of messages, audio-pictorial messages.

4.6 Mass Media Messaging Influence and Audience Perception on Patient Rights (Objective 2)

The study tested the perception formed by the media audience as a result of media messages received on patients' rights. A Likert scale of 1 to 6 whereby 1 is strongly agreed, 2 agrees 3 somehow agree 4 disagree, 5 strongly disagree 6 I don't know was used. The variables explored included: the ability of the messages to create general change; erase the fear of seeking medical services, increase openness with medical practitioners and increase demand for medical services. The mean and mode of the responses received were analyzed as presented in **Table 4.1** below. In addition, Interviews with health policy experts, media practitioners and FGDs were conducted to determine the perception created on patients' rights through relevant mass media messages disseminated.

4.6.1 Audience Perception Created on Mass Media Messages on Patient Rights

This particular section explored the following indicators of a favourable perception towards patient rights attainment as communicated through the mass media: the ability to have a changed mind towards health services and practitioners, ability to erase

people's fear towards health services and practitioners. In addition to increased openness among patients to health practitioners and the ability and readiness of patients to demand health services when need arises. These aspected were analyzed and presented as shown in **Table 4.2** below:

Table 4.2: The Audience Perception Created Based on Patient Rights Messages Disseminated

Variable	Mean	Sum	Mode	N for Mode	Skewness
Mass media messages have changed my perception towards healthcare	3.915	509.000	5	52	-0.56
The messages have helped in erasing my fear of seeking medical services	3.754	488.000	4	58	-0.69
They have improved my openness with practitioners	3.769	490.000	5	56	-0.52
They have empowered me to demand medical services	3.254	423.000	4	51	-0.37

The findings in **Table 4.2**. above depict a persistent mode of 5 in the ability of the messages to change the general perception of patients' rights and the ability of the mass media to realize openness among patients seeking health services in their respective health centres. The mode of 5 is used to mean or denote a strong disagreement that mass media messages have influenced a given and favourable perception towards the rights of

patients. Two of the remaining indicators; the ability of the messages to erase the fear of the targeted audience concerning health practitioners and their ability to demand services registered a 4-denoting disagreement. None of the four indicators received approval.

Further, the persistent mean of the three indicators was 3.7 rounded off to 4 depicting disagreement. The ability of the messages to create a general changed perception recorded the highest mean rated at 3.915 while the ability of the respondents to seek medical services anytime the need arises recorded a mean of 3.2 depicting partial agreement. This means that only a section of the respondents agreed that they are always willing to seek for medical services while alsmost a similar number disagreed.

In separate focus group discussions with adult residents of the Mt. Elgon region of mixed gender on the perception created on patient rights and improved knowledge on patients' rights. The themes explored were: change of mindset/perception, openness and interaction with health practitioners, erosion of fear, and willingness to uptake medical services as well as the ability to demand health services at any health facility within the locality. The responses were as follows:

Excerpt 9

> **Swali*: Habari unazo zipata kupitia kwa vyombo vya habari kuhusu haki za wagonjwa zimebadili vipi Mawazo yako?***
>
> ***Jibu1:****Nakubari kuwa vyombo vya Habari vinatujulisha kuhusu mambo mingi, redio na television zetu zinatuelezea kila kitu. Lakini kwa hili, bado hatujajulishwa ingawa vyombo vya Habari vina tuelimisha kuhusu magonjwa mengi.*

Jibu2: *najua haki zangu kama mgojwa ingawa nalaumu vyombo vya Habari kwa kutozungumzia swala hili. Watu wengi katika eneo hili letu hawana ufahamu wa haki zao iwapo wako wagonjwa. Muda wanaotumia kucheza muziki unafaa kutumika katika mambo muhimu ili kuondoa visa vinavyo husiana na kunyanyaswa kwa wagonjwa na wahundumu was hospitalini.*

Jibu3*: Nakuakikishia kuwa hata ukiwa una ufahamu wa haki zako kama mgonjwa, huwezi kushrutisha daktari au nesi anaye kuhudumia kwa vile ukiwasumbua na hilo wanaweza kukudhuru kwa kukuoverdose hili kuhifadhi kazi zao***.***

Jibu4: *Mimi niliacha kuenda hospitalini. Huwa wasichana wadogo manesi na madaktari hawana haya. Mmoja wao aliwahiniambia 'toa nguo nikudunge sindao,' bila kunichukulia kama baba yake ukiuangalia umri wangu. Hapo hapo nilitoka kwa hiyo hospitali na sijawai rudi hospitalini kwa matibabu.*

Jibu5:*Kwa hili, nafikiri vyombo vya Habari vilifanya vyema wakati wa Korona. Wanatujulisha kila kilichoendelea hapa nchini na sehemu zingine duniani. Jumbe zao zilitutia woga na pia matumaini. Zilikuwa baridina moto.*

Jibu6:*Unapoenda hospitalini huwezi shurutisha madaktari kumbuka kuwa unahitaji huruma yao. Ukianza kuweka madai, madaktari watakuacha hapo bila huduma.nakukuakishia kuwa utatoka pale hospitalini kwa jeneza ilhali ungeepuka hilo kama ungejifanya huelewi haki zako.*

Translation

Moderator: How has your perception been affected based on the mass media messeges you have received on patients' rights?

Discussant 1: *I greatly agree that we get a lot of information through the mass media, our radio and television stations educate us on many aspects. But on this one, I can say I am yet to be informed. However, the*

media has done so well in educating us on various diseases.

Discussant 2*: I know my rights as a patient. However, I fault the mass media for not doing much on this issue. Most people in this area are not educated on their rights. The time spend to play music should be dedicated to such crucial issues to eliminate cases where patients are mishandled by nurses.*

Discussant 3: *Let me assure you that even when you know your rights you can't demand for them from the nurse or doctors who are attending to you. They can overdose you or misdiagnose you to get rid of any evidence on patient harm allegations in order to protect their jobs.*

Discussant 4**:** *For me, I stopped going to hospitals, I buy my medicine from chemists. Those young girls and boys in the name of nurses and doctors are shameless. One of them sometimes back instructed me as old as I am, I deserve to be her father, 'take off your trousers, I want to inject you.' I left that hospital and I have never gone to any hospital for medication.*

Discussant 5**:** *On this one, I think the media people did so well during COVID-19 time. They kept us updated on what was happening here in our country and all over the globe. Their messages both scared and instilled hope, they were both hot and cold.*

Discussant 6**:** *When you visit hospitals you can't make demands. Remember you are in pain and at the mercy of the doctors. If you start making demands, they may end up ignoring you. I assure you; you will leave that hospital in a casket when it would have been avoided, had it been that you acted ignorant of your rights.*

Excerpt 10

Jibu1:*Sijui nikujibu vipi kuhusiana na swalihili,lakini ninaweza sema kuwa vyombo vya Habari vinazingatia sana mambo ya siasa na uchumi. Hakuna nymba ya*

utangazaji inayozungumzia mambo ya afya. Labda kukitokea janga la ugonjwa usioeleweka tena.

***Jibu2**:Wanahabari wametujulisha kila kinachoendelea katika sekta ya afya.kama vile kuletwa Community Health Workers ambao wana manufaa ya kuonekana katika jamii yetu kuhusiana na wagonjwa wanaenda hospitalini kwa matibabu. Tunatarajihizo numbers kupunguakwa vile CHVs wanashughulikia magonjwa madogo madogo.*

***Jibu3:** Jumbe za vyombo vya Habari vimenisadia kujua haki zangu na kila mara nawasiliana na wahudumu wa kiafya nikiwa huru kwani najua kuwa nimekingwa na sharia*

***Jibu4**:Wacha nimkosoe ndugu yangu hapa kwa sababu anadanganya. Kwa hii nchi yetu, haki zinatengenezwa kuwatetea wanao mali. Unaweza imagine mwanahabari anakuambia kuwa unafaa kufanyiwa ABCD---D ukiwa unahitaji matibabu lakini hizo haki wanazo zizungumzia haziko katika hospitali za umma kumbuka hao wanahabari hawaendi kwa hizo hospitali za umma. Ukiyaleta hayo matakwa na kuna wagonjwa wengi katika laini unaeza kufikiria kitakacho kufanyikia.*

***Jibu5**: Wameelezea niliyokuwa nayafikiria. Hakuna haki kwa wakenya wa kawaida iwe vyombo vya Habari vitazituzungumzia au la.*

***Jibu 6**: Sitaki kusema chochote lakini wachani niseme kuwa mambo kuhusiana na haki zetu ni jambo ngumu na lazima lizungumziwe kwa umakini.*

Translation

***Discussant 1:** I don't know what to answer on this question. But, I can tell you that the media is more focused on political issues as well as matters of economy. No media house is talking about health issues. Maybe if another strange disease breaks out.*

***Discussant 2**: They have informed us of everything happening in the health sector such as the introduction of*

new community health workers. The CHVs will have a direct impact on the numbers of those visiting health facilities, we are expecting the numbers to decline because CHVs will be attending to minor ailments.

***Discussant 3**: Media messages have enabled me to know my rights and I normally interact with health practitioners freely knowing that I am protected by law.*

***Discussant 4**: Let me correct my brother because he has lied on this, in our country rights are just formulated to favor the haves. You can imagine a journalist has told you that you deserve ABC, D…when you visit a health facility but those journalists do not go to public hospitals for treatment. If you demand for the ABCDs as advised by a journalist while being attended to in public hospitals with long queues. You can imagine what will befall you.*

***Discussant 5**: They have shared my mind. No rights for common citizens whether the media focuses on them or not*

***Discussant 6:** I don't want to comment but let me say that issues to do with rights are very delicate and have to be approached with a lot of care*

The views discussed during the focus group discussions above confirm that the audience studied still live in fear of medical practitioners that if they make demands relating to their rights, they are likely to be hurt by the health practitioners. This is more applicable in public health facilities as shared by **discussant 4** in **excerpt10**. Further, journalists' words are not always trusted. This is because of the feeling that journalists do not belong to the same class as the respondents. This is brought out by **discussant 4** in **excerpt 10** and **discussant 3** in **excerpt 9** who expressed fear of confronting a health practitioner when one's rights are violated or abused or even when he/she demands for better services. They hold that health practitioners are likely to harm them if they make such

demands and if the health practitioner attending to them feels that her or his job is at risk. They stated that if you do what journalists advise in public hospitals you are likely to lose your life.

However, a majority agree that they are not educated about the said rights and this is because the media especially the broadcast media, is presumed to be spending much time running entertainment programs as opposed to educative programs. Moreover, some, for instance, **discussant 5** in **excerpt 10**, think that rights are unattainable, this shows the willingness of such a person to forgo his/her rights.

Further, in separate interviews with media practitioners on the impact of their messages on public perception, mixed reactions were registered as shown below:

Interviewer: How can you describe the perception your messages have created on patient rights issues among your audiences?

Excerpt 11

> ***Response 8***
> *Our messages on the plight of patients have been able to influence both the general public and the government. My story on a pregnant woman who is living with a disability struggling to climb up the staircase on her way to the maternity wing of one of the hospitals in our county compelled the hospital management to make structural adjustments to the facility. The hospital constructed a ramp and adjustable beds.*
>
> ***Response 9***
> *I have created a positive perception because I focus on solution journalism. For every story that I file, I provide remedies, 'what needs to be done to correct the situation.'*
> ***Response 10***

> *Our messages have impacted legislation. Millie Odhiambo's reproductive health bill is based on very many stories that we file on reproductive health issues. I also trust that some other bills are being formulated at the county level based on our journalist work.*
>
> ***Response 11***
> *Government interventions are mostly determined by the stories that we write. The delivery of drugs and services in health facilities has improved in areas where the media has kept a keen eye on health processes*.

The **responses 8-11** above show the confidence journalists have in the messages that they disseminate and in particular on patient rights. They made assertions that their messages have not only influenced their audience but also government legislation. In addition, their stories have had a general impact in the transformation of the health sector through infrastructural developments.

Based on the study findings documented above the patients' rights issues and knowledge are still elusive. This is because most respondents were unable to respond correctly on the issue of the perception formed on patients' rights depending on the mass media messages; they have been exposed to on the topic. Instead, most of the discussants in **excerpts 9 and 10** shared their personalized opinions on mass media activities. **Discussant 5** in **excerpt 9** and **discussant 2** in **excerpt 10** gave their general observation of how the media has faired on in sharing messages on health. Whereby one acknowledges that the mass media has educated them on various diseases and an example of COVID-19 is alluded to.

According to the statistics recorded in **Table 4.2** above, the respondents who are also the targeted audience with mass media messages registered a strong disagreement denoted by a **mode** of **5** on the ability of the mass media messages on patients' rights changing their general perception on patients' rights matters as well as the ability of the mass media messages on patients' rights resulting in improved openness of patients to health practitioners. In addition, a high disagreement was also recorded on the ability of mass media messages to erase fear among patients on probable mistreatment from health practitioners and the potential of patients to demand for services of their desire from health practitioners denoted by a mode **of 4**.

In addition, the discussants **in excerpt 9 and 10** show a void the media is yet to fill on matters' patient rights. The discussants registered mixed feelings on the perception that they have formed of patients' rights based on mass media messages disseminated to them**. Discussant 1 and 5** in **excerpt 9** as well as **discussant 2** in **excerpt 10** indicate that the mass media messages disseminated have enabled increased general knowledge on general health issues. Further, **Discussant 2** in **excerpt 10** faults the mass media for the low awareness levels on patients' rights issues. The discussant observed that the mass media has paid keen focus on emerging issues such as political and economic issues but has failed to uphold the same with patients' rights. This shows that the media qualifies its content by media factor of immediacy. This affects the nature of content disseminated whereby the media tend to just inform than to educate leaving the audience with thin or no information on the subject. Acholonu et.al (2021) agree that content has to be suitable enough to attain the desired impact and favourable perception.

Further, **discussants 4 and 6** as well as **discussants 4, 5 and 6** in **excerpts 9 and 10** respectively show that patient's knowledge of his/her rights does not guarantee the upholding of the same by the health practitioners but increases caution taken by patients to enable them to receive the desired attention from health practitioners. It also reveals the lines of interpretation of mass media messages on patients' rights whereby, some audiences believe that messages on patients' rights are only applicable to the section of the audience that does not receive medical attention from public hospitals. This depicts that mass media messages are yet to create uniform interpretation and perception of patients' rights issues. This confirm to Kleinnijenhuis et.al (2019) who indicate that perception is dependent on not only the frequency of communication but also the specific information shared. This shows the power of content as a determinant of the perception formed. To create a uniform perception, mass media practitioners should close up on the gaps of interpretation by understanding that their audiences are heterogeneous and strive to attain homogenous interpretation among the heterogeneous audience.

In addition, responses from mass media practitioners interviewed contradict those presented in **excerpts 9 and 10.** Mass media practitioners believe that their messages on the violation of patients' rights have enlisted action from stakeholders and more specifically the government through legislation, structural adjustments and improved supply of medicine as highlighted in **excerpts 11, responses 8 to 11.** However, mass media practitioners failed to show their specific efforts to run educational programs on specific patients' rights and the charter in general. This emphasizes on the fact that news is the only major media format that journalists use to articulate health and patients'

rights violation issues. Moreover, journalists focus more on appealing to authorities than improving knowledge levels of their audience in general.

The level of trust and the practicability of mass media messages are other factors that have greatly affected the audience perception formed on various issues affecting society as addressed by the mass media. The responses by **discussant 4** and **5** in **excerpt 10** are an indicator of mistrust of journalistic messages indicating a high level of despondency among the media audience. This is caused by the manner in which mass media messages are perceived and the existence of various socioeconomic classes among societies. The respondent agrees with what journalists may be sharing concerning patients' rights but exposes that the systems of implementation of those messages may not be available in public health facilities. These findings agree with Acholou et.al (2021) and Sadaf (2011) who state that social, political and economic factors affect people's perceptions and not necessarily mass media messages. This means that people's perception can be guided by past experiences as in the case of **discussant 4** in **excerpt 9**, attitude depicted by **discussant 3** and **6** in **excerpt 9** as well as fear revealed in **discussant 4** and **6** in **except 10**. All these hinder favourable perception formation not only about mass media messages on patients' rights but also to audience perceptions of mass media messages on various issues affecting their respective societies.

Moreover, it is notable that mass media messages create perception through symbols used, emotions evoked, and messages selected i.e. symbolic, emotional and selective perceptions. In symbolic, perception is depicted from the symbols used in sharing a message and the associated impact for instance in **Excerpt 11, response 8** clearly

explained the conditions under which the woman with a disability was delivering and this called for instant action from the stakeholders concerned. In addition, selective perception which involves forgetting about messages that are likely to cause discomfort or contradict one's beliefs is also exhibited in most responses. In **Excerpt 9** discussants show feeling of discontentment that the media focus is more on auxiliary issues and little attention has been given to patient rights. Further some discussants in **Excerpt 10** feel that rights are unattainable irrespective of the amount of attention accorded by the mass media. Above all and despite all, Munene & Oloo(2024) insist that mass media is at all times used to control people's perceptions by enabling different target audiences to perform their desired behaviour. He also cautions that one's perceptions are likely to be affected by one's experiences as denoted by discussant **4 in Excerpt 10** who has a feeling that patients' rights are not applicable in public hospitals thus finding journalistic messages to be misleading on this issue.

These findings agree and disagree with the tenets of the agenda-setting theory of the mass media. The inability of the media agenda to conform with the public agenda as per the findings of this study shows that the media has been altered due to changes in the communication environment over time. This has diluted the ultimate power of the mass media to influence audience perception as well as behaviour. As noted by Fortunato & Martin (2016), repeated exposure to specific messages through the mass media has to be coupled with framing of topics in order to influence its audience. Thus, organizations and individuals working towards creating awareness on patients' rights should strive to adjust messages shared and messages distribution strategies to reach their audience.

The despondency on the attainment of patients' rights registered by some of the respondents and discussants of this study challenges the media to adopt appropriate and varied media formats other than news. That is the media should shift from the news agenda and focus on the public agenda so as to disseminate messages that are meant to change people's behavior (; Fortunato & Martin, 2016; Weaver, 2007). This implies that the media should align their content with public opinion hence framing of issues.

Further, the findings also dispute the power of the news genre in creating a favourable perception. Considering that the findings of this study show that news was or has been predominantly used in addressing health and patients' rights issues with little or no significant impact recorded, the media practitioners and other stakeholders involved in creating awareness on patient rights should change tact. This is supported by Wang et.al (2022) who argues that targeted promotional or advertising messages can serve well if used alongside news to influence the agenda-setting process.

Moreover, media practitioners and journalists should move away from sending general messages when addressing patients' rights issues. According to Weaver (2007), journalists have the power to set an agenda through the way they define problems, interpret its causes, treat and evaluate it as well as through the recommendations they provide. This shows the power and the heavy responsibilities journalists have in setting the media and the public agenda. Journalists need to single out patients' rights messages from general reportage to increase their visibility and hence attain the desired perception from the mass media audience.

In addition, the mass media should be consistent while disseminating messages on patients' rights. There should be an inter-media agenda-setting meaning whereby the mass media disseminate corresponding messages on patients' rights of all forms to win the confidence of the mass audience. This is because media messages are treated with much seriousness if the same messages are carried across various forms of media portraying a variety of content and formats (Fortunato & Martin, 2016). According to Rustandi & Muchtar (2019), mass media as a whole has a potential of constructing people's opinions and perceptions towards various issues by packaging messages into programs that are relatable to their audiences. This means that it's not automatic that messages shared through the mass media create a desired impression and even action from target audiences but should be right in terms of content for a relevant and favorable perception to be formed.

In summary, these findings show existence of a complex relationship between the mass media's opinion set and the public opinion held. The fact that mass media messages disseminated on patients' rights have not attained the desired perception shows lack of a working interconnectivity between the mass media agenda and the mass media audience agenda formed. This means that for the mass media to create a favorable perception on patients' rights among its target audience in the study area, it will need to work on several issues of personal factors that can be a hindrance to media messages to build trust of media messages among its targets. Increase the frequency and content disseminated on patients' rights to increase its visibility and make it memorable. Journalists should separate general health reporting from patients' rights reporting to

enable them to share clear, accurate and precise messages. The media and its practitioners should strive to attain their command and authority to the general audience.

4.7 Challenges Faced in Dissemination of Mass Media Messages on Patients' Rights (Objective 3)

This objective assessed the hindrances to dissemination of mass media messages on patients' rights. The following dimensions were used to understand this objective: the audience-centred barriers, the media practitioners' related hindrances and the barriers affecting the health policy experts in communication on patients' rights through the mass media. Only qualitative data was collected through FGDs and in-depth Interviews. The findings were as shown below:

4.7.1 Audience Based Barriers

During focus group discussions, the following challenges were identified:

Swali: Kwa maoni yenu, ni shida zipi zinazokumba shughuli ya usambasaji habari kuhusiana na haki za wagonjia kupitia kwa vyombo vya habari?

Excerpt 15

Jibu1: *Vyombo vya habari vinaangazia sana yanayotendeka katika miji na mitaa mikubwa . Ukiwaona wanahabari hapa kwetu ni wakati wanapo andamana na watu wakubwa serikarini au wakati mauaji yametekelezwa katika hili eneo letu*

Jibu2: *Ni vigumu kuwafikia wanahabari, hatuna numbari zao za mawasilianona hapa watu wengi hasa wanawake wanatusiwa na manesi wanawatusi wakiwa wajawazito. Lakina hatuna vile tunaweza wafikia wanahabari tuwaeleze malalaimishi yetu kuhusiana na hilo.*

Jibu3:*Redio zetu za hapa zinazotutangazia kwa lugha yetu hii kama vile Tulwoob Kony FM, yenye tunategemea kwa jumbe za yanayofanyika hapa nchini kwetu haija zungumzia jambo hili.Labda jumbe kuhusiana na jambo hilo linaangaziwa na redio citizen na mitandao nyingine.*

Jibu4:*Ninachoweza kusema ni kuwa, vyombo vya habari vinafaa kutumia lugha tunayoweza kuelewa kuhusiana na hizo haki..wewe unaongelea kuhusu vyombo vya habari na haki za wagonjwa lakini kwa ukweli sisi hatujui hizo haki ni nini.*

Jibu5: *Labda maelezo kuhusu hizo haki yanafaa kuangaziwa katika habari na makala maalum.*

Jibu6: *Mwenzangu hapa anasema kuhusiana na Makala maalum. Wakati mwingine unaweza tazama hayo Makala maalum katika runinga zetu lakini unamalizia kumtazama tu Yule mtangazaji na washiriki wake katika kipindi hicho. Waambie wanahabari kwa niaba yetu kuwa waache kutumia maneno kubwa kubwa badala yake, watuzumzie kwa lugha rahisi tunayoweza kuelewa****.***

Translation

Question: In your opinion, What challenges affect the dissemination of mass media messages on patients' rights?

Discussant 1: *Mass media only focuses on what happens in big cities and towns. When you see journalists around its when accompanying a dignitary or when murder has been committed in this area.*

Disscussant2: *It is hard to find journalists; we do not have their contacts. you see most people and more especially women suffer abuses from nurses during pregnancy. But we do not have means of reaching the mass media to relay our complaints.*

Discussant 3*: Our vernacular radio stations such asTulwoob Kony FM,which we relie on for information about what is happening in our country do not focus on*

such issues. Maybe that information can be gotten through citizen radio and such platforms.

Discussant 4: *What I can say is that the mass media should use the right language for us to understanding these rights. Like in this case you have kept talking to us about mass media and patient rights but to be sincere, we don't understand what those rights are.*

Discussant 5: *Maybe more information on these rights should be highlighted on in the news and special programs*

Discussant 6: *My friend here is talking of special programs; sometimes you can watch television programs but end up admiring the journalist who is airing the program alongside the panel in a program. Tell this to the media on our behalf, those heavy terminologies do not help in any way but rather complicate matters.*

Excerpt 16

Jibu1:*Wanahabari ndio changamoto wao hawajishughulishi na maswala ya maeneo ya mashinani*

Jibu2: *AHakuna changamoto kubwa ingawa vyombo vya habari vinafaa kutuhusisha na kuja hapa kwetu na kutuelimisha na pia kupata maoni yetu pia.*

Jibu3:*Nasisitiza kuwa wanahabari wanafaa kutuelewa na kutuongelesha.*

Jibu4*: Naweza toa maoni kizani na wenzangu, nasema kuwa kwa wale lazima tushiriki katika kliniki za magonjwa sugu kama vile diabetes na ugonjwa wa sukari tunawahitaji hao madaktari bila kujali vile wanatuhudumia kama ni vizuri au vibaya.*

Jibu5: *Haya ni maswala mapya kwetu. Redio zetu za lugha za kiasili zinafaa zilizamie ziweze kutuelimisha.*
Jibu6: *Tunaweza kuongelea jambo hili kwa kina mara tutakapoelimishwa na vyombo vya habari kuhusiana na haki zetu.*

Translation

> ***Discussant 1:*** *Journalists themselves are a challenge; they do not seem to care what happens in rural areas.*
>
> ***Discussant2:*** *There is no observable challenge, however, the media needs to come to us, educate us, and get our views as well.*
>
> ***Discussant 3****: I also insist that the media need to understand and talk to us*
>
> ***Discussant 4****: I may be contradicting my friends here but this is what I have to say, for those of us who attend medical special clinics for diseases such as diabetes and high blood pressure, we need those doctors irrespective of how bad or well they treat us.*
>
> ***Discussant 5:*** *These are new issues to us. Our vernacular radio stations should dive into them and educate us*
>
> ***Discussant 6:*** *We will be able to contribute more to this discussion once we have been sensitized by the mass media on our rights.*

The views expressed in **excerpt 15** and **16** show the thin reach of mass media messages to the study area and the obscurity of journalistic works. The participants responses show that they lack a close working relationship between the mass media practitioners and the community members. The participants expressed desire to be linked to the journalists so that their issues can be addressed enhancing audience participation in mass media programs on patients' rights. As expressed by **discussant 1** in **excerpt 15** and **discussant 1 and 2 in excerpt 16**, its through participation that the audience needs can be addressed. The fact that the journalists are more concentrated in urban areas as expressed by **discussant 1** in **excerpt 15** reveals that journalists have concentrated on feeding their audience with content

that doesn't conform to their needs while ignoring their message needs as expressed by **discussant 5** in **excerpt 16** who sees patient rights as an emerging issue. In addition, the language used by the media audience was highlighted as a hindrance to a better understanding of mass media content by **discussant 6** in **excerpt 15** and **discussant 3** in **except 16.**

The use of inappropriate language has contributed to the complexity of messages communicated. This has led to low literacy levels on patients' rights in the study area. The vernacular radio stations are also faulted for not informing their audience on patient rights. In **excerpt 15 discussant 3** lamented that the vernacular radio stations in the area have not informed them of patients' rights. The participant expressed lack of knowledge of the programming of national media. This shows that vernacular radio stations and other forms of media that communicate in the vernacular are highly dependent on for information among rural audiences.

4.7.2 Challenges Faced by Mass Media Practitioners Disseminating Mass Media Messages on Patients' Rights

In separate interviews with health journalists on the challenges they face while disseminating messages on patients' rights. The following responses were recorded:

Interviewer: What challenges do you face as a mass media practitioners while disseminating messages on patients' rights?

Excerpt 17

Response 12

We face several challenges when dealing with issues of policy and more specifically this one. First is the discouraging and abusive feedback from the audience themselves. When we are covering sensitive issues, we cover them knowing very well that our stories will receive unpleasant feedback from our audience who would be having a different opinion than what we stand for. For instance, I remember I did a story on the use of contraceptives among teenagers whereby I was appealing for the availing of contraceptives to them. My social media platforms were filled with abuse as the audience were reacting to the story. If you chance to be so much worried of what people will post of you once your story has focused or highlighted a controversial issue you will shy away from such issues with the intension of preserving your repute.

Response 13

Newsroom bureaucracies affect our work. Sometimes you work so hard to deliver a story but your editor decides not to publish it due to more personal than professional reasons.

Response 14

Some places where the story could be happening are inaccessible due to insecurity and poor infrastructure. However, with the aid of the county governments, roads have been improved, though much needs to be done on roads leading to villages which are almost impassible, especially during rainy seasons.

Response 15

Government bureaucracies; you find that it is a challenge getting information for most stories in which the government is involved. In most cases, we get tossed up and down in relation to which official should provide us with the required information. This becomes annoying and tiresome compelling one to give up on the story even if you know the consequences of doing so.

Response 16

We are not native speakers of languages used within our workstations. This makes it hard for us to understand local languages and we are sometimes forced to relie on translators who sometimes waters down or distorts the story.

Response 17

We also face cultural-related challenges. For instance, some sources may be unwilling to give you the desired information because you are a woman. There is a story I was following up on the use of contraceptives in the north of Kenya and Muslim women were ordered not to speak to us because their religion doesn't allow talks on the topic.

Response 18

Some stories are associated with curses and people are not willing to talk about them for instance if they involve a person with a disability it will be an uphill task to exhaustively work on such a story, being that people fear associating with such stories.

Response 19

We sometimes experience hostility from some sources. You may find a source who is very protective and ends up issuing you threats on the consequences of publishing stories involving them.

Response 20

We face corporate interference whereby some organization demand PR for them instead of a story.

Response 21

The communities that we engage with lack awareness of basic aspects and in most cases, we end up carrying out sensitization before getting information that we desire for our story. This is beyond our scope because sensitization on public issues is supposed to be done by the government. This delays us in getting the story published on time.

As highlighted by media practitioners in **responses 12-21**, the challenges faced range from personal perceptions /subjective look into issues which affect reporting of the same issues to their respective audiences in societies to societal barriers such as culture, religion and language of the communities in which they work. Further, they also experience practice or work-related barriers emanating from newsroom bureaucracies and editorial policies as explained in **response 13**. Politically instigated barriers range from corruption to political attacks and intimidation of journalists by political figures as identified in **response 15**. Challenges caused by poor infrastructure which hinder accessibility to some parts of the country as journalists go about their work were also identified in **response 14**. Audience can also affect how much journalists share because of their insensitive feedback especially when stories shared are very sensitive as explained in **response12.**

4.7.3 Challenges Facing Health Policy Experts when Communicating on Patients' Rights through the Mass Media to Residents of Mt. Elgon

Excerpt 18

Question: Which challenges do you encounter while communicating about patients' rights to residents of Mt. Elgon through the mass media?

> **Response 22**
> *There is one major problem that we face when we communicate to the public about patient rights through the mass media and as I stated earlier; radio and television. The mass media is too costly so we are compelled to exclude it from most of our activities and adopt alternatives.*

Response 23

We also face language-related challenges. People living in urban areas are easy to handle but those in rural areas need every aspect to be translated for their understanding and some aspects of the law cannot be translated without losing meaning.

As depicted in **responses 2**2 and **23** above, health policy expert identified high cost of media space and airtime as well as language barrier as the only challenges that they face while communicating to the public, especially those in rural areas on patients' rights.

From the following responses in the four excerpts above-ranging from **excerpt 15-excerpt 18** the following common challenges were identified: inappropriate language, culture and religion, interference (political and corporate), bureaucracies (newsroom and government), hostility, attacks and intimidation from sources, unpleasant feedback, high cost of communication, ignorance and inaccessibility.

4.7.4 Common Mass Media Challenges

4.7.4.1 Inappropriate language

The findings reveal that language is a cross-cutting challenge that greatly affect the whole process of dissemination of mass media messages on patients' rights. It affects information sources(health policy experts) who fail to find alternative words in the simplest language for policies as indicated in **response 23**, it affects journalists who end up seeking the help of translators who may not give the right translation as explained in **response 16** and the audience who fail to interpret messages that are relayed to them due to complexity of language used as expressed by **discussant 6** in **excerpt 15.** These findings confirm that language is a key aspect in any communication. For any communication process to be successful, language has to be taken into consideration. To

concur Ibrahim & Ibrahim (2017) posits that language has to be correct to mean what it means to say, and for the audience to do what the language dictates, failure to which, what should have been done will remain undone. Otinga & Ngigi(2018)) agrees that the use of complex language can hamper reporting and this in turn can cause frustration for the viewers and other mass media audiences.

In many studies, language has been highlighted as a major problem in communication exposed to linguistic noise (Ibrahim & Ibrahim 2017). This is perpetrated through the use of unfamiliar words, presenting unfamiliar meaning, poor sentence structure and poor pronunciations (ibid, 2017). The various patterns of language not only affect the communication processes but also present unique and different cultures (Macharia, 2019). Further, Buarqoub (2019) highlights that poor language choice, accent, missing and misused works as well as poor grammar can hamper a communication process causing frustration and a feeling of wastage of time on the affected as depicted by **discussant 6** in **excerpt 15** who stated that sometimes you can watch special programs on television but end up admiring the journalist and the panel members involved due to use of complex language. This response indicates frustration associated with inability to deduce meaning from some mass media content due to inappropriate language use. Kapur (2018) advises that when communicating with other persons irrespective of the media used, a common language for the parties involved should be used. **Discussant 4** in **excerpt 15** appeals to the media to use the right language to enable them to understand these rights. This implies that the messages on patients' rights might have been disseminated but the discussant failed to draw meaning from the same due to a semantic barrier.

The appeal to vernacular radio stations and other media to disseminate messages on patients' rights as expressed by **discussant 3** in **excerpt 15** and **discussant 5** in **excerpt16** show the desire the mass media have to have patients' rights messages presented in the simplest language for easy understanding, their vernacular. According to Media Innovation Centre (2021), media content is a language-based product so language used is the determinate of not only how the media product will be received but also on how it will be utilized. The language use varies across various audience base i.e. the urban based media audience would prefer English media content whereas rural based would prefer media content in Kiswahili language (ibid, 2021). Macharia (2019) agrees that vernacular radio stations and other media messages presented in the vernacular can easily resonate with their audience because they bring about an aspect of identity by referring to the local surroundings.

In African cultures, coded language is preferred and these in most cases negatively affect discourse on certain issues in Kenya. This is a confirmation to why **discussants 3** and **5** in **excerpts 15** and **16** respectively appeal for the vernacular radio stations to pick up the patients' rights issues and educate them more on the same. This shows that vernacular languages are preferred in areas where clarity is required. This agrees with Macharia (2019) who states that use of local languages has the potential of ensuring both accurate understanding as well as interpretation of the messages resulting in the undertaking of appropriate action. Hannon et. al(2009) summarize the danger associated with the use of inappropriate language in health communication by stating that the use of language that cannot be comprehended among target groups can increase inequalities due to low literacy levels.

Further, Antwi-Boateng, et.al (2023) agree that in rural areas, people listen to vernacular radio stations to overcome language challenges which limit them in terms of the news and other media content they are exposed to. This confirms the sentiment raised by **discussants 5** in both **excerpts 15** and **16** whereby the former appeals to their vernacular radio station to inform them on patients' rights. In contrast, the latter appeals to inclusion of more content on patients' rights in news and other special programs. Lack of appropriate language use has prompted 'irrelevant' and 'unrelatable' messages on patients' rights.

4.7.4.2 Culture and religion

In this study, in addition to language, culture and religion were also identified as barriers to effective mass media communication on patients' rights. According to Madden (2022), cultural beliefs can lead to lack of openness in communication sessions where two or more cultures are involved. This agrees with the findings of this study, in **response 17**, a journalist highlighted that the women in the North of Kenya shied away from giving them information on contraceptives because their religion prohibits them. In addition**, in response 18** people in some communities associate some illnesses with curses and thus they fear talking about such diseases.

This portrays that at a community level, only culturally and religiously acceptable information can be shared with journalists or publicized. This affects the clarity of information shared by sources at the community level and later disseminated through the mass media to the mass audiences. In some instances, these sources can end up giving inaccurate information for fear of being cursed or to avoid being involved with

culturally or religiously unfit stories. Waitzman et.al (2019) advise that to break the barriers associated with culture and religion in law and medicine, collaborative ways of communication between communities and the mass media have to be sought. Journalists have to understand religious and cultural backgrounds of their sources to remedy the situation. Radwan (2022) summarizes the influence of culture on communication by highlighting that culture influences how individuals comprehend themselves and others. The same culture has also affected the kind of content being relayed whereby some information is withheld by sources because it's 'culturally unfit' to be exposed. As highlighted by journalists in response **17** and **18**, cultural taboos and associated beliefs have continued to mar the information-sharing processes and patients' rights related information is not an exception.

4.7.4.3 Interference from Corporate Organizations

As exposed in **response 20, j**ournalists struggle to distinguish between public relations (PR) work and journalistic work**.** Suriadi et.al (2022**)** observe that the two disciplines are interdependent. However, it is notable that lately, PR is increasingly exerting a lot of influence on journalism (Worlds of Journalism, 2017). This factor has been brought about by increased close personal relationships between journalists and PR professionals, poor working conditions and job insecurity (Gomez et. al, 2015). The challenges highlighted are replicated in the Kenyan media context where most journalists have lost jobs since 2020 to date.

Thus, journalists in some cases fail to observe the newsroom conventions and succumb to PR (Obermaier et. al, 2018). Concerning this study, the journalist responses show that

journalists understand their role to the public especially when reporting issues involving organizations, but, they are also victims of the poor working conditions and this has greatly affected the manner in which patients' rights issues are reported and in most cases overshadowed as objective journalism is downplayed for PR.

4.7.4.4 Newsroom and Government Bureaucracies

Newsroom and government bureaucracies are highlighted as challenges facing journalists in their dissemination of mass media messages on patients' rights as identified in **responses 13 and 15 in excerpt 17** respectively. Bureaucracy refers to a controlling or management system which provides rules, regulations and protocols that have to be strictly followed by all officials employed in a given organization or company. According to Idike et.al (2019), these systems, and bureaucracies have associated negative outcomes such as a surge at work due to many restrictions. Further, Ekwenife et.al (2021) cautions that bureaucrats are adamant to change even when the stringent protocols and rules can hamper the process concerned.

In the newsroom, the bureaucratic function is affected by the many editors who delay and even block content on patients' rights from being disseminated. Ekwunife et.al (2020) highlight that bureaucracy affects the type of news published whereby original news details can be altered or even suppressed by the editors, especially if the contents are not palatable to the superiors of an organization even when the story is truthful. The areas altered include: changing the language, trimming and editing accompanying pictures and on the worst, not publishing the story concerned (ibid, 2021).

While the editors will be confined to interfering with the story filed, the government also struggles to ensure that some news details are not accessed by journalists even when the story is with journalists, the public domain and needs to be disseminated for the public interest. Reinforcing this opinion, Erlich et.al (2021) posit that government officials will not be willing to provide information, especially on a threat for fear of tarnishing the overall reputation of an organization and the political careers of the specific persons concerned. This implies that the government will always struggle to suppress any story relating to the violation of patients' rights if the government is involved or even block mass media-steered conversations around patients' rights issues if such content will end up putting the government in bad light.

Further, politicians not only withhold facts from reaching the public through journalists as expressed in **response 15,** but can also influence what is published. Politicians tend to control media content especially if the media is state-controlled. Further, Reporters Without Borders (2021) supports that political class does not only influence state-owned media but also privately owned media houses for fear of their work being jeopardized. The control by politicians as well as the editor's decision could water down the stories shared on patients' rights and this in consequence affect the public impact that the stories demanded initially.

In addition, government interference can affect journalist's efforts to empower the general public on matters of patients' rights. For instance, in both **responses 13** and **15,** there is a high level of hopelessness registered by journalists. Whereas in **response 13** a story may fail to be published, in **response 15** the hurdles associated with finding facts

from government departments on particular stories sometimes compel journalists to give up on such a story. This in turn justifies why very few persons have been reached with information on patients' rights.

Moreover, the fact that most bureaucrats are not flexible to change and innovation (Ekwenife et.al, 2020) poses a challenge to journalists working on patients' rights reporting which falls onto a new form of journalism referred to as human rights journalism, which is the type of journalism aimed at preserving the dignity of human beings irrespective of their background and many other personal identity variables (Shaw, 2011).

4.7.4.5 Hostility, Attacks and Intimidation

Attack on Journalists is another barrier that should not be ignored when disseminating messages on patients' rights. As explained in **responses 12** and **19**, the attack on journalists can be either emotional or psychological through feedback received on the stories they file or physical through hostility meted out on them from the news source as reported by various media entities. In **response 12**, the journalist highlights that whenever they cover topics that seem to be very sensitive in the assessment of mass media audiences based on the way that they take a stand with the minority as in the highlighted case where the journalist supported use of contraceptives among adolescents, the mass audience attack them through abusive and unpleasant feedback. In **response 19** journalists are physically attacked and even threatened by sources who would want to protect the information on an incident from spilling to the public through the mass media. According a report by the Committee to Protect Journalists (2021) for a

period between 1992 and 2020, approximately 1373 Journalists were attacked all over the world.

According to Reporters without Borders (2021), journalists in Kenya have suffered attacks from law enforcers as well as other groups leading to physical injuries and confiscation of equipment. These attacks are likely to lower the scale of work done by journalists. While physical attacks can be avoided by the use of technology in getting information from targeted sources, emotional and psychological attacks are inevitable. Boydstun (2013) agrees that feedback on media content is essential and that it can enlist both negative and positive feedback. Russell et.al (2017) warns against negative feedback because it also negatively affects a policy process. This implies that when stories or media content receive uproar from its audiences less action is more likely to be undertaken by respective authorities. This in turn affects the amount of content shared on certain topics by journalists for fear of being attacked or negatively criticized.

4.7.4.6 The high cost of Mass Media

The high cost of media use has resulted in less or even disuse of mass media by policymakers in the dissemination of information on patients' rights. This has left policymakers with the option of increasing the use of interpersonal channels. As reported in **response 22** in **excerpt 18** above, the mass media is too costly and thus health policy experts opt for interpersonal communication avenues which seem to be less costly. This finding agrees with Hongcharu (2024) who states that mass media's absolute costs have always been high, forcing intended mass media users to seek alternatives whose costs could be lower to reach their target audiences. The limited media use reported could be attributed to a lack of confidence in the mass media, unlike

the blame on high cost. According to the Media Innovation Centre (2021), the media in some instances has presented misleading adverts and the immediate consequence is that potential advertisers use alternatives to mass media. This has caused decreased profits across commercial media (Bonuke, 2016). However, the drop in profits can further be attributed to the increased competition brought about by digital platforms and the adoption of terrestrial digital broadcasting as well as the effects brought about by COVID 19 in 2020 (Ipsos, 2020). These finding that the cost of communicating through the mass media affects the income generated as alternatives are resolved to add to the list of the causes of reduced income. Consequently, it contributes to low literacy levels because limited information is communicated by organization participating in awareness campaigns on patients' rights.

4.7.4.7 Ignorance of the general public

According to Dorniok (2013), ignorance is simply defined as a lack of knowledge. Absence of knowledge can be experienced at a personal level (individual ignorance), deliberately created ignorance (cultivated ignorance) and delimited ignorance brought about by ecological factors also known as permanent ignorance (Ibid, 2013). Inan (2020) concurs that amid knowledge there exists ignorance, there is no level of knowledge that can eliminate ignorance in totality, and thus, there is ignorance of some degree that a person exhibits in almost everything.

In this study, ignorance is not only depicted by focus group discussants who have indicated lack of knowledge on patients' rights but has also been brought out in **response 21** whereby a journalist explains that in some instances the communities that

they engage lack awareness on basic aspects. Thus, they are compelled to carry out sensitization first before they get information from such sources. This explanation spells out ignorance on the side on the public on public issues. The low knowledge levels on patients' rights is contributed to by the mass media due to limited coverage from rural areas. In turn, this has affected health literacy levels of the audience whereby patients are ready to forego their rights (Nevhutalu, 2016). This is revealed by **discussant 4** in **Excerpt 16** who explains that patients living with non-communicable diseases such as diabetes, and high blood pressure among others, are ready to compromise the violation of their rights for care from medical practitioners. This shows that the mass media audience in Mt. Elgon area experience limited exposure to mass media messages on patients' rights and this has resulted in thin or even no knowledge on patients' rights. This further has a great consequence on the dignity of these patients as well as the uptake of their responsibilities as patients in a treatment exercise (Almoajel, 2012 and Nematollahi et. al, 2020).

4.7.4.8 Inaccessibility of rural areas

In this study, the challenge of inaccessibility is brought about by the poor infrastructure and the failure of journalists to cover stories on issues affecting rural dwellers regularly. **Discussant 1** and **2** in **except 16** reveal that content covered on patients' rights from the rural areas is minimal. This is because journalists are rarely seen in rural areas more especially when something grave has occurred or in the company of politicians. This confirms why level of knowledge on patients' rights is higher in urban areas as opposed to rural areas. Moreover, lack of infrastructure also renders these rural areas inaccessible as depicted by **response14**. This finding agrees with Ibagere (2020) who states that there

is limited access to rural areas by journalists due to poor infrastructure and consequently, there is little information obtained from these areas.

Inaccessibility can be attributed to lack of direct and indirect engagement of mass media audience with journalists. As depicted in e**xcept 15, discussant 1** says that the only time they engage with journalists is when murder has been committed in their community or when a prominent political figure is visiting or undertaking an activity in the community**. Discussant 2** in the same excerpt states that pregnant women are the most abused in their local health facilities but they lack the means to connect with journalists to expose such acts.

This shows that mass media practitioners lack lines through which they can engage their audience to attract them to their content in addition to establishing their information needs. Thus much of the mass media content is irrelevant and unsuitable for most rural dwellers. These findings depict a case of media shadowing in media reporting in various ways. First, the media has shadowed the geographical area focusing on what happens in big towns in their coverage leaving out what happens in the rural areas. Media has also shadowed coverage of patients' rights instead it has focused on sporadic news happenings (O'Neil & O'Connor, 2008). In addition, Gagnon et.al, (2019) posit that the media need to engage their mass audience either offline or online to attract them to their content and establish their expectations. While the online audience can be engaged through digital platforms, the offline audience can be engaged through community forums and community broadcasting through on-location production. In rural areas, considering the low internet connectivity and accessibility due to infrastructural and

economic factors, they can be engaged offline (Otieno & Anyuor, 2024). This means that the mass media practitioners should not only struggle to share relatable messages to the rural audience on patients' rights, but should strive to get their view and feedback through community centred avenues to enhance their messages on patients' rights.

Assessing these findings in line with the agenda setting theory of the mass media, reveals that they correspond to challenges highlighted in the stated theory. The theory acknowledges the dynamic nature of the mass media environment whose changes are greatly affecting mass media's ability to change or create a favorable public agenda on its audience (Naser, 2020).

The challenges reflect a complex and strained relationship between the mainstream media and its audience. It shows that the ability of the mass media to create pubic agenda is not only dependent on one genre of content, news but rather varied formats need to be employed (Chaffe & Metzger, 2001). In addition, the offensive role of the mass media is rapidly being replaced by the defensive one based on the challenges highlighted. The mass media should swiftly change its focus and start covering the subjects that have been ignored for some time.

This draws a line that the mass media message dissemination process is affected by both internal and external factors as well as individual and collective issues. Journalists have to be privy to all associated challenges that can hamper their communication activities on patients' rights to improve knowledge levels among rural mass media audiences on patients' rights.

4.8 Suitability of Mass Media Messages regarding Patient Rights and their Implementation (Objective 4)

This objective sought to determine the relevance of mass media messages to their audiences and their associated effects on implementing the same rights. The study interrogated the audience's opinion on the suitability of mass media messages. In addition, policy experts and health journalists were questioned on the suitability of mass media messages on patient rights warranting implementation of the same rights at health centres. The findings were as documented below:

4.8.1 Suitability of Messages

This section focused on the attributes of suitable mass media messages and the factors considered when designing messages disseminated on patient rights to ensure the suitability of such messages to the mass audiences targeted as shown below:

4.8.1.1 Suitability of mass media messages on patients' rights from the audience's perspectives.

Using a two-scale matrix index of agree and disagree, four variables qualifying the suitability of mass media messages on patients' rights were explored and the findings were as shown in the table below:

Table 4.3: Suitability of Messages on Patients' Rights

	Agree	Disagree
Mass media Messages have Improved my knowledge levels on patient's rights	32 **(24.24%)**	98 **(75.76%)**
Mass media messages on patient's rights use appropriate language	41**(31.54%)**	89 **(68.46%)**
Mass media messages on patient's rights are practical	23 **(17.69%)**	107 **(82.31%)**
Mass media messages on patients' rights serve our information and personal needs	18 **(13.85%)**	112 **(86.15%)**

(Source: researcher, 2024)

The findings in **Table 4.3** reveal that mass media messages on patients' rights are hardly suitable for the mass audiences. This is shown by the high statistics of the respondents who disagreed on the four items discussed as shown above. As per the findings, the mass media messages have not improved or increased their knowledge levels on patients' rights recorded at 75.76%. In addition, the mass media messages do not use appropriate language in addressing patients' rights rated at 68.46%. Further, the messages are deemed impractical with a majority rated at 82.31. Lastly, the findings also reveal that mass media messages on patients' rights fail to serve the information needs of their targeted audience rated at 86.1%.

During a focus group discussion with the members of the public in the study area, they unanimously agreed that they had not been reached with specific messages on patients' rights through the mass media. Thus, they were unable to comment on the suitability of the mass media messages on patients' rights.

4.8.1.1 Findings from Policy Makers on the Suitability of Mass Media Messages on Patients' Rights

The policy experts were asked to comment on how they ensure that the messages they share on patients' rights through the mass media are suitable and their findings were as shown in **Excerpt 19** below:

Excerpt 19

> ***Response 24***
> *I can attest that the messages that we share with the public through the mass media are suitable because we try to reach all segments of our population, we communicate to one group at a time. Segmenting the members of the publics helps us to identify suitable themes and language to use. For instance, if we want to educate the youth, we need to reciprocate with them by using the language that they identify with.*
>
> ***Response 25***
> *We first establish the need for our communications. Thus, when we go to the communities to educate them on their rights, we normally inform them of what we know they need to know.*

The responses above indicate the high confidence that health policy experts have in the messages that they disseminate on patients' rights. This is attributed to the fact that they know that various sections of their target population need to be reached separately and that they have to understand the information needs of their audience before

communicating to the members of the public on patients' rights. The emerging factors that can contribute to the suitability of messages identified here are the ability to identify the targeted audience (audience segmentation), the use of suitable language and understanding the information needs of the targeted audience. However, the use of interpersonal means of communication is persistent. As highlighted in response 25, the interviewee said:

> *'We first establish the need for our communications. Thus, **when we go to the communities** to educate them on their rights, we normally inform them of what we know they need to know*

'When we go to the communities' implies that they use interpersonal means to communicate to the public on patients' rights.

4.8.1.2 Suitability of Mass Media Messages on Patients' Rights as Explained by Media Practitioners

Further, the suitability of mass media messages was analyzed from the media practitioners' perspectives and the findings were as shown below.

Excerpt 20

> **Response 26**
> *I can confirm that our messages are suitable for the targeted section of the mass audience. For instance, we have seen the government improve on infrastructure based on our stories. We have also seen the public embrace some medical services based on our content.*
>
> **Response 27**
> *Our general messages on health products are always suitable because they enlist support from our audience. However, because we have not singled out messages on patient rights, I cannot conclude that our messages are suitable for this topic.*

Response 28

You are inquiring about the utility part of my stories. Though we/ I have never thought keenly focusing on the patient's rights, the messages relayed to the general audience are those deemed suitable and useful because we have checks and balances.

Response 29

Concerning patient rights, I have not shared suitable messages. But, about health services and products, we are clear. This is because we also cover other beats and this minimizes the application of our specialized skills.

Response 30

I cannot rate my work. Maybe when I receive an award for reporting on patient rights issues, I will then conclude that my works or rather messages are suitable.

Response 31

The suitability of the message is in most cases dependent on the relationship between the news/information sources and the mass media. There are those sections of government and even non-governmental organizations that fail to engage the media. This means that when we fail to meet the objective of informing our audience on a subject, it is all because the sources fail to cooperate.

The findings in **excerpt 20** above indicate that mass media messages on matters of health have enlisted action and support. As exposed in **response 26,** the messages disseminated by health journalists have enlisted action from the government in terms of infrastructural adjustments and service improvement. In **responses 27** and **28**, the health journalists are casting doubt on how they have addressed patients' rights issues in their coverage. In response 27, the journalist admits that he has not covered specific messages on patients' rights but has communicated on general health matters. In **response 28** the journalist is not even sure whether the issues he covers gets attention of the public.

However, they conclude that their messages have been supported by their audience, an indication that they are suitable as depicted across all responses ranging from **response 26** to **31**. In **response 27** the health journalist is attributing their success in disseminating suitable messages to the existence of checks and balances in their work which can be simply referred to as editorial policies. However, covering other beats, and stories on other topics, is highlighted as a major hindrance to the lack of adequate coverage on patients' rights by health journalists in the mainstream media as explained by **response 29. Response 31** highlights that the success of journalists in disseminating suitable content on patients' rights is dependent on the level of cooperation between the information sources and the mass media. There are several factors arising from health journalists on how to determine the suitability of mass media messages on patients' rights. They include enlisting support from the audience and other stakeholders, conforming to editorial policies and seeking for input and cooperation from the sources.

4.8.1.1 Established criteria for dissemination of suitable mass media messages on patients' rights

Even though the findings documented above show that the mass media has not disseminated suitable messages on patients' rights to the mass audience in the study area, it exposes several factors that have to be considered by the mass media to ensure that the messages disseminated on patients' rights are suitable. They include audience segmentation, understanding the audience's information needs, choosing the right theme, choosing the right language, working with your sources, making the messages practical to enlist support and action and observing editorial policies as explained below:

4.8.1.1.1 Audience segmentation

The findings in **response 24** explain that for policy experts to ensure that the mass media messages they share with the public are suitable they segment the members of the public to identify the relevant themes as per the segment targeted. Most scholars acknowledge that audience segmentation can result in improved outcomes however, it's notable that the practice has not been applied in outcome-related behaviour change or implementation (Pellowski et. al, 2023). The fact that the mass media has not disseminated suitable messages on patient rights implies that the respective journalists have not established the various segments of their population that they need to reach with messages on patients' rights.

According to Smith (2017), audience segmentation entails identifying groups of persons within a population that share common factors regarding communication goals. Kreuter et.al (2013) points out that in audience segmentation, a population is subdivided into subgroups of similar characteristics to enable the communicator to disseminate tailored messages to enlist a greater impact. Lynch et. al (2014) advise that tailored messages are usually more effective compared to messages sent to the general population, or unsegmented audiences. In addition, in health campaigns, segmentation can influence outcomes that will benefit the population at risk and the general society as well (Hines et.al, 2014). This implies that determining the specific groups in the public to be reached with mass media messages on patient rights, will decrease the potential of patients' harm. Though in **excerpt 24** the health policymakers are conscious about the audience segments to be reached, there is no corresponding consciousness among the journalists as per the responses recorded in **excerpt 20**.

For the journalists and other stakeholders communicating on patients' rights through the mass media to design effective messages, they need not only segment their target audience but also understand the approaches to audience segmentation. According to Smith (2017), the audience targeted can be segmented using demographic separation or empirical clustering. In demographic clustering, the groups are developed based on demographic characteristics of age, gender, education, income, and race among others. On the other hand empirical clustering involves statistical procedures to reduce complex data into small meaningful interpretable groups (ibid, 2017). The fact that the health policy expert in **excerpt 24** gave an example of youths being different from other targeted members shows the understanding of the demographics approach to audience segmentation however the aspect of audience segmentation is vague with health journalists engaged in this study.

4.8.1.1.2 Understanding the Audiences' Information Needs

In **Table 4.3** above**,** the respondents indicated that the mass media messages disseminated to them on patients' rights do not meet their information needs rated at 86.15% and that they have not improved their level of knowledge on patients' rights rated at 75.76%. These findings show that the mass media messages disseminated on patients' rights have continued to ignore the information needs of their targeted audience. Even though in **response 25** the health policy expert stated that they establish the information needs of their target, the fact that the corresponding channel that they use is not the mass media rules out the fact that audience needs are considered in the dissemination of mass media messages on patients' rights. In addition, the responses from journalists in **excerpt 20** do not highlight how the needs of the audience are

established and factored in during their communication activities to the mass audience on patients' rights.

These findings agree with Gibson et.al (2020) who observe that mass communication needs to factor in individual differences in communication and education needs to attain success. This implies that journalists communicating on patients' rights should go beyond clustering by establishing the needs of the individual members in each sub-group. In addition, WHO (2017), explains that at any planning stage of any communication, the communicators, who in this case are journalists, should take into consideration the information needs of their targets. Further, Haroz et.al (2022) highlight that suitable mass media messages should consider the needs, wants and desires of the targeted audiences.

Further, Warner et.al (2017) observe that understanding of individual needs of the targeted audience has been ignored over time due to the associated complexities but this has also affected the levels of success of any communication activity because tailoring messages to individual needs results in the attainment of great success. Porral et.al (2024) explain that journalists' credibility is dependent on the ability of their messages to serve the individual needs of their audiences. This means that journalists should strive to understand and address the individual needs of their audience. Kadriye et. al (2014) add that understanding individual information needs is necessary because they influence personal perceptions based on personal traits, preferences, behavioural patterns and the social environment lived. This means that understanding individuals targeted at a

personal level is a hallmark of successful mass media communication on patients' rights among the targeted mass audience.

In order to understand individual behaviour, journalists have to be conscious of both cognitive and emotional abilities of their audience. The two directly affect the information needs of individuals and associated actions towards mass media messages. According to Bashir et. al (2018) in strategic communication which entails dissemination of tailored messages, the communicators need to win the hearts and the minds of the audience on the subject of communication. Cognitive abilities are linked to the recognition of messages which is also affected by the previous experiences of the individual audience whereas emotional awareness deals with one's feelings (Ibid, 2018). Thus, journalists need to assess the individual needs of their targets with messages on patients' rights and tie their messages to their experiences and feelings to increase recognition, memorability and action.

4.8.1.1.3 Choosing the Right Theme

As shown by the findings of this study, while health policy experts are aware of identifying themes of the messages they communicate to the mass audience on patients' rights as shown in **response 24**, health journalists, on the contrary, have continued to disseminate general messages on health issues and not on patients' rights in particular. The journalists addressing issues of patients' rights need to create themes that are relevant to their audience to enlist support.

According to Happer & Philo (2013), mass media messages that combine logic and knowledge can be trusted by the mass audience. To attain this, the themes or topics

addressed in mass media messages should factor in the audiences' direct and indirect experiences. Kreslake et. al (2019) recommend that audience research is key in determining the messages to be disseminated to the mass audience. This implies that health journalists should understand the topics of concern among the segmented audience to be able to send tailored messages that can create an impact that will support the implementation of patients' rights.

4.8.1.1.4 Choosing the Right Language

As noted in the findings above the language used in communicating mass media messages on patients' rights has not been appropriate, rated at 68.46% in **Table 4.3** above. This is despite the remark from the health policy expert in **response 24** that they segment their population to determine the right language with which to communicate issues on patients' rights through the mass media. However, the responses from journalists have not highlighted appropriate language as a key indicator of suitable messaging on patients' rights.

According to Ogbiten & Emmanuel (2007) mass media messages need to be suitable in terms of language used in order to serve the needs of the audience. Hannon et.al (2009) support that language that is not culturally fit can increase inequalities related to low literacy levels among target groups. Thus, for journalists to settle on the language to be used when communicating on patients' rights issues, they need to understand their target culture. This shows that these factors are interrelated, one factor affects the other. According to Giguère et.al (2020), when language does not conform to the needs of the targets, the information shared only serves an entertainment function in place of an educational role. Alawad & Kambal (2018) explain that the complexities in messages

can be ironed out if the language used in a communication process can bring out the cultural, psychological and physical meaning as sought out by the targeted audience at the filtering stage of a communication process. In addition, the right language remedies misinterpretation and misinformation. The overriding point here is the ability of the mass media messages on patients' rights to be understood failure to which, these messages will be deemed irrelevant and thus will not enlist the action intended from the targeted mass audience.

4.8.1.1.5 Working with Sources

The willingness of information sources, journalistically known as news sources, to provide information to journalists regarding an issue affects the suitability of messages shared. As pointed out in **response 31**, journalists fail to file suitable content because some sources especially governmental and non-governmental sources fail to cooperate. The fact that some sources may fail to cooperate with journalists means that the coverage of that story may be incomplete and that story may be deemed incomplete and unsuitable (Zhang et.al, 2024).

According to Kleemans et. al (2017), the choice of sources is a key activity in the news production process. Mathisen (2021) points out that the choice of sources impact how media content is perceived, interpreted and the influence it excerts on the media audience. The fact that the most reluctant sources in providing information are government sources justifies that Journalists prefer official representatives over grassroots sources (ibid, 2021). Journalists need to make use of grassroots sources when addressing issues that directly affect them such as patients' rights matters.

Moreover, Peter & Zerback (2020) advocate for use of ordinary citizens of a state as news sources so that they can speak for themselves. This will give room for a diversity of voices in the media space. The mass media audiences need to be involved in communication processes at the grassroots level. Thus, journalists should not treat media audiences at grassroots levels as passive receivers of information but they should allow the mass audience to accept and negotiate various mass media messages received. Further, even though some sources might not be cooperating with journalists in delivering the story, journalist have to remain conscious of their role in the community and always strive to find expert opinions in all issues affecting society (Otinga & Ngigi, 2018)). Health journalists should strive to engage experts on matters of patients' rights to enrich the information that they share with their audiences on the topic.

4.8.1.1.6 Making the Messages Practical to Enlist Support and Action

The findings of this study indicate that mass media messages on patients' rights are not practical rated at 82.31% as shown in **Table 4.3** above. The opinion held that mass media messages disseiminated on patients rights are not practical can influence the action taken by the mass media audiences. According to Davison (2024), Mass media can activate latent attitudes in the mass media audience, stimulating action.

However, in interviews with journalists, they hold that their mass media messages have enlisted action from the general audience and other stakeholders concerned though they do not address patients' rights in particular. Considering that the messages being alluded to in these responses are general messages does not guarantee the same for messages on patients' rights. Various scholars in the fields of communication and policy highlight that

suitable mass media should yield action. According to Mwangi (2018), in the context of policy formulation, suitable mass media messages can lead to new legislation on issues addressed.

In addition, Shuja & Abbas (2022) illustrate that the provision of various information through social media can influence the acceptance of ex-convicts back into society. Nwogwugwu et. al (2021) recommend that the right message genre such as editorials and other reports need to be used to enlist support as far as policy matters are concerned. This implies that journalists working towards disseminating suitable messages on patients' rights should work towards changing their audiences' attitudes and stirring action to improve the implementation of patients' rights.

4.8.1.1.7 Observing Editorial Policies

Editorial policies are essential in media practice. According to Hamada (2022), editorial policies are sent to foster editorial independence whereby news is produced, published and distributed to the mass audience devoid of outside influence. This allows for objective reporting resulting in the dissemination of suitable messages as **response 28** attributes. Van & Fechner (2022) explain that the mandate of safeguarding editorial policies which allow for editorial independence rests with individual journalists who should be able to resist external influence in their reporting. In **response 28,** the health journalist stated that they are guided by laws and guidelines to ensure that they send suitable messages to their mass audiences. This reveals that they can resist external pressures to serve the information needs of their audience. However, Gangopadhyay (2014) cautions that these checks and balances can block some stories from being

published despite having been filed by respective journalists. This means that journalists needs to exercise individual responsibility and objectivity in serving the public interest at all times.

These findings agree with the tenets of the agenda-setting theory and the diffusion of innovations theory of the mass media in various ways. Firstly, concerning understanding of mass media audience when determining the type of messages to communicate. According to Ibidem (2008), the mass media should consider the socio-cultural factors of their target audience to enlist the deserved support and action. The theory illustrates that the media serves as a mediator in addressing issues that affect the mass audience (Soroko,2012). Thus, the need to conduct audience analysis is recommended to make the messages suitable to the mass audiences.

In close reference to the tenets of diffusion of innovation theory, the possible barriers to diffusion of innovations such as culture and value of the target population as highlighted by Halton (2023) can be ironed out through audience research to craft tailored messages on patients' rights so as to persuade the targeted audience and obtain the support and action needed.

The findings presented above, contrast between what the media audience think on the suitability of mass media messages received on the patients' rights as compared to the thoughts of mass media practitioners. While the audience holds that the media only relays general messages on patient rights and that the media only informs them on health concerns and infrastructural advances, the media believes that they disseminate messages on patients' rights whose suitability is marked by the stakeholder's responses.

This shows the existing gap in messages disseminated on the subject whereby discussants unanimously agreed that they are yet to receive suitable messages on patient rights and thus it was hard for them to provide their views on the suitability of mass media messages on patients' rights

In summary, in achieving the suitability of messages on patients' rights journalists should segment the members of their audience, establish their needs, establish the relevant themes, work with their sources closely, design messages that can call for support and action by considering the appropriateness of the language used and always adhere to rules and guidelines that can enhance objective reporting on patients' rights. Messages should serve the information needs of the audience as far as patients' rights are involved. The mass media needs to conduct information needs assessment to determine what is known from what is not known to their audience,categorize their audience into segments based on their demographics because they affect the information needs, and choose the right language. They should also create persuasive messages and disseminate them through a suitable mass media tool. Further, evaluation processes should follow to establish the impact created and the process starts all over again

4.8.2 Implementation of Media Messages on Patient Rights

In this section on the implementation of mass media messages on patients' rights at health facility levels, the study sought opinions from FGD discussants, policy experts and journalists as shown in the subsections below:

4.8.2.1 Response from Health Policy Expert on Implementation of Media Messages on Patients' Rights

Are your messages on patients' rights being implemented at the health facility level?

Excerpt 21

> *Yes, the patient rights are being implemented though not to a large and desired extent but our health workers are trying their level best. We may have one or two cases on violation of patients' rights being reported from our local facilities but that correspond to the adage 'human is to error.'*

In the above excerpt, the health policy expert admitted that there are cases of violation of patients' rights indicating that patients' rights are not being implemented to the fullest. This compromises not only the services offered but also violates one's right to quality health services at all times from all health facilities indiscriminately.

Further, views from focus group discussions on implementation were as shown in **Excerpt 22** below:

Moderator: ***what can you say about the level of implementation of patient rights in your local health facilities?***

> ***Jibu 1:*** *kwa kweli, hakuna hizo jumbe na hivyo hatuwea kuangazia kutekelezwa kwake.*
>
> ***Jibu 2:****unaweza tenga muda na ukazulu hospitali yoyote hata, madakitari si watu wa kusawishi hasa wale wanaowahudumia wanawake na Watoto wachanga.*
>
> ***Jibu 3:****Kwa miundo msingi na wala si kwa huduma inayotolewa*
>
> **Jibu 4*:*** *katka hizi zahanati zetu huwezi tibiwa kama hauna kitabu cha matibab uunaweza jijazia mwenyewe kuhusiana na hizo haki.*

Jibu 5: *siwezi kujieleza kuhusiana na hili***.**

Jibu 6: *niliacha kutafuta matibabu hospitalini, heshima yangu iliondolewa na nesi aliyenambi aniteremshi longi akanidunge sindano na hili halihusiwi hata katika mila zetu.*

Translation

Discussant 1: *Trust us, the messages are not there and thus we cannot talk of implementation*.

Discussant 2: *You can go to any health facility and witness for yourself, doctors cannot be beseeched especially those that address women and infants.*

Discussant3: *Infrastructurally, yes, but not in terms of services rendered.*

Discussant 4*: In local health centres, people cannot be treated when they visit health centres without a medical record book, you can conclude this for yourself*

Discussant 5: *I can't give my opinion on this one.*

Discussant 6: *I stopped seeking medical services because, on my last visit, my dignity was compromised, a young nurse instructed me to lower my trousers for an injection, you see, that is culturally unacceptable.*

The findings reveal contradicting views on the implementation of mass media messages on patient rights compared to those of health policy experts. While the policymakers may assume that the messages shared with the mass audience are being implemented the general public represented by FGD discussants, has a contrary opinion on the same. According to **discussant 1** in **excerpt 21**, the implementation processes are hampered by a lack of respective messages while discussant **2 and 4** observe that health practitioners

cannot be influenced by mass media messages. Lack of mass media messages on patients' rights has made the members of the public vulnerable to the point that they are seeking alternatives to being attended at health facilities as explained by **discussant 6** in the excerpt above who does not seek health services from a health facility but instead self- medicates himself.

The interviews with health journalists further revealed that the lack of enough mass media messages on patients' rights has slowed down the implementation of the same policies as noted in **excerpt 22** below:

Interviewer: How have your messages on patients' rights contributed to implementation of the same rights at health facilities in Mt. Elgon subcounty in Bungoma County?

> ***Response 32***
> *I understand that we reported a case on patients' rights violation from BungomaCentral in which a woman in labour was abused. This story attracted respective organisations who took legal action against the nurses involved. However, we have not gone back to check on whether the nurses have changed in the way they treat their patients. Though I want to believe they changed considering the penalties imposed on the nurses who were involved in this misconduct.*
>
> ***Response 33***
> *We have always highlighted on issues relating to misuse of law and power and we have always seen authorities taking the required action.*
>
> ***Responses 34***
> *Our stories on violation of patients' rights form a basis for further legislation, which shows that actions are taken whenever we post stories on this topic.*

Responses in **excerpt 22** above fail to state explicitly that mass media messages on patients' rights are being implemented at health facilities within the study area. Instead, journalists showed their contribution towards the stimulation of legislation processes.

The findings above expose the inadequacies of the mass media in their monitoring processes to uphold the implementation of the patients' rights at the health facilities. The fact that there are no mass media messages on patients' rights as explained **by discussant 1** in **excerpt 21** shows the low level of commitment on journalists in addressing issues on implementation of patients' rights. Further, the fact that **discussant 6 i**s seeking alternatives to being attended to at health facilities after an encounter with a nurse shows that the members of the public in the study area have to be adequately empowered with the knowledge of their rights to a level that they can demand quality services from health practitioners. This reflects the sentiments of Zastrow et. al (2019), who state that media messages need to influence the choices made by their audience in relation to how they think and feel. Further, the act of seeking alternative health care for fear of being undignified at health centres differs from Anwar (2020) who recommends that mass media messages should empower people to allow them to access equal healthcare without discrimination of any form.

The fact that mass media messages influence legislation as depicted in **response 34** emphasises the traditional role of the mass media in stimulating policy formulation processes as explained by Nwogwugwu et. al (2021) who agree that policymakers rely on feedback on media content to generate policies in a state. Mwangi (2018) adds that legislative processes stem from media reports. According to Bou-Karroum et. al (2017)

and Alkazemi & Wanta (2018), mass media can also advocate for a certain policy change by pressuring policymakers into advancing the interests of their constituents. Mass media should highlight issues at hand to allow for an in-depth understanding of the implications of their constituents. This finding however excludes the monitoring role of the mass media on the implementation of such laws as Nwogwugwu and colleagues suggest that editorial and other media reports can help in monitoring government policies implementation and their effects to society.

In **response 32,** working with the assumption that health practitioners in the study area must have changed how they treat patients after their colleagues were found culpable and penalized heavily is a wrong assumption for journalists. This shows the sluggishness with which journalists address issues affecting societies. This contravenes the journalistic role in their societies According to Ulrika & Ingela (2015), Journalists should serve the public interest by giving products of long-lasting value to their audience. Additionally, this finding challenges journalists in the practice of their civic and public duties as far as the implementation of patients' rights is concerned. Mangal (2020) asserts that the media should always play a watchdog role on how policies are implemented.

The implementation processes may be deemed slow or non-existent. The response by the policy except in **excerpt 20** admitting that some cases of patients' rights violation are reported in some health facilities, justifies that the few mass media messages disseminated on patients' rights are not being implemented in health facilities leading to violation of patients' rights. Partial implementation of patients' rights is not

recommended for health policies, as the WHO Regional Office Report (2017 highlights, all policies and statutes have to be implemented in totality during policy implementation processes. Wright (2017), adds that partial or total failure of implementation of health policies may result in unintended health consequences as well as ineffective use of public resources. Thus, the mass media is required to watch closely all patients' rights implementation processes to ensure that not a single clause of these rights is left unimplemented.

In conclusion, the few mass media messages disseminated on patients' rights fall short of the suggested criteria to attain suitability of messages on patients' rights and this has directly affected the implementation of the same messages at health facility levels whereby some cases of violation of patients rights' are being reported. Further, the excessive focus given by journalists on general health concerns has not improved the knowledge levels of the residents of the area studied on patients' rights. To achieve any significant change in the implementation of patients' rights, journalists need to focus on patients' rights thematically and use various media formats to disseminate information on patients' rights.

CHAPTER FIVE

SUMMARIES, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summaries of the findings and respective conclusions per the study objectives. In addition, the proposed recommendations are also provided.

5.2 Summaries of the findings

5.2.1 Demographic information

The study explored two major items under the demographic information of the respondent, gender and level of education. In terms of gender, there were more female respondents rated at 56% than men whose rate was 43%. In terms of education, the study established that men were more educated than women. A majority of men had secondary education rated at 73% and women had a corresponding 50%. This shows that a majority of residents in the study area have attained secondary-level education.

5.2.2 Access to information

As the findings of this study portray, the residents in the study area of Mt.Elgon have access to various sources of information which include mainstream media (radio, television and newspaper), new media (social media), outdoor media and interpersonal means of communication (relatives and friends). Further, the choice of sources of information used is dependent on gender whereby mainstream media is preferred by men whereas interpersonal channels and outdoor media are mostly utilized by women.

5.2.3 Nature of Mass Media Messages Disseminated on Patients' Rights (Objective 1)

The study establishes that mass media has disseminated messages on patients' rights within the study area though sparingly at 32%. Most of the messages disseminated through the mass media on patient rights have been relayed through news programs across the mainstream media. However, despite that news programs attract a large audience, they cannot elaborate on certain issues such as patients' rights due to limited time and space. In addition, news tend to cover general topics and more especially occurences guided by time and this leaves out topical issues such as patients' rights which may not have much appeal to form news.

The study further established that there is massive use of interpersonal communication platforms by health policy experts when communicating on patients' rights including organized community meeting, legal clinics, and seminars. These avenues have failed to meet the expected awareness levels among the public. This is because the public depends on the mass media for information as per the findings documented above.

Further, the skewed use of news formats to communicate incidents surrounding patients' rights issues has not sufficiently addressed patients' rights awareness concerns. Further, the study realizes that messages disseminated on patients' rights have adopted audio and pictorial forms. This has left out a larger section of the audience with interest in other forms of messages such as texts and videos.

5.2.4 Mass Media Messages on Patients' Rights and Perception Formed on the Audience Targeted (Objective 2)

The findings on this objective show that the mass media messages disseminated regarding patients' rights have not created the desired favourable perception among the mass media audiences. There is increased fear among respondents of health practitioners and health services and inability of the mass media messages on patients' rights to promote openness between potential patients and health practitioners. This is reflected by a mode of 4 and 5 denoting disagreement and strong disagreement respectively. In addition, the mass media messages on patients' rights have not empowered respondents to demand for health services at will.

Further, messages disseminated on patients' rights are too general to address the specific needs of their audience. This leaves a section of their audience with a feeling that those messages do not apply to them, especially because they seek for medical services from public health facilities. Moreover, the mass audience reflected by the residents of Mt. Elgon forgo their patients' rights for fear of being harmed by health practitioners if they indicate that they understand their rights as patients and even demand them.

The findings also reveal lack of common interpretation of mass media messages on patients' rights whereby, some audiences believe that messages on patients' rights are only applicable to the section of the audience that does not receive medical attention from public hospitals. This depicts that mass media messages are yet to be interpreted uniformly and create a uniform perception of patients' rights issues.

The findings also dispute the power of the news genre in creating a favourable perception. Considering that the findings of this study show that news was predominantly used in addressing health and patients' rights issues with little or no significant impact recorded. The media practitioners and other stakeholders involved in creating awareness of patient rights should go beyond news reporting to create an impact by changing their audiences' perception towards patients' rights.

5.2.5 Challenges Faced in Disseminating Mass Media Messages on Patients' Rights (Objective 3)

The study identifies categories of challenges facing the act of disseminating mass media messages on patients' rights issues to the mass audiences across three domains, audience based barriers, journalistic barriers and health policy experts who in this case serve as sources of information.

The audience-based barriers included language, being overlooked by journalists, lack of contact with journalists, fear and ignorance. The second category is journalist-based challenges which include attacks and hostility meted out on journalists, uncooperating sources, government and newsroom bureaucracies, corporate interference, culture and religion of the sources and language barrier. The last category affects policy experts and it include language barrier and the high cost of media use.

From the three categories, the dominant and recurring challenges across the three categories included language barrier, challenges associated with culture and religion, newsroom as well as government bureaucracies, uncooperating sources, attack and

hostility from sources, corporate interference, lack of infrastructure, high cost of media and ignorance. The highlighted factors have greatly affected the mass media communication processes on patients' rights in the study area.

The sparse reach of mass media messages to the residents of the study area shows a lack of commitment to journalistic work. The fact that journalists occasionally visit rural areas to source for information and instead concentrate on reporting what happens in big towns and cities shows a disconnect between what the mass media disseminates to their audiences as compared to the expectations of the same audience. This forces mass audiences to interpret these messages distantly without relating them to their lives thereby failing to spur a favourable perception of patients' rights messages among the residents of the area studied.

5.2.6 Suitability Criteria for Implementation of Mass Media Messages on Patients' Rights (Objective 4)

The study established that the few messages disseminated on patients' rights failed to meet the suitability criteria. This is because the mass media messages disseminated had not improved respondents' knowledge of patients' rights rated at 98% and they failed to use appropriate language rated at 68.46%. Further, the messages were impractical rated at 82.31% and the messages disseminated on patients' rights failed to serve the communication needs of the targeted mass audiences rated at 86.15%.

On the contrary health journalists held that their messages are suitable because they have enlisted support and action from the stakeholders. The messages referred to in this

context are general messages on health services and infrastructure and not specifically on patients' rights.

The health policy experts who participated in this study indicated that they have always attained the suitability of their messages by segmenting their audiences, establishing their information needs and even choosing the themes of their messages. They further indicated that they used language that suites their audiences when communicating on patients' rights issues within the community. However, they prefer interpersonal channels of communication to mass media and this has hampered the dissemination of specialized information on patients' rights issues. The lack of suitable messages on patients' rights as disseminated through the mass media has further compromised the corresponding processes of implementation of patients' rights which can be said to be non-existent due to the failure of the mass media to play their watchdog role on the patients' rights implementation organs at health facility levels.

5.3 Conclusions

5.3.1 Nature of Mass Media Messages Disseminated on Patients' Rights

The study establishes that there is massive use of interpersonal communication platforms by the health policy experts which has failed to meet the expected awareness levels among the public on patients' rights issues. The few instances in which the policy experts have partnered with journalists to share messages on patients' rights have only been conducted on local media whereas patients' rights have a national appeal. In addition, whenever health policy experts use the mass media to reach the public to offer civic education, they resolve to talk shows which do not attract a great audience because

as per the findings of this study, most respondents attend to news as compared to other media formats.

Further, the study realizes that messages disseminated on patient rights have adopted audio and pictorial forms as well as narrow audio messages. This has left out a larger section of the audience with interest in other forms of messages such as texts and videos.

In summary, the mass media is yet to widely inform the public in the study area on patients' rights matters. This is attributed to lack of involvement of mass media practitioners by the policy experts in communication activities on patients' rights and the use of one major media program format which is news and one predominant form of messages, audio and pictorial messages.

5.3.2 Mass Media Messages on Patients' Rights and Perception Formed on the Audience Targeted

The mass media has the potential to create a favourable perception on patients' rights issues among the mass audience. However, the findings of this study show the existence of a complex relationship between the mass media's opinion set and the public opinion held.

The fact that mass media messages disseminated on patients' rights have not attained the desired perception shows lack of a working interconnectivity between the mass media agenda and the public agenda formed. This means that for the mass media to create a favourable perception of patients' rights among its target audience in the study area it

will need to work on several issues such as personal factors that can be a hindrance for media messages to build trust of media messages among its targets. Increase the frequency and content disseminated on patients' rights to increase its visibility and make it memorable. Journalists should separate general health reporting from patients' rights reporting to enable them to share clear, accurate and precise messages. The media and its practitioners should strive to attain their command and authority to the general audience.

5.3.3 Challenges Faced in Disseminating Mass Media Messages on Patient Rights

The challenges show a strained relationship between the mainstream media and its audience. It shows that the ability of the mass media to create a public agenda is not only dependent on one genre of content, news but rather varied formats need to be employed. In addition, the offensive role of the mass media as defined is rapidly being replaced by the defensive one based on the challenges highlighted. The media should swiftly change its focus and start covering the subjects that have been ignored for some time for being assumed to be government responsibility areas.

The control by politicians as well as the editor's decision can water down the stories shared on patients' rights and this in consequence affects how the message conveyed impacts the public. Moreover, the fact that most bureaucrats are not flexible to change and innovation poses a challenge to journalists working on patients' rights reporting which falls onto a new form of journalism referred to as human rights journalism.

5.3.4 Suitability Criteria for Implementation of Mass Media Messages on Patient Rights

Most of the mass media messages disseminated address general health issues ranging from the outbreak of new diseases to improved infrastructure and services at health facility levels. This shows that there is still a need for mass media messages on patients' rights that can not only increase awareness levels but can erase fear among the public and agitate demand for better healthcare guided by patients' rights. As long as the media continues to disseminate general messages on patients' rights, the more the implementation processes of patients' rights will be delayed or even be compromised leading to the continued violation of patients' rights among the public.

Suitable mass media messages need to be well planned, should factor in the needs of the target audience, should be appropriate in terms of the socio-cultural context of communication. The language used for communication should be appropriate and should be actionable or should be able to change people's minds.

5.4 Recommendations

5.4.1 Recommendations to Media Practitioners

Mass media practitioners should diversify the messages shared on patients' rights. The frequency of communication on this subject should be increased to improve the awareness levels among the general public on patients' rights. In addition, various mass media formats such as interviews, discussions and even drama should be used in the dissemination of messages on patients' rights to have a relatable significance on mass audiences.

The mass media should strive to create a favourable perception of patients' rights among its target audience in the study area. For this to be attained, the media need to work on both internal and external factors such as language, various restrictions and interferences that can be a hindrance to media messages and build trust on media messages among its target audiences. Moreover, media practitioners and journalists should move away from sending general messages when addressing patients' rights issues, instead, they need to single out patients' rights messages from general reportage to increase their visibility and hence attain the desired perception from the mass media audience.

Besides, media practitioners and journalists should move away from sending general messages when addressing patients' rights issues. This is because journalists have the power to set an agenda by defining problems, interpreting their causes, treatment and evaluation. Consequently, journalists need to single out messages on patients' rights from general reportage to increase their visibility and hence attain the desired perception from the media audience.

In addition, the mass media ought to be consistent while disseminating messages on patients' rights to create a homogeneous perception. The media should disseminate corresponding messages on patients' rights of all forms to win the confidence of the mass audience. This is because media messages are treated with much seriousness if the same messages are carried across various forms of media portraying a variety of content and formats.

Further to attain suitability of mass media messages on patients' rights and command the corresponding implementation of these rights the mass media needs to adopt the

messaging criteria geared towards achieving suitability of mass media messages on patients' rights which involves segmenting the mass audiences, establishing their information needs, identifying the corresponding theme or topic to communicate about, selecting the appropriate language, working with relevant sources and more preferably experts in the area, call for action and working within the recommended guidelines and editorial policies. The implementation of the patients' rights is attainable if suitable messaging is coupled with watchdog journalism from the media practitioners.

5.4.2 Recommendations to Policy Experts

The health policy experts need to work closely with the mass media to reach the masses, unlike the use of interpersonal channels which only target a handful and may not be applicable in rural areas considering that legal clinics are normally conducted outside court premises which are based in big towns. The increased use of the mass media in their communications will aid in not only the interpretation of health policies but will also improve the awareness levels among the public on patients' rights.

In addition, partnering with the mass media will enrich the content covered by the mass media resulting in a varied nature of messages being disseminated unlike 'incidental journalism' that is being conducted on the subject at the moment. Health policy experts need to provide specialized information and break the complex messages disseminated on patients' rights for better understanding of the mass audience.

Further, the partnership between health journalists and health policy journalists will solve issues of lack of cooperating information sources guaranteeing a seamless mass media communication process on patients' rights among rural dwellers.

5.4.3 Recommendations to Academicians

Scholars in the field of journalism and mass communication should intensify research on the use of mass media in its various forms to disseminate messages on patients' rights to increase awareness levels and help in determining the gap on communication issues affecting the practice of journalism. This will aid in providing solutions to enhance human rights reporting and more precisely patients' rights reporting.

5.5 Suggestions for Further Research

The study failed to sufficiently provide information on the contribution of specific mass media in enhancing knowledge of patients' rights. Considering the data collected which was field-based, researchers should also consider analyzing media content available in various media platforms addressing patients' rights, their structure, language and the probable impact these mass media messages are likely to create on the mass media audience exposed on patients' rights issues.

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APPENDICES

APPENDIX 1A: INFORMED CONSENT FORM

STUDY TITLE: UTILIZATION OF MASS MEDIA FOR IMPLEMENTATION OF PATIENTS' RIGHTS IN MT.ELGON SUB-COUNTY, BUNGOMA COUNTY, KENYA

INVESTIGATOR: Felister Nyaera Nkangi (PhD student, MMUST)

BACKGROUND AND PURPOSE OF STUDY

The study titled as indicated above is being conducted for academic purposes by Ms. Nkangi who is a PhD student in the department of Journalism and Mass Communication at Masinde Muliro University of Science and Technology. The study seeks to establish the contribution of mass media in creating awareness among the general public on patient rights which in turn affect effective implementation of the same in various health centers in the country. The study will be conducted the county of Bungoma, Mt. Elgon, sub-county. The respondents for this study will involve: the policy makers at both national and county levels, the media practitioners, health practitioners and the general public.The findings of this study will guide towards attainment of quality health care as proposed in goal number three of the sustainable development goals.

CONFIDENTIALITY AND RISK: To enhance confidentiality and alleviate any risk accompanied with your identity as the bearer of the information. I would use pseudonyms or avoid indicating names at all during data presentation. I will also not discuss any information that could make you feel uncomfortable or threatened.

WITHDRAWAL OF PARTICIPATION: You can decide to withdraw at any time during the interview or questioning process that you no longer wish to participate and this will not cost you any prejudice.

COST BENEFITS OF PARTICIPATING IN THE STUDY: the study has no direct cost except for missing the 30minutes of your work time. In relation to benefits, your contribution will help in bringing greater attention to this issue.

REQUEST FOR MORE INFORMATION

You can ask for more information about this study by contacting:

Felister Nyaera on phone no: 0710734177, Email: felisternyaera@gmail.com

Or

The director, directorate of postgraduate studies, Masinde Muliro University of Science and TechnologyP.O Box, 190-50200, Kakamega.

SIGNATURE

I confirm that the purpose of this study, study procedures, risks as well as benefits of this study have been explained to me and all my questions have been answered and I have hereby agreed or disagreed to participate in the study.

---------- ----------

Respondent's sign Date

---------- ----------

Research assistant's sign Date

VIAMBATISHO

NYONGEZA 1B: FOMU YA RIDHAA

KICHWA CHA UTAFITI: VYOMBO VYA HABARI JUU YA UFAHAMU NA UTEKELEZAJI WA HAKI ZA WAGONJWA KATIKA KAUNTI YA BUNGOMA, KENYA.

KUSUDI LA UTAFITI

Utafiti huo uliopewa jina kama ilivyoonyeshwa hapo juu unafanywa kwa madhumuni ya kitaaluma na Bi. Nkangi ambaye ni mwanafunzi wa PhD katika idara ya Uandishi wa Habari na Mawasiliano ya Umma katika Chuo Kikuu cha Sayansi na Teknolojia cha Masinde Muliro. Utafiti huo unalenga kubainisha mchango wa vyombo vya habari katika kujenga uelewa kwa wananchi kwa ujumla juu ya haki za wagonjwa jambo ambalo huathiri vyema utekelezaji wa haki hizo katika vituo mbalimbali vya afya nchini.

USIRI NA HATARI: Kuimarisha usiri na kupunguza hatari yoyote inayoambatana na utambulisho wako kama mtoaji wa taarifa. Ningetumia jina bandia au ningeepuka kuashiria majina wakati wa uwasilishaji wa data. Sitajadili pia habari yoyote ambayo inaweza kukufanya ukose raha au kutishiwa.

KUONDOA USHIRIKI: Unaweza kuamua kujiondoa wakati wowote wakati wa mahojiano au mchakato wa kuuliza maswali ikiwa hutaki tena kushiriki na hii haitagharimu chuki / au ikitu cho chochote.

FAIDA NA GHARAMA YA KUSHIRIKI KATIKA UTAFITI: utafiti hauna gharama ya moja kwa moja isipokuwa kwa kukosa dakika 30 za muda wako wa kazi.

Kuhusiana na manufaa, mchango wako utasaidia katika kuleta umakini zaidi kwa suala hili.

OMBI KWA MAELEZO ZAIDI

Unaweza kuuliza habari zaidi kuhusu utafiti huu kwa kuwasiliana na:

Felister Nyaera kwa simu no: 0710734177, Barua pepe: felisternyaera@gmail.com

Au

Mkurugenzi, wa Idara ya Masomo ya Uzamili katika Chuo Kikuu cha Sayansi na Teknolojia cha Masinde Muliro, P.O Box, 190-50200, Kakamega.

SAINI

Ninathibitisha kuwa madhumuni ya utafiti huu, taratibu za utafiti, hatari pamoja na manufaa ya utafiti huu yamefafanuliwa kwangu na maswali yangu yote yamejibiwa na nimekubali au nimekataa kushiriki katika utafiti.

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Tarehe na Saini ya mshiriki

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Tarehe na saini ya msaidizi wa utafiti

APPENDIX 2: INTERVIEW GUIDE FOR POLICY MAKERS

Participation in patients' rights awareness creation

1. Have you participated in popularization of patients' rights before?
2. At what level where you involved on patients' rights popularization?
3. To what extent have you popularized the patients' rights charter?
4. How would you rate the level of awareness on patient rights in the country/at county level?
5. Which communication platforms do you use to disseminate messages on patients' rights among your targets?

Objective 1: Mass media and nature of messages used in communication on patients' rights

6. Have you employed the use of the mass media in creating awareness on patients' rights?
7. How often do you contact the mass media on issues related to patients' rights?
8. How do you determine when to share messages on patients' rights through the mass media?
9. Which mass media message formats/programs or articles do you regularly use in communicating on patients' rights to your targets?
10. What nature of messages do you share with the mass media for dissemination on patient rights?

Objective 2: Mass media messages on perception created on patients rights

11. What perception have your messages attracted from the general public on patients' rights?

12. How can you describe the kind of perception that your messages disseminated through the mass media have created on your targeted audience?

    Objective 3: challenges experienced when disseminating mass media messages on patients' rights

13. What challenges do you experience in sharing information on patient rights?
14. Which mass media related challenges do you experience in your quest to reach your audience on this topic?

    Objective 4: suitability and implementation of mass media messages on patients' rights

15. How do you ensure that your messages on patients' rights reach all segments of the population
16. What is your take on involving the mass media in patients' rights sensitization programs?
17. How could you describe the implementation processes of the patients' rights at the point of application?
18. How do you work with the media to foster proper implementation of patients' rights at health facility levels
19. What should the health policy experts do to enhance implementation of mass media messages on patients' rights?

    (Inform the interviewee that you are closing the interview and ask him/her to make any comment/observation or raise a concern as per this study).

Thank the interviewee for the attention accorded.

APPENDIX 3: INTERVIEW GUIDE FOR MEDIA PRACTITIONERS

Media and awareness on patient rights

1. How do you choose or determine topics for your coverage or programming?
2. How do you choose or determine topics to cover on policy issues?

Objective 1: Nature of mass media messages disseminated on patients' rights

3. Have you shared messages to create awareness on patients' rights among your targe audiences?
4. Which media formats do you use to share out messages on patient rights?
5. Which program/ formats / articles do you adopt in our messaging on patient rights for your respective medium?
6. How do other stakeholders affect the nature of messages shared on patient rights?

Objective 2: mass media messages on perception formed of patients' rights

7. How can you describe the perception your messages have created on patients' rights issues among your audience?
8. How would you rate the level of your audience trust on you messages on health and patients' rights matters?
9. How do you ensure that the messages you disseminate to your target audience attract a favourable perception of patients' rights issues?

Objective 3: Mass media related challenges in dissemination of messages on patients' rights

10. What key hindrances do you face when communicating on patients' rights issues?
11. How does the existing media environment affect your operations as disseminators of information on patient rights and other related areas?

Objective 4: suitability and implementation of mass media messages on patients' rights at health facilities

12. What is your take on the suitability of the mass media messages that you disseminate on patients' rights issues to the residents of the study area?
13. In your own assessment, are your messages on patients' rights being implemented at health facilities located within Mt. Elgon region?
14. How do you ensure monitor the application of any messages relayed on patients' rights at health facilities?
15. What observation would you make on the level of implementation of patient rights in the health centers of the targeted region of this study?

THANK YOU

APPENDIX 4 A: FOCUS GROUP DISCUSSIONS GUIDE

Bio-data

Sex:Male---------- Female……Age range: Lowest……

Highest…… Education levels: Lowest---------- Highest----------

Health services uptake

1. How often do you visit hospitals/health centres in your area?
2. How can you describe the services offered in health centers in your locality?
3. Have you ever visited a health center and you felt that you were mistreated by health practitioner?
4. What steps did you take?

Objective 1: Nature of mass media messages disseminated and awareness levels on patients' rights

5. From which information sources do you receive information updates about your society?
6. Which mass media platform do you get information from?
7. Have you ever heard messages or programs on patients' rights through your preferred media
8. In what form/nature do you receive mass media messages on patient rights?
9. What are your preferred media formats or programs?

Objective 2: perception created through mass media messages on patients rights disseminated

10. In what ways have mass media messages on patients rights changed the way you perceive health and health services

Objective 3: mass media related challenges in reception of information on patient rights

11. What challenges have you experienced as fara as dissemination of mass media messages on patients rights is concerned?

Objective 4: Suitability and implementation of mass media messages on patients' rights

12. Are mass media messages on patients rights suitable according to your assessment?
13. Are the mass media messages on patients' rights being implemented at the health facilities near you?
14. Do you have any comment on how the media needs to disseminate mass media on patients' rights?

THANK YOU.

NYONGEZA 4 B: MWONGOZO WA MAJADALA WA KIKUNDI

Data ya kibaolojia

Njinsia: Mwanaume ---------- Kike Umri : Chini zaidi…… Juu……

Viwango vya elimu: Kiwango cha chini kabisa---------- Juu kabisa----------

Kupokea huduma za afya

1. Je, ni mara ngapi unatembelea hospitali/vituo vya afya katika eneo lako?

2. Unawezaje kuelezea huduma zinazotolewa katika vituo vya afya katika eneo lako?

3. Je, umewahi kutembelea kituo cha afya na ukahisi kwamba ulitendewa vibaya na mhudumu wa afya?

4. Ulichukua hatua gani?

Lengo la 1: Namna/aina za habari na uhamasishaji

5. Je, unapokea habari kutoka kwa vyanzo vipi vya mawasiliano?

6. Je, unapata taarifa kutoka kwa jukwaa lipi la habari?

7. Je, umewahi kusikia ujumbe au programu kuhusu haki za wagonjwa kupitia vyombo vya habari unavyopendelea?

8. Je, unapokea jumbe za vyombo vya habari kuhusu haki za mgonjwa katika mfumo/asili gani?

9. Je, umbizo la midia au programu unazopendelea ni zipi?

Lengo la 2: Mtazamo ulioundwa kupitia ujumbe wa vyombo vya habari kuhusu haki za wagonjwa zinazosambazwa

10. Ni kwa njia gani ujumbe wa vyombo vya habari kuhusu haki za wagonjwa umebadilisha jinsi unavyoona huduma za afya na afya?

Lengo la 3: Changamoto zinazohusiana na vyombo vya habari katika kupokea taarifa kuhusu haki za mgonjwa

11. Je, ni changamoto zipi umekumbana nazo zinazohusiana na usambazaji wa ujumbe wa vyombo vya habari kuhusu haki za wagonjwa unavyohusika?

Lengo la 4: Kufaa na utekelezaji wa jumbe za vyombo vya habari kuhusu haki za wagonjwa

12. Je, jumbe za vyombo vya habari kuhusu haki za wagonjwa unafaa kulingana na tathmini yako?

13. Je, jumbe za vyombo vya habari kuhusu haki za wagonjwa zinatekelezwa katika vituo vya afya vilivyo karibu nawe?

14. Je, una maoni yoyote kuhusu jinsi vyombo vya habari vinahitaji kusambaza habari kuhusu haki za wagonjwa?

ASANTENI.

APPENDIX 5A: QUESTIONNAIRE

Section a: Demographic information

Age sex :M(1) F(2)

level of education: No education acquired(1)

Primary education(2)

Secondary education(3)

Tertiary education(4)

Section b: Hospital use

1. How often do you visit hospitals? More frequently (1) often/frequently(2) rarely(3) not at all(4) I don't know(5)
2. How can you describe the services that you receive in your local hospital? Very satisfying (1) satisfying (2) dissatisfying (3) very dissatisfying (4) I don't know(5)

Section c: Media use

3. Which mass media channel do you rely on for information? Radio(1) television(2) newspapers 3() magazines (4) social media (5) any other(6) (……specify)
4. Do your media of choice disseminate messages on health matters? Yes (1) no (2)
5. Do your preferred media share messages on patients' rights? Yes 1() No 2()

6. Answer agree (1) or disagree(2) to the following statements
    a) I get information on all health services from the mass media. ……
    b) I have been informed of my rights whenever I visit health facilities by the mass media……..
    c) The mass media in my area informs us on health insurance matters …….
    d) The mass media has empowered me with information on the emergence services that I can receive when I visit hospital……..
    e) I have been made aware by the mass media that the health practitioner needs to provide me with all pertinent information before I get treated…….
    f) The mass media has informed me of how health practitioners need to treat me when I visit heath facilities…….

Section d: Nature of mass media messages on patients' rights (Objective 1)

10. Have you ever heard messages or programs on patients' rights through your preferred mass media? yes(1) no2()(**If the answer provided here is no, skip to 12, if yes proceed to ask question 11**)

11. ()In what form/nature do you receive mass media messages on patient rights? Audio(1) audio-visual(2) video(3) text only(4) picture and text(5) picture only(6)

12. What are your preferred media formats or programs? Announcements()discussions() interviews() news() music and dance() drama() special features()

Section e: Perception created on patients rights through mass messages

disseminated (objective 2)

13. How could you describe the performance of mass media in sharing out messages on patients' rights?

14. Has the mass media messages on patient rights affected you in the following way, answer; strongly agree, agree, somehow agree, disagree, strongly disagree and I don't know

STATEMENT	**S/ AGREE(1)**	**AGREE(2)**	**SOMEHOW AGREE(3)**	**DISAGREE(4)**	**STRONGLY DISAGREE(5)**	**I DON'T KNOW(6)**
Mass media messages have made me change my perception towards health services						

Mass media messages have erased my fear towards medical services						
Mass media messages have enabled me to be open to medical practitioners						
Mass media messages have affected me in relation to demand of health services						

Section f: Mass-related challenges in reception of information on patient rights (Objective 3)

15. What challenges have you faced as a media audience regarding the dissemination of mass media messages on patients rights?

Section g: Suitability and implementation of mass media messages on patients rights (Objective 4)

16. Answer agree or disagree to the following statements

Statement	**Agree(1)**	**Disagree(2)**
Mass media messages have improved my knowledge on patients' rights		
Mass media messages on patients rights use appropriate language for easy understanding		
Mass media messages on patients rights are very practical and applicable		
Mass media messages on patients' rights serve our information and personal needs		

17. Inform the respondent that you have come to the end of your interaction and seek for any comment they would wish to make……

END.

NYONGEZA 5B: DODOSO

Taarifa za jumla

Kiwango cha elimu: sina elimu yoyote(1) msingi,(1)sekondari(3) elimu ya kiufundi(4)

Jinsia : kiume(1) kike(2)……..

Umri…….

Sehemu ya b: Matumizi ya hospitali

1. Je, unatembelea hospitali mara ngapi? Mara nyingi zaidi 1() mara kwa mara/mara kwa mara(2) mara chache(3) sivyo kabisa(4) sijui(5)

2. Unawezaje kuelezea huduma unazopokea katika hospitali ya eneo lako? Inaridhisha sana() inatosheleza() haitosheki() haitosheki sana() sijui()

Sehemu c: Matumizi ya vyombo vya habari

3. Je, unategemea chaneli gani ya habari? Redio (1) televisheni(2) magazeti(3) magazeti(4) mitandao ya kijamii(5) nyingine yoyote(6)……taja)

4. Je, unatumia muda gani na vyombo vya habari unavyopendelea? Saa 0-3(1) 4-5hrs(2) Saa 6-10(3) zaidi ya saa 10(4)

5. Je, vyombo vya habari unavyochagua vinasambaza ujumbe kuhusu masuala ya afya? Ndiyo(1) hapana(2)

6. Je,UMEWAHI PASHWA KUHUSU haki za mgonjwa kupitia vyombo vya usambasaji Habari vya umma? Ndiyo (1) Hapana (2)

7. Jibu nakubali au sikubaliane kwa kauli zifuatazo

a) Ninapata habari kuhusu huduma zote za afya kutoka kwa vyombo vya habari.

……

b) Nimefahamishwa kuhusu haki zangu kila ninapotembelea vituo vya afya na vyombo vya habari ……..

c) Vyombo vya habari katika eneo langu hutufahamisha kuhusu masuala ya bima ya afya …….

d) Vyombo vya habari vimeniwezesha kupata taarifa kuhusu huduma za dharura ambazo ninaweza kupata ninapotembelea hospitali ……..

e) Nimefahamishwa na vyombo vya habari kwamba mhudumu wa afya anahitaji kunipa taarifa zote muhimu kabla ya kutibiwa …….

f) Vyombo vya habari vimenifahamisha jinsi wahudumu wa afya wanavyohitaji kunihudumia ninapotembelea vituo vya afya ……

9. Je, unapata habari kutoka jukwaa gani la vyombo vya habari?Radio(1) televisheni(2) magazeti1(3) mitandao ya kijamii(4) vyombo vya habari vya nje(5) jamaa na marafiki(6) wengine(7)

Sehemu ya d: Aina za Habari na Maarifa juu ya haki za wagonjwa(Lengo la kwanza)

10. Je, umewahi kusikia ujumbe au programu kuhusu haki za wagonjwa kupitia vyombo vya habari unavyopendelea? ndiyo(1) hapana(2)(**kama ndiyo, endelea hadi 11 ikiwa hapana ruka swali la 11)**

11. Je, unapokea jumbe za vyombo vya habari kuhusu haki za mgonjwa katika mfumo/asili gani? Sauti(1) audio-visual(2) video(3) maandishi pekee(4) picha na maandishi(5) picha pekee(6)

12. Je, umbizo la midia au programu unazopendelea ni zipi? Matangazo(1)majadiliano(2) mahojiano(3) habari4() muziki na dansi(5) tamthilia(6) vipengele maalum(7)

Sehemu e: Lengo la 2: Mtazamo ulioundwa juu ya haki za wagonjwa kupitia ujumbe mwingi unaosambazwa

12. Unawezaje kuelezea utendaji wa vyombo vya habari katika kusambazai jumbe kuhusu haki za wagonjwa?

14. Je, jumbe za vyombo vya habari kuhusu haki za mgonjwa zimekuathiri kwa njia ifuatayo, jibu; nakubali sana, nakubali, kwa namna fulani nakubali, sikubaliani, nakataa kabisa na sijui

TAARIFA	**NAKUBALI KABISA (1)**	**KUBALI(2)**	**KUBALI KWA NAMNA FULANI(3**	**SIKUBALIANI(4)**	**SIKUBALIANI KABISA(5)**	**SIJUI (6)**
jumbe za vyombo vya habari						

umenifanya nibadili mtazamo wangu kuhusu huduma za afya						
jumbe za vyombo vya habari zimeniondolea hofu yangu kuhusiana na huduma za matibabu						
jumbe za vyombo vya habari ngingi zimeniwezesha kuwa						

wazi kwa madaktari						
jumbe wza vyombo vya habari zimeniathiri kuhusiana na mahitaji ya huduma za afya						

Sehemu f: Lengo la 3: Changamoto zinazohusiana na usambasaji na upokeaji wa taarifa kuhusu haki za mgonjwa

16. Je, ni changamoto zipi mmekumbana nazo kama hadhira za vyombo vya habari kuhusu uenezaji wa jumbe kuhusu haki za wagonjwa?

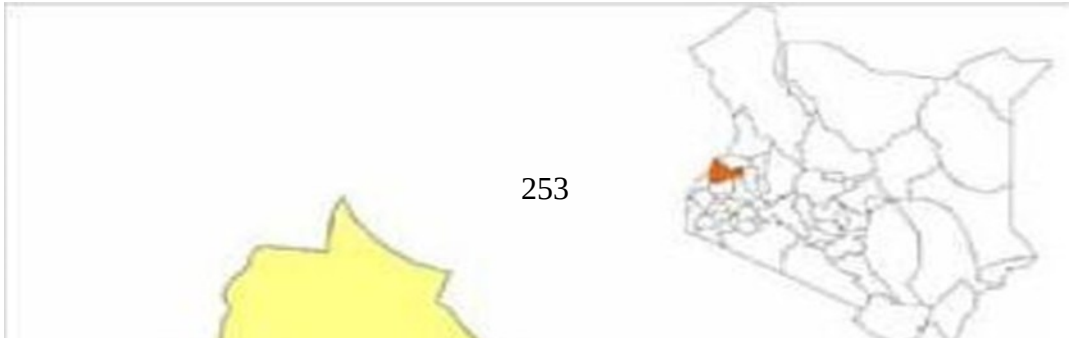
Sehemu ya g: Lengo la 4: kufaa na utekelezaji wa jumbe za vyombo vya habari kuhusu haki za wagonjwa

17. Jibu ‘nakubali ‘ au ‘sikubaliane’ na kauli zifuatazo:

TAARIFA	KUBALI(1)	SIKUBALIANI(2)
jumbe za vyombo vya habari zimeboresha ujuzi wangu juu ya haki za wagonjwa		
jumbe za vyombo vya habari kuhusu haki za wagonjwa hutumia lugha inayofaa kwa kueleweka kwa urahisi		
jumbe za vyombo vya habari kuhusu haki za wagonjwa zinaweza kutumika		
jumbe za vyombo vya habari kuhusu haki za wagonjwa ni sawia na mahitaji yetu ya kibinafsi		

18. Mjulishe mhojiwa kwamba umefika mwisho wa maingiliano yako na utafute maoni yoyote ambayo wangetaka kutoa……..

APPENDIX 6: MAP OF BUNGOMA COUNTY



APPENDIX 7: RESEARCH PERMIT