

INTRODUCTION

The area of health is vital to all human beings regardless of age. It affects all people and the state of health that one is in determines their level of productivity and participation in daily life activities. This being the case, effective communication in encouraging regular checkups is very vital in contributing to good health because prevention is better than cure.

A medical check up involves a comprehensive physical examination, a general physical medical examination to test a person's general state of health (Webster, 2012, p.13).

Health is very sensitive to everyone. It is every person's number one asset. A healthy nation achieves a lot in terms of development. It is, therefore, important that if this is to be achieved, people in a country are enlightened on the importance of their health through good communication strategies that encourage people to prioritize their health and that of their households. To ensure that good health is maintained, it is of utmost importance that people have routine medical checkups in order to live healthy lives and prioritize this. The role of communication is very vital. This is so because health bodies that are in the country have a very good understanding of the importance and benefits of routine medical checkups. Through communication from the health specialist to the people, this importance is realised. Most of the population live in rural areas and the area of medical checkups is questionable. This is seen in some cases in Zambia where there have been some reported cases where people seek help when the condition is unbearable and some of these are broadcast for the purpose of Government intervention (Muvi television and ZNBC television 1 news 2012/2013). The historical background of this situation indicates that the victims have been living in these conditions for a long period. So one wonders whether it is inadequate education, information and communication on the importance of routine medical checkups or not.

The Government in collaboration with other stakeholders have made interventions in health sector to improve the health of the people by constructing health facilities in rural areas to eliminate the limit that comes with distance in accessing medical facilities. There has also been increased budgetary allocation to the medical field and trainings done with various stakeholders in sensitising them in various areas of health such as antenatal care, HIV and AIDS. However, medical checkups do not come as first priority. Thus the current picture,

where people are expected to go for a full body medical checkup at least once a year, this is not done and only a fraction of the whole population seems to do so (Webster, 2013, p.35).

The limit in routine medical checkups that have resulted in adverse effects and increased deaths in the country sets pace for this intervention coupled with communication as an important focus of this study in order to reverse the poor health of the nation despite the efforts that have been done by the Government. Observational studies have shown that in developed countries, medical checkups are very important and have yielded good results (Webster, 2013, p.37). This is because the health status of most people in the developed countries is better than that of the developing countries. Communication strategies are well set from sensitization on medical checkups to interventions on a problem that is found to help improve the health of the people. In addition, regular medical checkups have promoted a positive attitude towards prioritizing health and valuing its importance to an extent of budgeting for monthly checkups for households. This has helped in improving research through finding solutions at an early stage of some of the medical problems people have and have elicited positive results. In addition, for cases where all interventions prove to be futile, it is possible to estimate how long one has to live. This is the reason why it is important to go for an annual medical check up. It is estimated that two-thirds of the physicians and patients believe adults should have annual medical checkups (Sheehan, 2010, p.47).

In order to undertake this study, the report has been divided into seven chapters. Chapter one covers the historical background of Kitwe District and Medical checkups. It looks at the role that medical checkups play in improving health as well as the benefits of medical checkups. It also further covers the statement of the problem that brings out the predicament of the lack of attendance of medical checkups. The chapter also looks at the rationale for conducting the study and the research objectives and questions.

Chapter two looks at the Literature Review that is related to the research. This is the global view; Canadian and American view. The literature reviewed includes both those that suggest that medical checkups are beneficial and those that suggest that they are not. The Literature serves as a lesson of how other countries have resolved this issue or are still grappling with it.

Chapter three discusses the methodology that was used for this report. It includes the research design, research methods, qualitative and quantitative surveys that were used in the research. It also includes data gathering, data collection tools and interview techniques and data

analysis. The chapter further looks at the ethics applied during the study as well as the limitations of the study.

Chapter four consists of the conceptual and theoretical framework used in the report. The content of this chapter gives an insight of the meaning of the concepts and their application in this particular report. In addition, the report includes the theories that apply to the research in order to realize the objectives.

Chapter five consists of the findings of the research while chapter six looks at the interpretation of the findings. It gives an understanding of what each finding indicates.

Chapter seven covers the conclusion, recommendation and future research. The last section of the report contains the appendices where the tools used in the research are included. The last part is the reference section that gives evidence of materials used to support the research.

CHAPTER ONE

1. BACKGROUND INFORMATION

1.1. Introduction

The chapter will look at the historical background of medical checkups and their functions and benefit. It will further look at the historical background of Kitwe, as it was the place of study.

Medical checkups

According to the American Medical Association (2010, p.4), “The annual checkup serves a number of functions that might help improve health and maintain wellness.” They identify 5 important reasons:

i. Screening

Screening is the early identification of previously unrecognised disease (or of a disease precursor) using tests that can be applied quickly and cheaply to large numbers of asymptomatic people. A screening test divides these apparently well people in two groups, a possibly diseased group and likely healthy group. People who are screened positive are then referred for fuller investigation or intervention. In addition, the annual exam is a time to get any recommended immunization, such as the one time shingles vaccine for people aged 60 and older. It is further said that, some diseases such as colon cancer can even be prevented by screenings and ultimately routine screening can detect signs of diseases at their earliest and most treatable stages.

ii. Health Measurements

Blood pressure and resting heart rate are always taken at an annual checkup. Having a full checkup includes weight and height measurements. Taking these measurements yearly sets a baseline so that one knows if anything has changed in the last year. If one has lost or gained significant weight without trying that could signal a possible health problem that should be investigated. According to Sheehan (2010, p.1), “height loss could mean an acceleration of osteoporosis if you are 60 or older.” Health measurements help determine health problems, such as a slow pulse, which could be a sign of a heart disease, or another health problem. In

addition, an elevated blood pressure over time is a heart disease risk or another health problem.

iii. Counselling

The annual checkup is an opportunity to receive counselling from ones medical doctor on health issues such as weight management, reduction of smoking habits, alcohol consumption and other health issues. The doctor is able to communicate to the client the best health practices and preventive measures to take to avoid diseases. In addition, one can talk to their doctor on emotional issues that might require treatment like depression.

iv. Medical records update

With annual health checkups, ones clinical data is updated. This is very important as it indicates records of past illnesses, laboratory tests, immunization and prescribed medicines to assist doctors treating in case of an accident or serious illness. It also indicates family history of certain illnesses. According to Sheehan (2010. P.1.), “an accurate family medical history can help detect genetic pattern that might put you at a higher than normal risk of disease.” With an updated health record, prevention could be done accurately and on time.

v. Alleviate worries.

Periodic medical checkups lessen patients worry, and reduced worry can help wellness by reducing stress (Dowling, 2010, p.1).

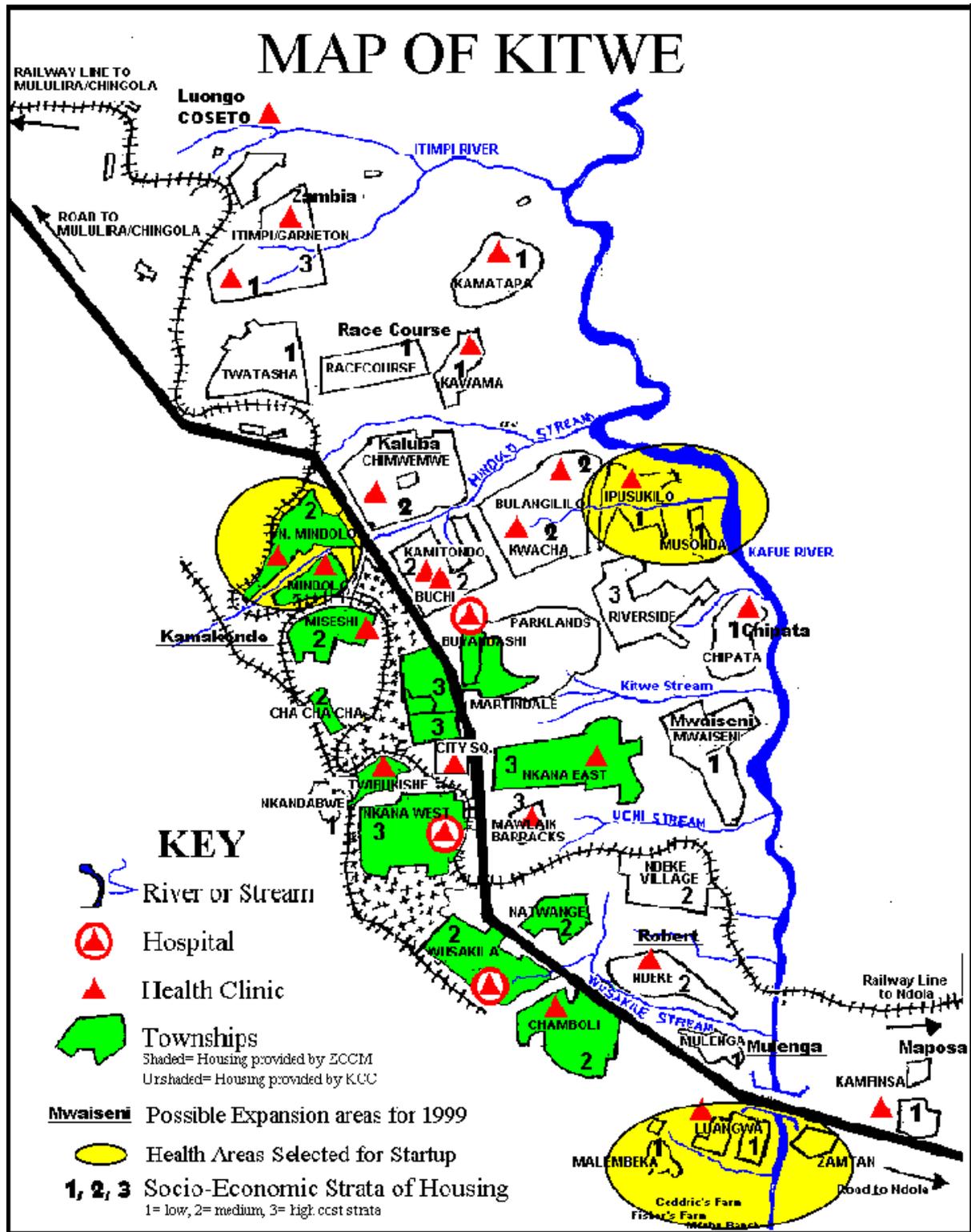
1.2. THE HISTORICAL BACKGROUND OF KITWE

1.2.1. Geography

The Copperbelt province, one of the ten provinces in Zambia, sits on a 3,000-foot plateau bordering Congo Democratic Republic to the north. Copperbelt contains around 20% of the national population and is roughly 86% urban (McGahey, 1997, p.1).

Kitwe District has an estimated population of 504,194. It has of one the world’s largest copper smelting facilities, the Nkana Mine. It is also the second largest city in Zambia in the context of size and population, and is sometimes referred to as Kitwe-Nkana. It is located in the Central part of Copperbelt Province. In addition, Kitwe is one of the most developed industrial and commercial areas in Zambia other than Lusaka. Kitwe includes a number of townships and suburbs including Nkana East, Nkana West, Mindolo and Garneton (McGahey, 1997, p.1).

The main geographical features of Kitwe town are shown in the map of Kitwe (Figure 1).



Source: Extracted from Kitwe District Medical Office Action Plan 2009-2011

Figure 1: Map of Kitwe

1.2.2. History

Kitwe was originally called Nkana after the local chiefdom and derived its name from the then “Citwe” (now known as Kitwe) Stream. The name Kitwe depicts the skull of an elephant (icitwe chansofu) which was found alongside copper ore deposits. Foreign settlers could not pronounce the name “Icitwe” as the natives used to call it, and pronounced the name as “Kitwe” The historical information on Kitwe reveals that it was founded in 1936. According to McGahey (1997, p.59) “Kitwe was founded in 1936 in north-central Zambia as the railway was being built by Cecil Rhodes' company.” “It was first established as an adjunct, non-mining-related but supportive part of an expanding copper-mining centre at Nkana.” “The expanding copper mines at Nkana made it the dominant centre in the region and Kitwe started building up its size and significance over the years, finally surpassing Nkana as the main centre. “The Rhodesia Railways main line reached the town in 1937, providing passenger services as far south as Bulawayo, with connections to Cape Town.” “The line was extended into DR Congo, and from there eventually linked to the Benguela Railway to the Atlantic port of Lobito Bay, which used to take some of Zambia's copper exports but is currently closed.”

1.2.3. Mining

The district is heavily industrialized, with Zambia Consolidated Copper Mines (ZCCM) accounting for roughly 50 percent of industrial activities. Kitwe town is rich in copper. This makes it a base for a number of mines that include, Konkola Copper Mines and Mopane Copper mines (www.saimm.co.za, p. 65, accessed on 7/06/2014).

1.2.4. Communication

1.2.4.1. Railway

Kitwe’s railway line is situated at the end of the Zambia Railway Lines passenger services from Livingstone, Lusaka and Ndola. The main highway through the Copperbelt runs south-east to north-west through the city, to Ndola (as a freeway) in the south-east, and to Nchanga, Chingola and Chililabombwe in the north-west (“<http://www.zambia-advisor.com/Kitwetown.html>” 2014, p.3, accessed on 7th June, 2014).

1.2.4.2. Airport

The Southdowns airport that is in Kitwe is not currently functioning for many scheduled services. It was closed down in 2005 and reopened in 2008 for selected operations.

1.2.4.3. Road Network

Kitwe has an improving road network. Currently the Ndola-Kitwe dual carriage way is under rehabilitation works as well as the Chingola-Kitwe road. There is also an improvement of the road network in residential areas of Nkana East, Nkana West, Wusakile, Riverside, and Parklands that is underway. Mopani copper mines through its corporate social responsibility concluded the rehabilitation of Chibuluma-Mindolo-Central Street Ring Road (Kitwe's main route for heavy-duty trucks), with a total stretch of 6.7km. Information from a press release made in 2013, indicates that the works were accomplished in August 2012 and the refurbished roads have since been officially handed over to Government.

In its continued works, Mopani copper mines have continued to embark on improving road networks in Kitwe. According to a press release (2012), “The Department of Engineering Services has completed the condition survey for 56.05Km of new road works in the City. Currently we are in liaison with the Road Development Agency (RDA) and National Roads Fund Agency (NRFA), and are awaiting approvals from the Zambia Public Procurement Authority (ZPPA) for a no objection to commence procurements.

The Kitwe City Council, in its bid to decongest the Ndola-Kitwe Dual Carriage way traffic flow into the Central Business District (CBD) has signed a memorandum of understanding with Copperbelt Energy Corporation (CEC) for the construction of a link road and bridge between Nkana East and Ndeke Township. According to the CEC representative Sindowe (2013, p.1), “the link road project would bear a strategic value to the benefit of the public, business houses and the local authority as well.” “In addition this project is of immense benefit to Kitwe and the country.”

1.2.5. Education

Kitwe District has invested in the area of Education. Most schools in Kitwe have a record of 100 percent pass thereby attracting even pupils from outside the town. Evidence of this is seen in the partnership that was developed in 1999 on teacher and student exchange programmes with Kingsmead Community School in Wiveliscombe, England with two Kitwe schools - Helen Kaunda High School and Mukuba High School. This started a series of partnerships between Zambian schools such as, Chamboli, Mukuba, Ndeke, Kitwe Boys, Kitwe Basic, Fatima, Nkana High and many others and UK schools, and there are now over 30 such school partnerships. Students from Kingsmead paid a visit to the Kitwe schools in 2005. (Mwizabi, 2005, p.3).

Kitwe has a number of private schools, which include; Kitwe International School, Lechwe, Mpelembe Secondary School, Nkana Trust School. St John Convent School, Elim Primary School, Kawama Pentecostal Holiness School and Konkola Trust schools for miners.

There are three Universities in Kitwe namely; Copperbelt University, Copperstone University, Mukuba University and Zambia Catholic University. As for colleges, they include Copperbelt College of Education, Zambia Institute of Business Studies and Industrial practice(ZIBSIP), Kitwe Community Development Staff Training College and Mindolo Ecunumecal Foundation (“<http://www.zambia-advisor.com/Kitwetown.html>” 2014, p.1).

1.2.6. Health

According to Baer (1999, p. 1) “Kitwe District is served by 18 district health centres, one hospital managed by the Kitwe City Council (KCC), and eight clinics and two hospitals operated by ZCCM.” “Each health centres catchment area is subdivided into zones of 100 to 200 households, each zone having its own neighbourhood health committee (NHC).” In addition, there are a variety of community-level health volunteers, including community health workers (CHWs), traditional birth attendants (TBAs), and child health promoters (CHPs).” This is the organisation of health facilities recognised in the Environmental Health planning.

Other health facilities in Kitwe include; Kitwe Central Hospital (the state hospital), Wusakile hospital, Nkana Mine Hospital, Sinozam, Hillview Medical Centre, Lubambe Medical Centre, Company Clinic, Progress and Kitwe Polyclinic.

1.3. Statement of the problem

In Zambia today, it appears that much of the population experiencing sudden deaths and slow deaths could be caused by many factors, among them, the lack of medical checkups. Most people seem to visit health facilities when the situation is unbearable to the extent where there is little that the medical personnel could do. A health checkup helps in detecting health problems quicker and avoids serious ones. Most of life-threatening illnesses in the present can be cured in an early stage of the illness, but the symptoms are not easily noticed. This is where health check-ups are important to avoid this. Some of these diseases include cancer, hypertension, stroke, cardiovascular disease and diabetes. With the use of health communication strategies that enlighten people to have regular checks, cholesterol and diabetes tests, pap smears and breast exams can detect signs of diseases at their earliest and most treatable stages. It appears that early diagnosis of cancer and heart disease is especially important (Sheehan, 2010, p.100). A person may have one of these problems that are preventable and can receive treatment once noticed early and through regular checkups.

It seems that most of the population in Kitwe experiencing this only realize these problems when it is too late. Most people do not seem to prioritize regular medical checkups and ensure that they have them done to keep healthy. For some, regular checks are only necessary upon request or as a requirement in situations such as employment, travel to another country or for school purposes. For others, when they do not feel any pain, it is not deemed important for them to go for regular medical checkups as they feel fine and would rather spend time doing other activities such as working, engaging in a business venture or relaxing. For some other Kitwe residents they may know the importance and value of a regular medical checkup but do not feel motivated to go through the process of having a thorough checkup. While in some cases where some people have actually gone before, they feel, their one time medical checkup was sufficient for them. The existing communication strategies do not also seem to target the importance of a thorough medical checkup and are single disease based, depending on what is prevailing on the ground. For instance, there is a focus on cancer, leaving out other diseases. There are a number of communication strategies that are used on various diseases

but there is a limit when it comes to a full body medical checkup stressing the benefit and importance of this in avoiding a lot of health problems and diseases by early detection and curative measures.

Due to the low response levels and attendance of medical checkups, in some cases it is only discovered during post-mortems that there was a cardiac arrest for instance that could have been prevented by regular checkups that can determine these problems and communicate the best lifestyles of people that would help in avoiding these problems.

This being the case, it can be concluded that there exists a gap between the current levels of communication strategies encouraging medical checkups and the behaviour of the people actually going for these medical checkups. With this being the case, a study in this area is worth conducting.

1.4. Rationale

When it comes to research and studies done concerning regular medical checkups, there seems to be a limit in this area. The limitation of research in this area makes it a priority to conduct. It is also important to note that it is a challenge to isolate the evaluation concerning medical checkups without the communication component. Therefore, it is prudent to evaluate medical checkups in relation to the communication strategies used by Kitwe District Community Medical Office. Another important reason for conducting this study is due to a gap that seems to appear in terms of lack of attendance of medical checkups in Zambia.

This being a pioneering study and as such the results are likely able to enlighten the community of the benefits of medical checkups such as the actual screening, health measurements which include height and weight measurements which are able to inform medical personnel of changes that might need attention, such as weight gain or loss that may lead to a health problem to be investigated. Other likely benefits to the community are medical records update, counselling and alleviation of worries whereby through checkups a person knowing their health status can give peace of mind. Furthermore, the findings may highlight the necessity for further research to evaluate communication strategies in terms of medical checkups. In addition, in terms of medicine, the research may stimulate the

incorporation of communication skills in the medical field and interventions done by the Government and stakeholders that deal in health matters.

1.5. Research objectives

1.5.1. General Objective

To examine the communication strategies used by the Kitwe District Community Medical Office to encourage the attendance of medical checkups in order to have healthy lives.

1.5.2. Specific Objectives

- To examine the communication messages used by the Kitwe District Community Medical Office in encouraging the public to go for medical checkups.
- To ascertain the nature of sources used in the communication strategies about the need for people to go for medical checkups.
- To analyse the channels used in communicating messages about medical checkups.
- To determine the behavioural characteristics and attitudes of people in Kitwe Riverside, Bulangililo and Chipata compound regarding medical checkups.
- To identify the barriers that inhibit the regular attendance of medical checkups

1.6. Research questions

1.6.1. General Question

What are the communication strategies that the Kitwe District Community Medical Office is using to encourage the attendance of medical checkups for people to live healthy?

1.6.2. Specific Questions

- What messages does The Kitwe District Community Medical Office disseminate in encouraging the public to go for medical checkups?
- What sources does the Kitwe District Community Medical Office (KDCMO) use to encourage people to go for medical checkups?
- What channels are used by Kitwe District Community Medical Office to encourage people to go for medical checkups?
- What are the attitudes and behaviours of people in Kitwe's Riverside, Bulangilio and chipata township towards medical checkups?
- What are the barriers that inhibit the regular attendance of medical checkups?

CHAPTER TWO

2. LITERATURE REVIEW

2.1. Introduction

The chapter will review the literature that is related to communication strategies used in encouraging medical checkups. Most of the studies that will be reviewed will be based on studies done in Western Europe; this is because this study is yet to gain momentum in Sub-Saharan Africa.

2.2. The American Medical Association

A study in 1920 by the American Medical association first proposed a yearly, routine physical examination (check-up) for healthy patients. However, according to this study, there have been questions about what to exactly include in routine check-ups and whether they are beneficial. An important principle of clinical medicine is to “do no harm.” This is a particular concern in testing and counselling in well persons (Committee on Infectious Diseases American Academy of Paediatrics 2000, p.25).

In 1976, the Canadian Task Force on periodic health examination was formed to provide a systematic evaluation and recommendations about periodic health exams. The United States Preventive Services Task Force (USPSTF) was formed in 1984 to provide similar guidelines in the United States. The most recent recommendations of the USPSTF for evaluation, screening and counselling interventions were published in 1996. In their research, input was provided by primary-care medical societies, the U.S Public Health Examination. The recommendations are based on evidence and efficacy, and are tailored towards patients based upon their individual age, gender and risk factor characteristics. The key summary findings are as follows:

1. Effective interventions that address the patients’ individual health behaviours are most important for preventing the leading causes of death and disability (e.g., interventions to prevent smoking, alcohol, and other drug use; encourage the use of seatbelts; and encourage physical activity and appropriate nutrition.

2. The patient and clinician should share responsibility for weighing risks and benefits when deciding about screening and diagnostic testing and preventive interventions.
3. To maximize benefits and avoid doing harm, clinicians should be selective in choosing screening tests and other preventive services for their patients, (Canadian Task Force on Periodic Health Examination 1994, p.27).
4. Special efforts should be taken to provide preventive services to people with less access to care.
5. Community-level public health and public-policy interventions may be more effective for some health problems than interventions delivered in the clinical setting(for example, community educational interventions to prevent the initial onset of cigarette smoking by children and seat belt use legislation).
6. The recommended components of periodic health examination for children, men and women are in the areas of immunization, screening and counselling (Canadian Task Force on Periodic Health Examination 1994, p.27).

One of the limitations in the Canadian study is the elimination of those people who are unwell and need medical checkups to improve their health. In addition, the study does not mention those who are unwell being protected from harm.

The recommendations made by Preventive Services Task Force (USPSTF) on evidence and efficacy do not include the cultural aspect.

There is need to have and emphasize the aspect of communication as it plays a vital role in health behavioural change, medical checkups and achieving the goals of a research.

2.3. A study on Professional Communication Strategies and Team collaboration in health care systems

In another study by Berwich done in 1990, he wrote about patients needing an open communication system instead of experiencing adverse events stemming from communication failures. In the literature, review of his study he brings out the important role of communication and team collaboration in helping reduce medical errors, encouraging medical checkups and increase patient safety. This is further explained in the sense that teams need to have adequate communication strategies and plan for patient and client care that address their needs. According to Berwich (1992, p.22), “a patient finds that communication is easier with a cohesive team rather than with numerous professionals who do not know

what others are doing to manage the patient. The study also determined communication strategies such as internet and telephones as described by health workers to be among the most important factors improving clinical effectiveness and job satisfaction. In addition, effective communication leads to the following positive outcomes: improved information flow, more effective interventions after medical checkup, improved safety, enhanced employee morale, increased patient and family satisfaction and decreased lengths of stay at a health facility waiting to be attended to (Daniel, 2006, p.96).

2.4. Enabling Patient-Centred Care through Health Information Technology

Information Technology is one communication strategy that has been embraced with modern technology. This strategy has been used especially in the Western part of the world to improve health with provision of information. A study by Finkelstein and others (2010, p.1), reveals that “in reviewing the evidence of the impact of health information technology (IT) that supports patient centred care (PCC) on: health care processes including routine medical checkups, clinical outcomes, intermediate outcomes which include; patient or provider satisfaction, health knowledge and behaviour and cost: responsiveness to needs and preferences of patients shared decision making and patient-clinician communication and access to information.”

The study results suggested positive effects of Patient Centred Care (PCC) related health IT interventions on health care process outcomes, disease-specific clinical outcomes (for diabetes, mellitus, heart disease, cancer and other health conditions).With intermediate outcomes, responsiveness to the needs and preferences of patients, shared decision making, patient-clinician communication and access to medical information.

2.5. Value of Medical Checkups doubted

Another source of literature by the Nordic Cochrane centre in Copenhagen states that medical checkups are not beneficial. They raise questions on whether spending on preventive services should be more effective. It is the first large review of existing studies to conclude that general health checks-the sort of screening done in typical annual physicals –do not affect the rates of death and disease. The utility services for healthy people are continually debated in the U.S. According to this study, screening can be expensive and may lead to unnecessary testing or treatment. However, efforts to reduce tests to be ineffective or reduce their

frequency have been controversial. “Many people would consider the [the results] counterintuitive,” said Lasse Krogsboll, a physician at the Nordic Cochrane Centre. He further says “many people see their bodies the way they see a car- you take it for checkups so you should take your body.” But biology is not that simple. The research also identifies that groups such as the U.S Preventive Services Task Force, an independent, non governmental body that develops guidelines for healthy services have found evidence of benefits of some types of screenings such as those of colon or breast cancer, in some healthy people, but not for other tests such as electrocardiograms to detect heart disease (Sheehan, 2010, p.1).

In the study done in 2012, the researchers analyzed data involving 180,000 adults in the U.S and Europe from 14 randomised trials, comparing those who offered some type of health screening over those who were not. The individuals were followed for an average of just over five years. The screening differed widely. Some involved blood and lung-function tests while others included questionnaires, family histories and physical exams. The nine studies that reported the number of patients in the follow up period did not show any effect on overall mortality or on deaths from heart disease, stroke or cancer. In reviewing this study, Krogsboll observed, “there was limited information on whether checkups were effective in preventing disease, but the two big trials that did measure prevention didn’t show an effect. “He further said it was the most reliable evidence on the topic and it doesn’t seem to show any convincing benefit.” He noted that one reason for the lack of difference could be that people who were not invited to have checkups may have received preventive care anyway.

In reaction to the same study, Michael LeFevre co-vice chair of the U.S Preventive Service Task Force but not part of the study said “the review was well done but had limitations including that many of the studies were began decades ago and couldn’t assess what is provided in checkups today. Guidelines for treating high blood pressure and cholesterol for instance, have changed over the years. He further analyzed the study by identifying that the studies just show that going for medical checkups does not help. It would be more appropriate and helpful to focus on specific preventive services and interventions that have shown effectiveness inclusive of the communication strategies that were used. This is clarified by observing that for healthy people; time spent in the doctor’s office is better spent talking about curbing smoking or alcohol intake rather than a treadmill stress test for instance.

Further gaps in this research show that there are no specific tests that have been qualified and mentioned as being ineffective. There is no clarification and this leaves a gap.

The study did not further look at the benefits of medical checkups from those who treated their bodies like cars and went for periodic checkups in comparison to those who did not go for any checkups to support their research.

The research has also not clearly explained why there are no benefits from some screenings that have been done in the past years.

The aspect of communication in the area of medical checkups or the lack of benefits is not adequate.

2.6. Ineffective Communication Strategies in healthcare

As much communication strategies are used for effectiveness in health care facilities and in the area of encouraging medical checkups, other researchers have revealed that collaboration, communication and team work does not always occur in clinical settings. For instance, in a study done by Sutcliff and Rosenthal (2004, pp.186-194), it reveals that social, relational and organizational structures contribute to communication failures that have been implicated as a large contributor to adverse clinical events and outcomes.

Another study shows that priorities of patient care differed between members of the health care team and that verbal communication between members was inconsistent. Other evidence shows that more than one fifth of patients hospitalized in the United States reported hospital system problems, including staff providing conflicting information and staff not knowing which physician is in charge of their care. Further research on the negative impact of clinical care such as medical errors, low levels of medical checkups compromise in patient safety, poor quality care and links to preventable patient mortality, reveals that many of these unwanted effects can be traced back to poor communication and collaboration and ineffective teamwork (Rosenstein, 2002, p.33).

CHAPTER THREE

3. METHODOLOGY

3.1. Introduction

Communication in this research is the main key to addressing the concerns of medical checkups in Zambia. It is an explanatory survey embracing the communication strategies used. Triangulation was used to maximise the benefits or information the researcher got.

3.2. Research Design

This research applied the exploratory design. This is because it appears that there is no past research that had been conducted on medical checkups in relation to communication strategies used to encourage these checkups. In addition, there is limited knowledge on medical checkups. This is justified by Collins and others (2000, p.93) who says that “it is a type of research conducted for a problem that has not been clearly defined or not done on a particular field or topic in the social sciences on which mention has been done, but not addressed in a scientific manner.” It also helped the researcher to familiarize with the research problem to be studied as well as determine the direction of further investigations (Neumann 1997, p.20).

3.3. Research Methods

The study used the methodological triangulation method in data gathering. This implies the application of both qualitative and quantitative methods. The selection of this method was due to the reason that the quantitative was able to help answer ‘what’ numbers and percentages were involved while the qualitative helped to find reasons or ‘why’ the percentages or biasness. The application of both methods thus helped seal the loopholes found in both methods thereby strengthening the system for research.

3.4. Data collection methods

3.4.1. Primary Sources

The primary sources of information included questionnaires, focus group discussions and in-depth interviews.

3.4.1.1. Qualitative Survey

In-depth Interviews

With the qualitative method, in depth interviews were conducted. This gave an opportunity to the researcher to get detailed information concerning the research. Specifically, the researcher interviewed people from Copperbelt Health Education Project (CHEP) Kitwe Central Hospital and The Kitwe District Community Medical Office. These were senior members of staff, who if asked in the presence of their colleagues might have been afraid or uncomfortable to share their personal opinions and feelings for the fear of being viewed as traitors in their institutions or risk losing their jobs in case they speak negatively. The use of In-depth interviews accorded the respondents confidentiality and confidence, which resulted in the betterment of the research.

Focus Group Discussions

Focus Group Discussions is another qualitative method that the researcher used. The essence of this method was to explore the meaning of survey findings that cannot be explained with the use of statistics. The Focus Group Discussions were helpful in providing an insight into varying opinions among different parties who are involved in the changing process, thereby enabling the process to be efficiently managed.

In this research, the Focus Group Discussions consisted of 5 to 10 people and were conducted at Bulangililo Clinic and Riverside clinic respectively. This allowed participants to openly discuss, disagree, and agree with each other, thereby providing an insight into how a group that is brought together thinks about the communication strategies used in encouraging medical checkups. In addition, the Focus Group Discussions helped to view the various opinions, ideas, inconsistencies and variations that exist in the two health facilities concerning their knowledge, experiences, as well as practices in terms of medical checkups.

3.4.1.2. Quantitative Survey

Structured Questionnaire

With the quantitative methods, a questionnaire was used. A total of 100 questionnaires were distributed using a multi stage cluster sampling method to the population of Chipata, Riverside and Bulangililo townships. A total of 40 questionnaires were administered in the high density area of Chipata compound, 30 in the medium density of Bulangililo and 30 in the low density areas of Riverside respectively.

3.4.2. Secondary Sources

Secondary sources are very vital in a research. This is because they guide the research presentation and filling gaps of knowledge in the specific area of study that is being conducted. They are also a supplement to the primary sources and they reveal what has been studied and that which has not been studied.

Data from secondary sources was mainly collected from reports, patient registers and files, the internet and past related work done in relation to the study.

3.5. Study Site

The place where the research was done is Kitwe. The justification for this selection is based on:

- a. Kitwe is one of the main towns in Zambia and would provide a source of study that would also make use of a high population that the town has.
- b. Kitwe is one of the towns on the Copperbelt which was a mining industrial province, hence a crowd puller.

3.6. Study Population

The estimated population size of the area of study was 504, 194.

3.7. Sample Size

The sample size was 100, representative of the population from Kitwe.

3.8. Sampling Technique

The sampling technique that was used was multi stage sampling technique. This was in order to have a comprehensive research that encompasses the characteristics that represent the whole population of the area of research and add to its betterment.

The stages were as follows:

Stage 1. Townships

The researcher had to decide townships where to study. The decision was made purposively and with advice that was given by the Kitwe District Community Medical Office.

Knowing there are high, medium and low-density areas, Chipata Township was picked to represent the high-density areas, Bulangililo Township was picked to represent the medium density and Riverside was selected to represent the low-density areas.

Stage 2. In relation to townships

The starting point when the researcher arrived was the first road on the left in Chipata, Bulangililo and Riverside Townships. Random selection was done and the decision was after the first house on the left, every 6th house would be selected and this pattern continued when a new road was approached.

The data collection using the questionnaire was targeted at house owners, who, if not present at the point when the questionnaire was administered, a person who is 18 years and above present was asked.

Questionnaires were administered to a sample to collect data. In Chipata compound, there were more than 50 roads, 20 had been randomly selected for this research, and the decision was every sixth house due to the pattern of houses that were close to each other. The data collection using the questionnaire was targeted at house owners who if not present at the point when the questionnaire was administered the person who was 18 years and above was asked.

In addition to the questionnaires, In-depth-Interviews and Focus Group discussions were also part of the data collection method that was used.

Focus Group discussions were done for 5 to 10 people. This was guided by a prompt list that most Focus Group Discussions used. An in-depth interview was also done with the use of an interview guide as the appropriate procedure for in-depth interviews.

3.9. Data Analysis

Analysis of data is very vital. This is because it is the analysis that gave value and meaning to the data that was collected during the research. In addition, it is important to note that not all the information that was collected during the research is useful and as such the analysis helped in isolating useful data from that which was irrelevant for this particular research.

In terms of qualitative data analysis, Content Analysis was used. According to Babbie (2010, p.394), “qualitative analysis is the non-numerical examination and interpretation of observations, for discovering underlying meanings and patterns of relationships.” “This is most typical of field research and historical research.” With content analysis, the focus was on the actual content, in terms of certain words and phrases. This tool was relevant in the analysis of data that was collected in helping provide an understanding of communication strategies in encouraging medical checkups.

The data that was collected in the research was analysed using Statistical Package for Social Sciences (SPSS), which is recommended for numerical data in Social Sciences. This is very reliable and accurate way of analysis that encompasses all aspects that were researched on for proper analysis.

3.10. Ethical Considerations

Ethics provide a guide on conduct in a certain situation. According to Clerk (1988, p.4), ethics can be defined as “a set of moral principles.” “They are principles of conduct governing an individual or group.”

In adhering to ethical standards, the researcher applied the following ethical standards:

- **Informed consent:** Here, the researcher sought permission of participation and provided adequate information on the topic of research to give a clear understanding to the participants of what the research was about and their requirements in the participation, in order for them to independently make a decision on their willingness to participate.

- **Confidentiality:** This is very vital as it builds confidence in the participant; therefore, the researcher safeguarded the privacy and identity of all the respondents. To instil confidence, the respondents will be known by the code numbers on the questionnaires.
- **Objectivity:** The research team was focussed and avoided prejudice, biasness or manipulation of the findings of the research as this would have resulted in distorted and compromised research findings.

3.11. Limitations of the study

The Kitwe District Community Medical Office can at times be found to be bureaucratic as a result of being state owned thereby leading to a possibility of the workers being timid in answering the questions and fully participating in the Focus Group Discussions. The use of the multistage sampling also added to increased time needed to capture the respondents who were required thereby contributing to the delay of the research.

CHAPTER FOUR

4. CONCEPTUAL AND THEORETICAL FRAMEWORK

4.1. Introduction

In this chapter, the researcher looked at the conceptual and theoretical frame work in which various definitions of concepts pertaining to the study were defined. It also includes various theories and how those theories apply to the study.

4.2. Conceptual and Operational Definitions

4.2.1. Medical checkups

Medical checkups are thorough physical examinations. This includes a variety of tests depending on the age and sex and health of a person (Princeton University, 2003, p.75). This research will maintain the same definition

4.2.2. Regular medical checkups

Regular medical checkups and tests can help to find problems before they start. They can also help find problems early, when one's chances of treatment and cure are better. In looking at the definition of regular medical checkups Bates (1995, p.13), defines a regular medical checkup as "a physical examination to carry out a complete health assessment, including gathering information about a person's medical history and life style. It also includes laboratory test band screening for any possible disease for a quick intervention." In addition to the definition, it is also noted that the frequency for regular medical checkups is dependent on one's age, sex and risk factors for the disease. According to Centres for Disease Control and Prevention (CDC) (2012, p.20), "by getting the right health services, screenings and treatments, you are taking steps that help your chances for living a long, healthier life. The health services to consider for regular medical checkups that are recommended include; breast and cervical cancer early detection, cholesterol, colorectal cancer screening, diabetes, High Blood Pressure, Immunization schedules, oral health for adults, prostate cancer screening, skin cancer, HIV and AIDS and Viral Hepatitis. This study will maintain the same meaning.

4.2.3. Development

Development is very essential in every nation for the betterment of people's lives as it encompasses all areas of human importance and well-being. According to Mutambanshiku (2013, p.4), "Development is a process directed at outcomes encapsulating improved standards of living and greater capacity for self in economies that are technically more complex and dependant on global integration than before." "Hence development is a positive change (for the better) from conditions (social, economic, political, cultural and human) that are no longer considered good enough for the goals and aspirations of a society to those that are most likely to meet these goals and aspirations." Development is a widely participatory process of social change in a society that is aimed at bringing about social and material advancement that also includes freedom, equality and other valued qualities for the majority of the people through control of their environment (Mutambanshiku, 2013, p.4).

In the light of the negative effects that arise due to lack of medical checkups that are causing preventable diseases to result in death are concerns that hinder full realization of human life. Consequently, these diseases escalated by lack of medical checkups have presented a huge threat to social development and economic growth. Therefore, with regards to this study the Kitwe District Community Medical Office (KDCMO) needs to consider the centrality of communication in the realization of the intended goal.

In the field, development is measured when people have a qualitative life style. For instance piped water, a good teacher to pupil ratio, doctor –patient ratio, shelter, regular nutritious meal and so on.

4.2.4. Communication

Communication involves sending and receiving messages. It is a process of sending information from one source to another through verbal means, writings, images or symbols in order to seek for the receiver's thoughts, response or actions. According to Infante et al, (1997, p.35), "Communication occurs when humans manipulate symbols to stimulate meaning in other humans." It can also be said that communication is the key that opens the door to change (Svenning, 1969, p.16). Communication is the key to human development (Frazer, 1994, p.16) According to Bassette (2004, p.40), "Communication is the key to involving the community.

In this research, communication is key, and has been identified as the key to medical checkups awareness and encouragement. In addition, communication can enhance participation and thus reduce deaths escalated by the lack of regular medical checkups.

In the field, Communication is said to have taken place if the other party responds to a stimulus. This study will maintain the same meaning.

4.2.5. Communication Strategy

A communication strategy can be defined as a well-planned series of actions aimed at achieving certain objectives or change through the use of communication methods, techniques and approaches (Maefalopulos and Kamlongera, 2004, p.43).

In the research, the researcher evaluated the communication strategies used by The Kitwe District Community Medical Office in order to see if the strategies are achieving their intended objectives or not.

4.2.6. Participatory Communication

Participatory communication is also an important concept that needs to be defined as every aspect of communication involves the aspect of participation. In giving a clear understanding of participatory communication, White (1994, p.54), defines participatory communication as the type of communication in which all interlocutors are free and have equal access to the means to express their point of view, feelings and emotions.

In this research, participatory communication was operationalised to measure the extent to which the beneficiaries are involved in the planning and execution of the messages to themselves about the needs for medical checkups.

4.2.7. Participatory Communication for Development

This concept is similar to participatory communication. In clearly defining it, participatory communication for development refers to the use of various forms of communication. These forms include mass media, interpersonal group and traditional means to empower communities to realize their potential and discover solutions to their various problems (Uphoff, 1985, p.25).

4.3. Main theories and how they apply to the study

There are various theories that apply to the study under research. However, this research used two theories, which appealed most. These were important in giving a good understanding of the research.

4.3.1. Diffusion of Innovations Theory

As much as there were various theories that applied to the study that will be explained, the Diffusion of innovations theory was the main theory that will was used for this study.

The theory of diffusion of innovations mainly looks at the way innovations are adopted in a population. In defining an innovation, it is simply an idea, practice or object that is perceived as new by the recipients. The effectiveness of this theory relies on the conditions, which increase or decrease the likelihood of an idea being adopted by the recipients. According to this theory media and interpersonal contacts provide information and influence opinions. According to Rogers (1995, pp.246-264), the theory consists of four stages: invention, diffusion (communication) through the social systems, consequences and time. Information flow is through networks. What determines the likelihood that an idea will be adopted depends on the nature of networks and the roles played by opinion leaders. Opinion leaders exert influence on the recipient's behaviour through their personal contact. There are also change agents as well as gatekeepers. In looking at the adaptors, five categories are identified.

1. Innovators: These are focused and lead the way for others to follow. They are the ones who have already personally adopted the new behaviour, investing time and effort.
2. The Early Adaptors: These private visionaries as compared to the innovators are committed visionaries. They are open to new ideas that provide personal benefits. They are observant of any opportunity to excel in their lives. They are swift in making connections between innovations and their personal needs.
3. The Early Majority: These are pragmatists who are comfortable with moderate ideas and will not act without solid proof of benefits. They have no time for risks but will accept simple, proven better ways doing what they have always been doing.

4. The Late Majority: These are environmentally conservative pragmatists, uncomfortable with green ideas. They do not like risks but do not want to be left out. They follow established standards.
5. The Laggards: These are also known as the Sceptics. These act to block progressive to change. They are resistant to change.

In this research, the researcher utilized this theory to help in evaluating if the communication strategies used in encouraging medical checkups were following and in line with the theory in the process of adopting new ideas.

4.3.4. Social Change Campaign Theory

Changing norms in a community is a process that cannot be done overnight. Programmes, campaigns and projects that are conducted with a view of understanding how individuals go through a process of change are likely to be more effective than haphazard messages that are spread in a community. This implies that efforts to try and influence social change need to be approached systematically. Individuals and organisations who attempt this work are likely to become skilled facilitators of individual and group change by providing guidance and support to a community on their journey to change.

According to McQuire (1989, p.63), “Social Change Campaign is a deliberate effort by one group referred to as the change agent, who designs a program that is intended to persuade other people to accept, modify attitudes, practices and behaviour.” An effective social change campaign takes into account the local knowledge; these are the local practices as well as practices already developed in the communities where a new programme is to be introduced.

According to Rosser (2008, p.7) “medical intervention usually requires that the patient changes his or her behaviour. Most often, the change is a simple one such as taking a pill every day, but sometimes it means changing a life style pattern, which can be much more difficult. Current behaviour has often been shaped by years of living a certain way within a certain social circle and changing it can have untoward consequences. For instance quitting smoking means that the patient gives up social contact with other smokers, quitting alcohol can mean less time socialising with the usual friends in the bar and changing a diet may mean no more convenient stops at fast food outlets. For any behaviour, a person is found at any of the following stages;

- i. **Precontemplation:** People in this stage are not intending to change their behaviour. The time horizon is defined as not planning to change with the next six months
- ii. **Contemplation:** The individual or group of people have not begun to change their behaviour but is thinking about it and intends to do it and intends to do so within the next six months.
- iii. **Preparation:** The individual has not begun to change to change his behaviour, but intends to do so in the next thirty days. For example has set a quit date.
- iv. **Action:** The individual has changed his or her behaviour within the past six months, for example has quit the behaviour that needs to be changed.
- v. **Maintenance:** The individual has practiced this new behaviour for 6 months
- vi. **Relapse:** People often find it hard to maintain the new behaviour and relapse. This may lead them to either abandon the idea of changing so revert to pre contemplation or else stimulate them to try again so re- enter the contemplation or even the preparation stage (Canadian Task Force on Preventive Care 2014,p.7)

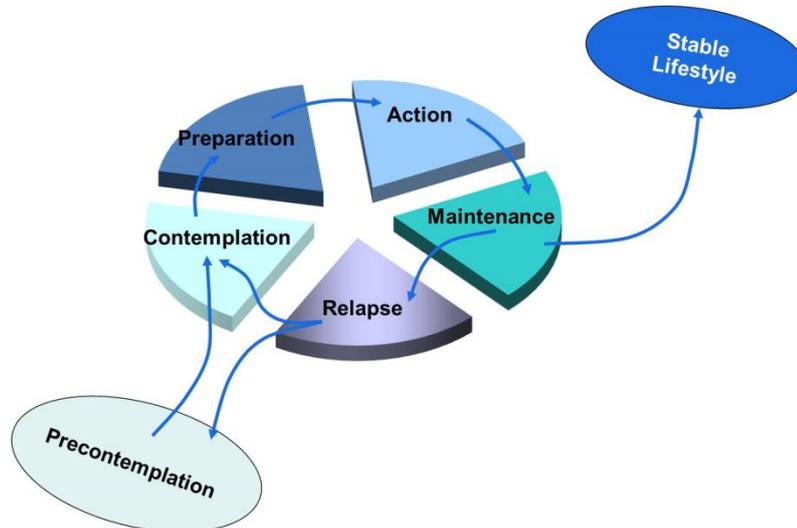


Figure 2: an illustration of the Transtheoretical Model of Behavioural Change

The behaviour stages that people experience adds to making the social change campaign especially in the medical field such as encouraging the attendance of regular checkups vital as the change agents designs a programme to effect this change for a better and healthy society that maintains the positive change.

With this research, the change agent was the Kitwe District Community Medical office who are concerned with the health of the community. The researcher referred to this theory in evaluating the efforts made through the communication strategies used to encourage medical checkups as a health improvement intervention.

CHAPTER FIVE

5. FINDINGS

5.1. Introduction

This chapter presents the findings of the data that was collected through the quantitative and qualitative surveys during the researcher's attachment with the Kitwe District Community Medical Office. The study evaluated the Communication strategies that the Kitwe District Community Medical Office uses to encourage medical checkups.

The chapter is divided in two parts: the first part presents findings of the quantitative study and provides more information on incidence and prevalence. It also validates the strength and relationships of what was observed by the researcher. The second part of the chapter presents the qualitative data and examines the different themes that emerged. This part of the chapter goes deeper to bring out individual, household and community diverse narratives, views of, and experiences on medical checkups.

5.2. Quantitative Findings

The quantitative findings begin with a brief background of the respondents and then move on to rigorous statistical data on findings from Kitwe District.

5.2.1. Background Information of the respondents

A total of 100 questionnaires were administered to the Kitwe residents of Riverside, Bulangililio and Chipata Townships. These were sampled using multi stage sampling.

5.2.2. Demographic characteristics of the sample

The sample size of the research was 100. Out of the 100, 35 respondents were male and 65 female. Table 1a shows the age group ranging from 18 to 58 and above. A total number of 30 respondents were in the age group of 18-27 (24 females and 6 males). This was followed by

28 respondents who were in the age group 28-37 (where 19 were female and 9 were male). The respondents who were in the age group of 38-47 were 23 (14 being female and 9 male). Those who were in the age range of 48-57 were 15 (with 6 being female and 9 male) and only 4 were 58 and above (consisting of 2 female and 2 male).

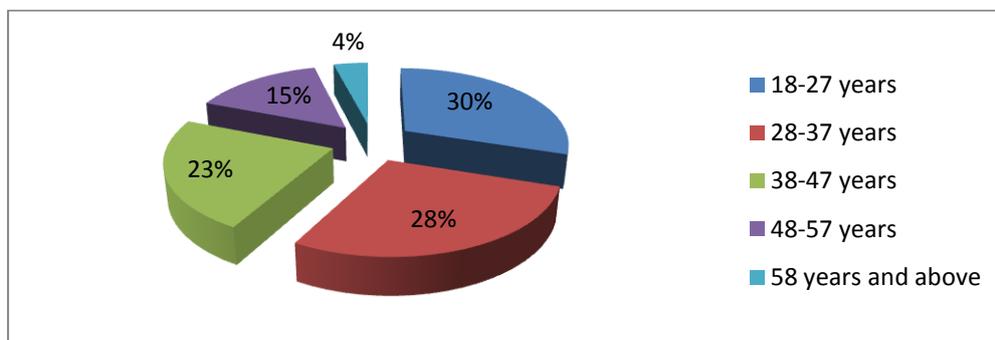
In addition, table 1a also shows that there were more female respondents than male respondents. There were a total of 65 females and 35 males.

Table 1a: Distribution of respondents by age

Age	Male		Female		Total	
	Count	Row N %	Count	Row N %	Count	Row N %
18-27 years	6	20.00%	24	80.00%	30	100.00%
28-37 years	9	32.10%	19	67.90%	28	100.00%
38-47 years	9	39.10%	14	60.90%	23	100.00%
48-57 years	9	60.00%	6	40.00%	15	100.00%
58 years and above	2	50.00%	2	50.00%	4	100.00%
Total	35	35.00%	65	65.00%	100	100.00%

Source: field data (2013)

A total of 30 percent (30%) of the respondents were in the age group of 18-27years followed by 28% of the respondents who were in the age group of 28-37years old while 23 percent (23%) of the respondents were in the range 38-47years. The figure also shows that 15 percent (15%) of the respondents' age group was 48-57years and only 4 percent (4%) 58 years and above. This trend shows that the majority of population of the surveyed areas is still among the most active age group. (Figure 3).



Source: Field data (2013)

Figure 3: Distribution of respondents by age in percentages

The sample was further broken down to the locations visited in relation to sex. The idea behind this was to analyse the location, which is less densely populated to a more densely populated area. From the findings, Riverside was the least populated area followed by Bulangililo and then Chipata compound, which was found to be the most densely populated area.

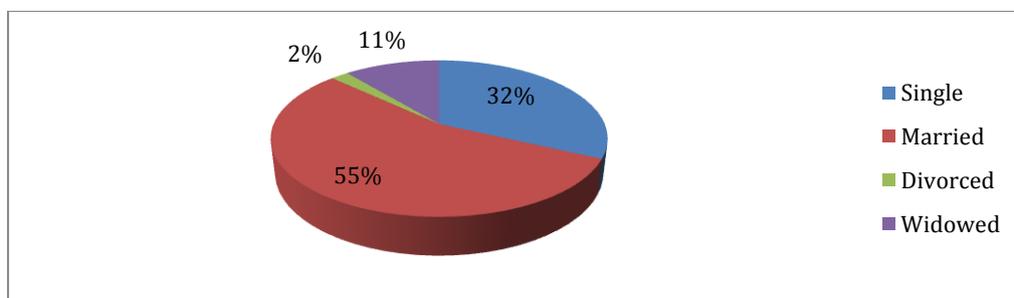
Table 1b: Distribution in relation to location

Location	Male		Female		Total	
	Count	Row N %	Count	Row N %	Count	Row N %
	Riverside	13	43.30%	17	56.70%	30
Bulangililo	14	46.70%	16	53.30%	30	100.00%
Chipata Compound	8	20.00%	32	80.00%	40	100.00%
Total	35	35.00%	65	65.00%	100	100.00%

Source: field data (2013)

5.2.3. Distributions of respondents by Marital Status

In answering the question on marital status, the majority of the respondents visited indicated as being married represented by 55 percent (55%) followed by 32 percent (32%) of the respondents as being single. A total of the respondents represented by 11 percent (11%) were widowed and 2 percent (2%) were divorced. In addition, the survey revealed that there were more married respondents, which may be easy to implement change at the very grass root of any given community or nation. (Figure 4).



Source: Field Data (2013)

Figure 4: Distribution of respondents by marital status

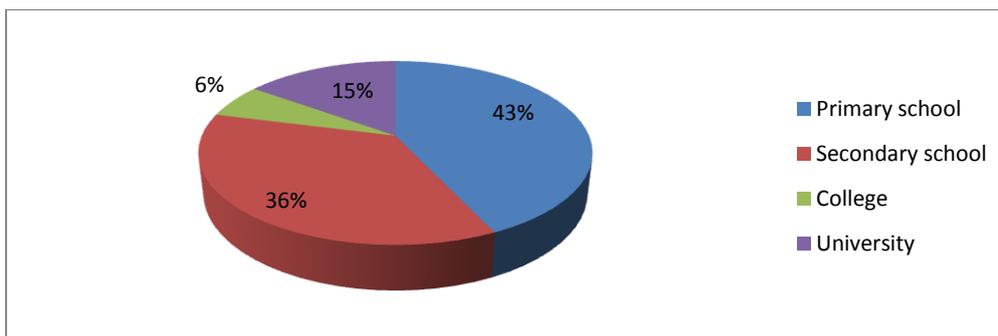
5.2.4. Distribution of respondents by Educational Level

When it came to educational level, table 2 shows that from the 100 who were interviewed in this survey, the majority of the respondents totalling to 43, consisting of 29 female and 14 male indicated that their highest educational level attained was primary school. This was followed by 36 respondents indicating to have attained secondary school education. Of the 36 respondents who had reached Secondary School level, 26 were male and 10 females. The table also showed that 15 respondents were at University level where 10 were male and 5 females while 6 respondents were at college level (5 females and 1 male).

Table 2: Distribution of respondents by educational level

Highest educational level attained	Male		Female		Total	
	Count	Row N %	Count	Row N %	Count	Row N %
Primary school	14	32.60%	29	67.40%	43	100.00%
Secondary school	10	27.80%	26	72.20%	36	100.00%
College	1	16.70%	5	83.30%	6	100.00%
University	10	66.70%	5	33.30%	15	100.00%
Total	35	35.00%	65	65.00%	100	100.00%

Source: Field data (2013)



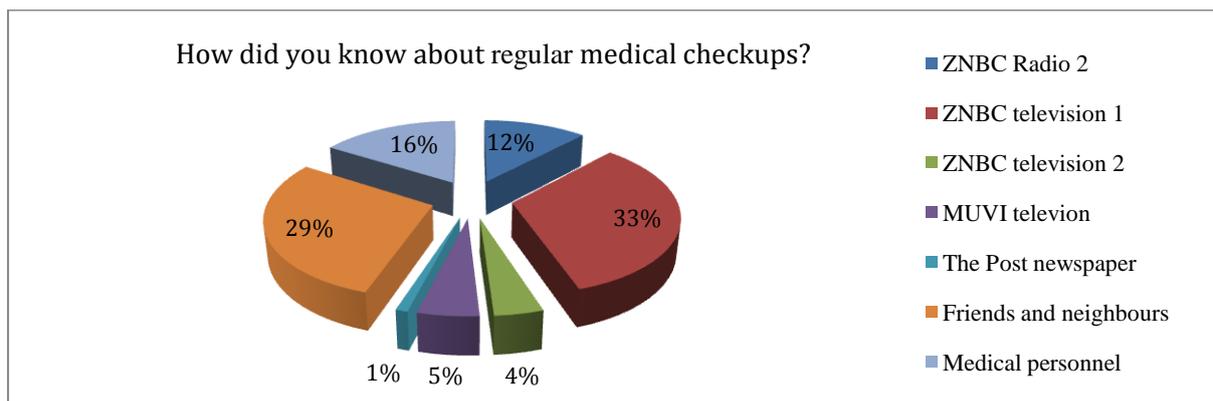
Source: Field data (2013)

Figure 5: Summary of distribution of respondents by educational level

5.3. Communication strategies, messages, sources, channels, attitudes and behaviour

5.3.1. First source of information on regular medical checkups

It was vital to find out from the respondents what their first source of information on medical checkups was. This was important in order to determine how the respondents came to know about regular medical checkups. The findings revealed that 33 percent (33%) of the respondents said they got to know medical checkups through ZNBC television 1 followed by 29 percent (29%) who said it was through friends and neighbours, then 16 percent (16%) said it was through the medical personnel while 12 percent (12%) mentioned ZNBC radio 2. Further findings revealed that 5 percent (5%) came to know about medical checkups from MUVI television 4% through ZNBC television 2 and 1 percent (1%) through the post newspapers (Figure 6).

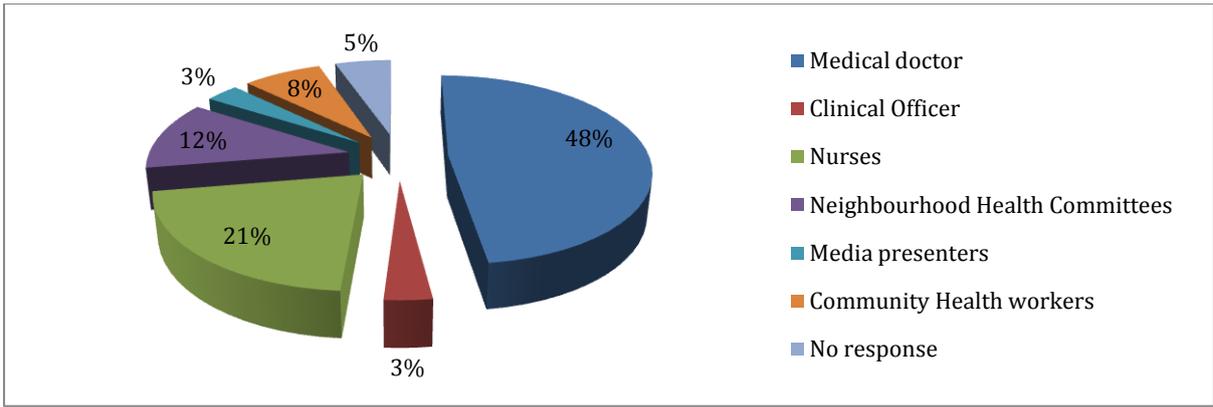


Source: Field Data (2013)

Figure 6: Analysis on the first source of information on medical checkups

5.3.2. To ascertain the nature of sources used in the communications about the need for people to go for medical checkups

The majority of the respondents said that medical doctors represented by 45 percent (45%) were used as sources of information on medical checkups, followed by nurses representing 20 percent (20%) and then 11 percent (11%) for Neighbourhood Health Committees. The remaining sources of information were community health workers with 7 percent (7%) then 5 percent (5%) mentioned doctors and nurses together. A total of 3 percent (3%) mentioned clinical officers and another 3 percent (3%) media presenter is shown in Figure 7.

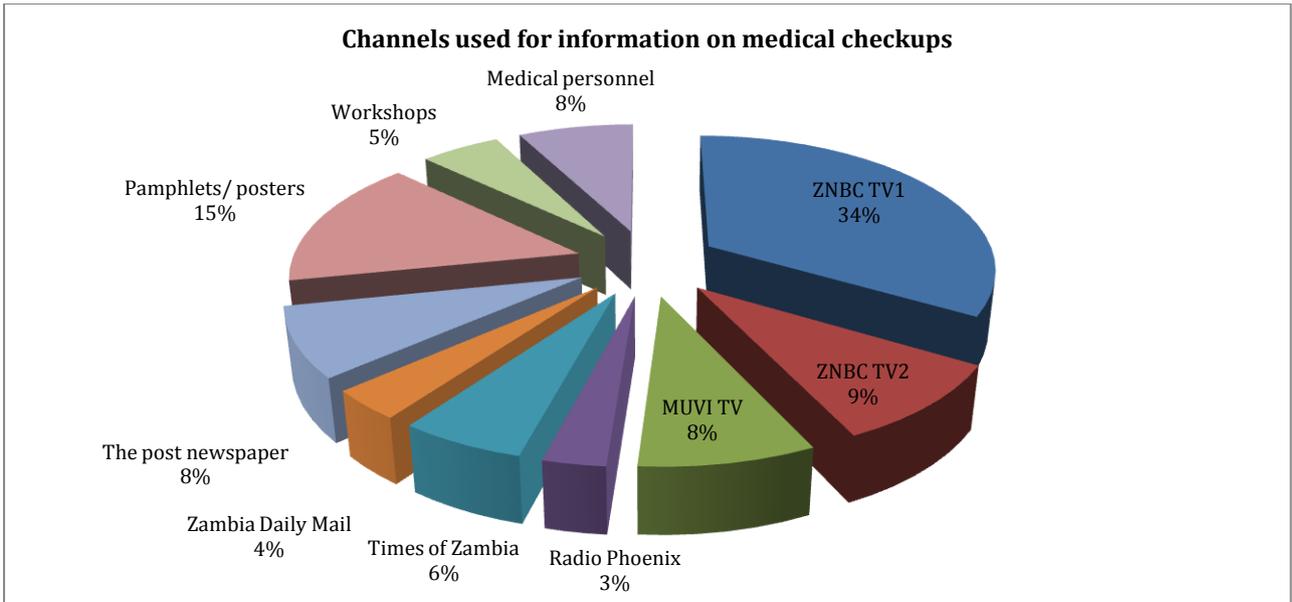


Source: Field Data (2013)

Figure 7: Nature of sources for communication on medical checkups

5.3.3. To analyse the channels used in communicating messages on medical checkups

In establishing the main channel used in communicating messages on medical checkups, the respondents were asked, which channel they got information on medical checkups from. The percentages that will follow show the respondents who indicated to have access to one of the channels selected in the survey. The majority of the respondents reported that they heard about medical checkups from ZNBC TV1 with a representation of 34 percent (34%). This was followed 15 percent (15%) who used pamphlets or posters as a channel for medical checkups. Another channel that was used in communicating messages about medical checkups is ZNBC TV2 of which 9 percent (9%) of the respondents' accessed information on medical checkups from. A total of 8 percent (8%) of the respondents indicated health talks from medical personnel as a channel through which they accessed information on medical checkups, another 8 percent (8%) MUVI TV and another 8 percent (8%) mentioned the post newspaper. A total of 6 percent (6%) of the respondents got messages of medical checkups from the times of Zambia while a total of 3 percent (3%) from radio phoenix and 4 percent(4%) from The Zambia Daily Mail respectively (Figure 8).

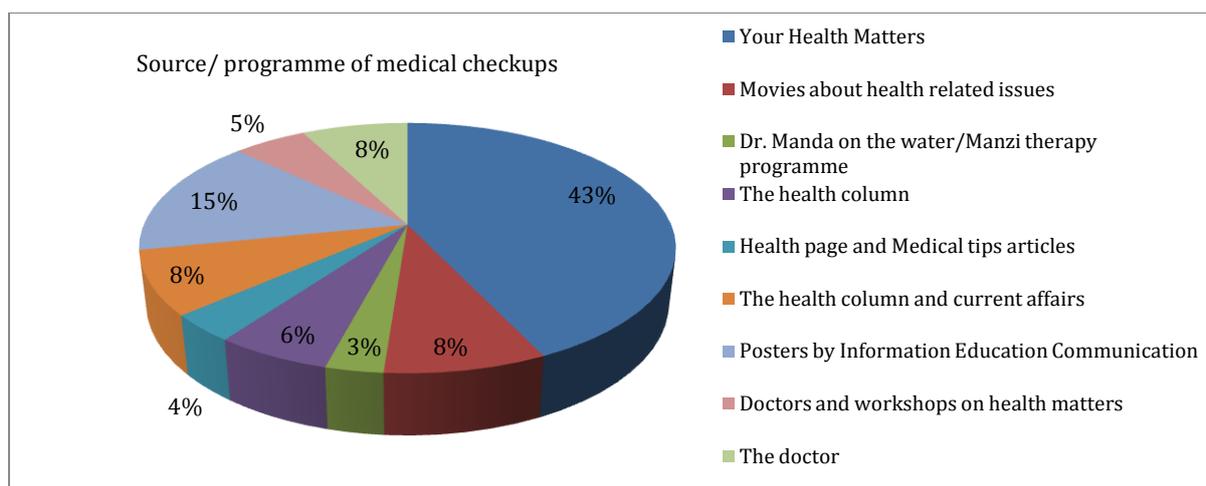


Source: Field data (2013)

Figure 8: Channels used to hear about medical checkups

5.3.4. Sources used for channels where information on medical checkups was accessed

With regards the sources used for the channels highlighted in figure 7, a total of 43 percent (43%) indicated Your Health Matters programme as the source of information on medical checkups followed by 15 percent (15%) that alluded to Information Education Communication (IEC) materials such as posters as their source. This included information on Tuberculosis, cancer, cholera and HIV displayed on the posters. Other information that was disseminated using posters was The Growth Monitoring Programme information, child health week and measles vaccination. A total of 8 percent (8%) of the respondents indicated movies about health related issues, the health column and current affairs in combination as their source. The remaining 6 percent (6%) represented the health column alone. Other sources were 3 percent (3%) representing doctors and another 3 percent (3%) for health pages and medical tips articles and another 3 percent (3%) for Dr.Manda on water/manzi therapy programme and lastly a total of 5 percent (5%) representing workshops on health matters (Figure 9).



Source: Field data (2013)

Figure 9: Source or programme for channels used on medical checkups

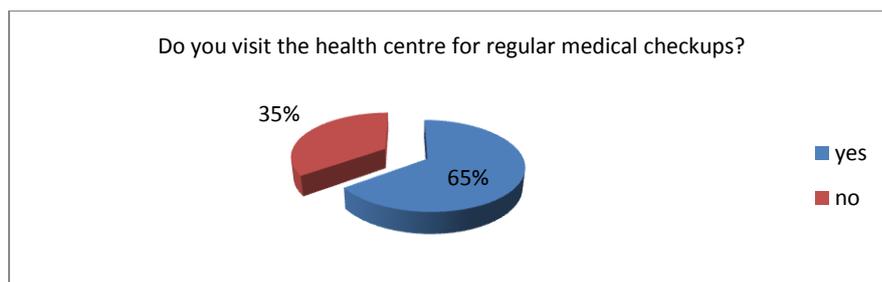
5.3.5. To determine the behavioural characteristics and attitudes of people in the selected locations regarding medical checkups

The respondents were asked on the frequency of visits to the medical centres. This was to determine the behavioural characteristics and attitudes of people regarding medical checkups. This specifically looked at who actually visited the health centre for regular medical checkups. From a total of 100 respondents, 65 percent (65%) indicated that they did not visit health centres for regular checkups. A total of 35 percent (35%) indicated that they visited the health centre for medical checkups. This shows that majority of the respondents did not deem regular medical checkups as important (Table 3). Figure 10 shows a percentage summary of the findings on the frequency of visits to health centres explained.

Table 3: Visits to health centres

Do you visit the health centre for regular medical checkups?						
Sex	No		Yes		Total	
	Count	Row N %	Count	Row N %	Count	Row N %
Male	21	60.00%	14	40.00%	35	100.00%
Female	44	67.70%	21	32.30%	65	100.00%
Total	65	65.00%	35	35.00%	100	100.00%

Source: Field data (2013)



Source: Field data (2013)

Figure 10: Summary of visits to health centres for regular medical checkups

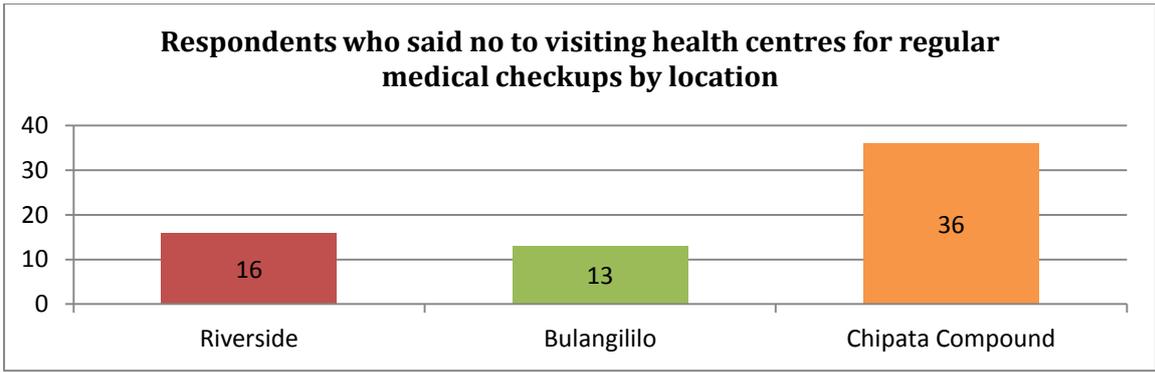
A further breakdown according to location reveals that Chipata compound had more respondents who did not visit the health centre for regular medical checkups, with a total of 36 respondents followed by Riverside with 16 respondents and finally Bulangililo with 13 respondents. The table reveals that there were few respondents in Chipata compound who visited the health centre regularly for medical checkups. Out of 40 respondents from Chipata compound 4 said they visited the health centre regularly while out of the 30 respondents from Bulangililo 17 respondents visit the health centre regularly and from the 30 respondents of Riverside 14 visited the health centre regularly for medical checkups (Table 4).

Table 4: Behaviour characteristics and attitudes regarding medical checkups

Do you visit the health centre for regular medical checkups?						
Location	No		Yes		Total	
	Count	Row N %	Count	Row N %	Count	Row N %
	Riverside	16	53.30%	14	46.70%	30
Bulangililo	13	43.30%	17	56.70%	30	100.00%
Chipata Compound	36	90.00%	4	10.00%	40	100.00%
Total	65	65.00%	35	35.00%	100	100.00%

Source: Field data (2013)

A summary of the visits to health centres in relation to location is further shown in percentage form, clearly indicating respondents who do not visit health centres for medical checkups (Figure 11).

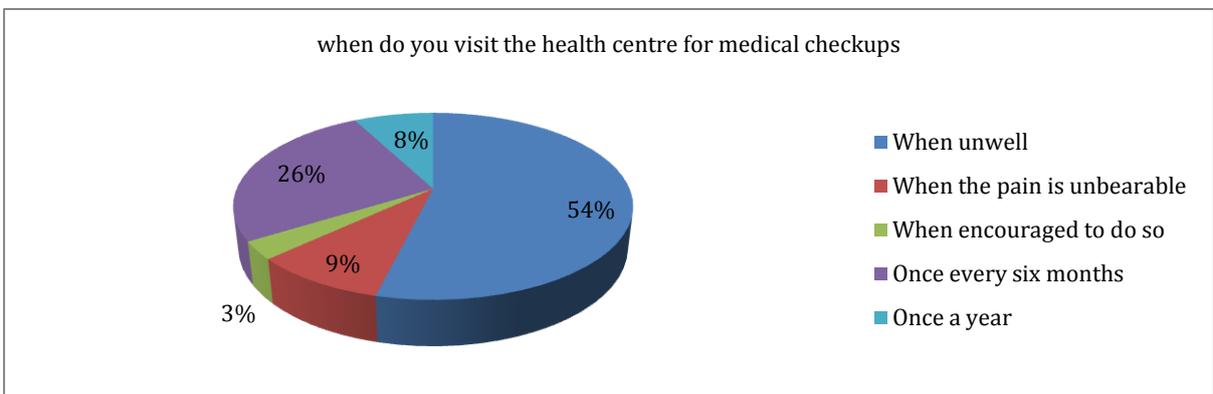


Source: Field data (2013)

Figure 11: Summary of behavioural characteristics and attitudes regarding medical checkups with regards to location

5.3.6. Reasons attributed to lack medical checkup attendance

In further determining the behaviour pattern and attitudes of people regarding medical checkups, the respondents were asked reasons that validate their actual visit to the health centres for medical checkups. From the research conducted, 54 percent (54%) of the respondents reported to go for medical checkups only when they were unwell. This number was followed by 26 percent (26%) who went go for regular medical checkups once every six months. Those who reported to go for regular medical checkups when the pain was unbearable were 9 percent (9%) then 8 percent (8%) only went once a year and 3 percent (3%) when encouraged to do so (Figure 12).



Source: Field data (2013)

Figure 12: Analysis on the behavioural pattern on medical checkups

A further probe on the behaviour and attitudes of people regarding medical checkups revealed that even other family members went for medical checkups when they were unwell. Table 5 shows that majority of the family members; represented by a total of 55 visited the health centre for medical checkups when they were unwell. Of these 55, 43 representing 78.2 percent (78.2%) were children followed by 8 adults at 14.50 percent (14.50%) and 4 youths represented by 7.30 percent (7.30%).

Further results on family members on frequency of the visit to the health centre for medical checkups indicated that a total of 11 went for medical checkups once every six months. Narrowing this to the specific respondents, 6 of the 11 were children represented by 54.50 percent (54.50%), while 4 were older adults represented by 36.40 percent (36.40%) and 1 youth representing 9.10 percent (9.10%). The respondents whose other members of the family indicated to only go for medical checkups when encouraged to do so were a total of 7 (3 youths, 2 children and 2 older adults). A total of 5 from the other members of the family only went for medical checkups when the pain was unbearable (2 being children, 1 youth and 2 older adults).

Table 5: Other members of the family who visited the medical facilities for regular checkups

Which other members of your family visit the health centre for medical checkups?								
How often do they do so?	Children		The youth		Older adults		Total	
	Coun	Row N	Coun	Row N	Coun	Row N	Coun	Row N
	t	%	t	%	t	%	t	%
When unwell	43	78.20 %	4	7.30%	8	14.50 %	55	100.00 %
When the pain is unbearable	2	40.00 %	1	20.00 %	2	40.00 %	5	100.00 %
When encouraged to do so	2	28.60 %	3	42.90 %	2	28.60 %	7	100.00 %
Once every six months	6	54.50 %	1	9.10%	4	36.40 %	11	100.00 %
Once a year	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Source: Field data (2013)

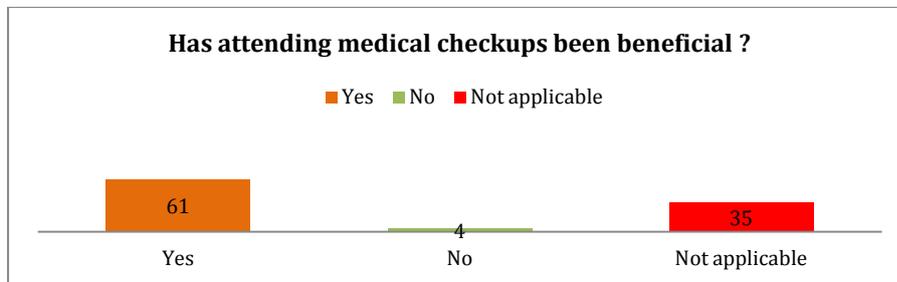
5.3.7. Benefits of attending regular medical checkups

The respondents were asked if attending medical checkups had been beneficial, and 61 agreed that attending medical checkups was beneficial. This is a representation close to 100% of those who agreed that visiting the health centre for regular medical checkups had been beneficial. However, a total of 4 respondents indicated that attending medical checkups was not beneficial.

Table 6a: Benefit of attending medical checkups

Has attending medical checkups been beneficial?		
Response	Count	Row N %
Yes	61	100.00%
No	4	100.00%
Not applicable	35	100.00%
Total	100	100.00%

Source: Field data (2013)



Source: Field data (2013)

Figure 13: Benefits of attending medical checkups in percentage

Probing further, a question was asked to the respondents who indicated that attending medical checkups had not been beneficial. The exact question being ‘Why was attending medical checkups not beneficial to you?’

Table 6b shows some of the reasons that qualify for the 4 respondents who indicated that attending medical checkups was not beneficial. These reasons were not linked to lack of knowledge about medical checkups and the benefits, but rather to the process and expected

outcome of the visit to a particular facility. Looking at the expected outcome, findings revealed that 2 of the respondents said was that there was no proper medication given when a problem was found, whereas for the process of getting attended to, the 4 respondents suggested that medical personnel were not helpful, they were rude and kept referring the patients to unreasonable dates.

Despite the number of those saying attending medical checkups was not of benefit to them is low, there were valid reasons put across which triggered a need for further investigation such as the attitude of the health personnel towards clients and the capacity for any facility offering medical checkups to be adequately stored with all necessary equipment and drugs at all times. The rest of the reasons are shown in Table 6a that could qualify for further analysis.

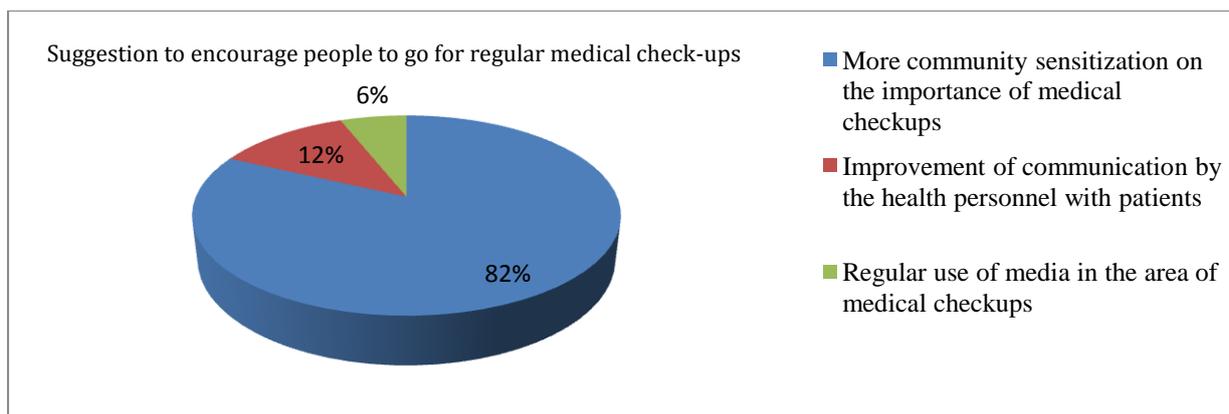
Table 6b: Benefit of attending medical checkups

Why has attending medical checkups not been beneficial to you?
There is no proper medication given when a problem is found
Because of the lack of visiting the health centre for medical checkups
There has been little sensitization about medical checkups. It's rare to hear about medical checkups
Medical personnel are not helpful, they are rude and will keep referring the patients to unreasonable dates
Only visit medical centres when sick and only painkillers which do not really help
No time to for medical checkups
Lack of money to pay for medical checkups
Fear of queues that do not move quickly

Source: Field data (2013)

5.3.8. Suggestions to encourage attendance of medical checkups

The respondents were asked what they thought should be done to encourage people to go for regular medical checkups. The majority of the respondents representing 82 percent (82%) said there was need for more community sensitization on the importance of medical checkups. This was followed by 12 percent (12%) who suggested on the improvement of communication by the health personnel with patients and lastly 6 percent (6%) suggested regular use of media in the area of medical checkups (Figure 14).



Source: Field data (2013)

Figure 14: Suggestions on encouraging attendance of medical checkups

5.3.9. Freedom to communicate

At any given health centre, the medical personnel played a very important role in ensuring the patients got the correct treatment and at the same time understand the instructions and guidance when offered. Through this survey, a question was asked to the 35 respondents (as shown in table 6a) who visited health centres for medical checkups saying, ‘have you been able to freely communicate with the medical personnel?’ Majority of the respondents said yes they had been able to freely communicate with the medical personnel represented by 57 and the remaining 8 responded to not being able to freely communicate with medical personnel. Of the 57 respondents who said they had been able to freely communicate with medical personnel, 35 respondents were from Chipata compound and 11 from Riverside and another 11 were from Bulangililo (Table 7).

Table 7: Analysis on the freedom to communicate with medical personnel

Location	Yes		No	
	Count	Row N %	Count	Row N %
Riverside	11	36.70%	5	16.70%
Bulangililo	11	36.70%	2	6.70%
Chipata Compound	35	87.50%	1	2.50%
Total	57	57.00%	8	8.00%

Source: Field data (2013)

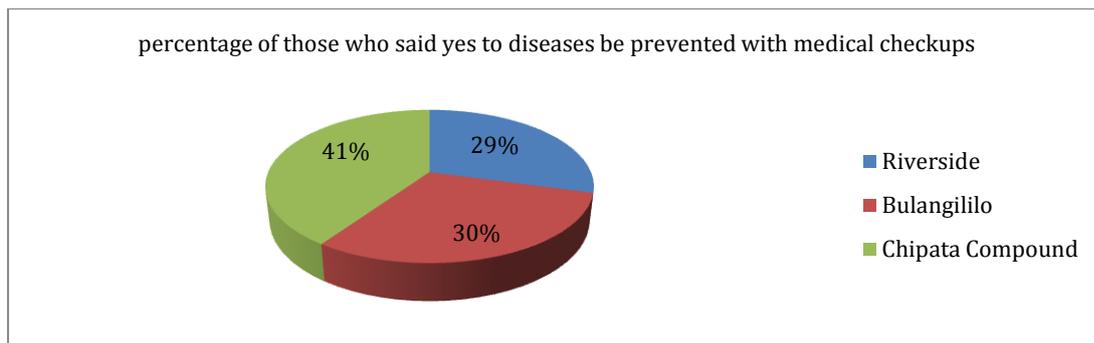
5.3.10. Disease Prevention

From the findings, it is clear that majority of the respondents understood and knew the benefits of medical checkups. The table shows that almost 100 percent (100%) said yes that diseases could be prevented with medical checkups. With respect to location, Chipata compound had 41% percent (41%) followed by 30 percent (30%) from Bulangililo and 29 percent (29%) from Riverside. Only one person said no to diseases being prevented with medical checkups. These results in Table 8 and figure 15 correspond.

Table 8: Opinions if diseases can be prevented with medical checkups

Table 9. Can diseases be prevented with medical checkups?			
Location	Yes	No	Total
	Count	Count	Count
Riverside	29	1	30
Bulangililo	30	0	30
Chipata Compound	40	0	40
Total	99	1	100

Source: Field data (2013)



Source: Field data (2013)

Figure 15: Analysis of respondents who agreed that diseases could be prevented with medical checkups

5.4. Qualitative findings

5.4.1. Focus Group Discussions

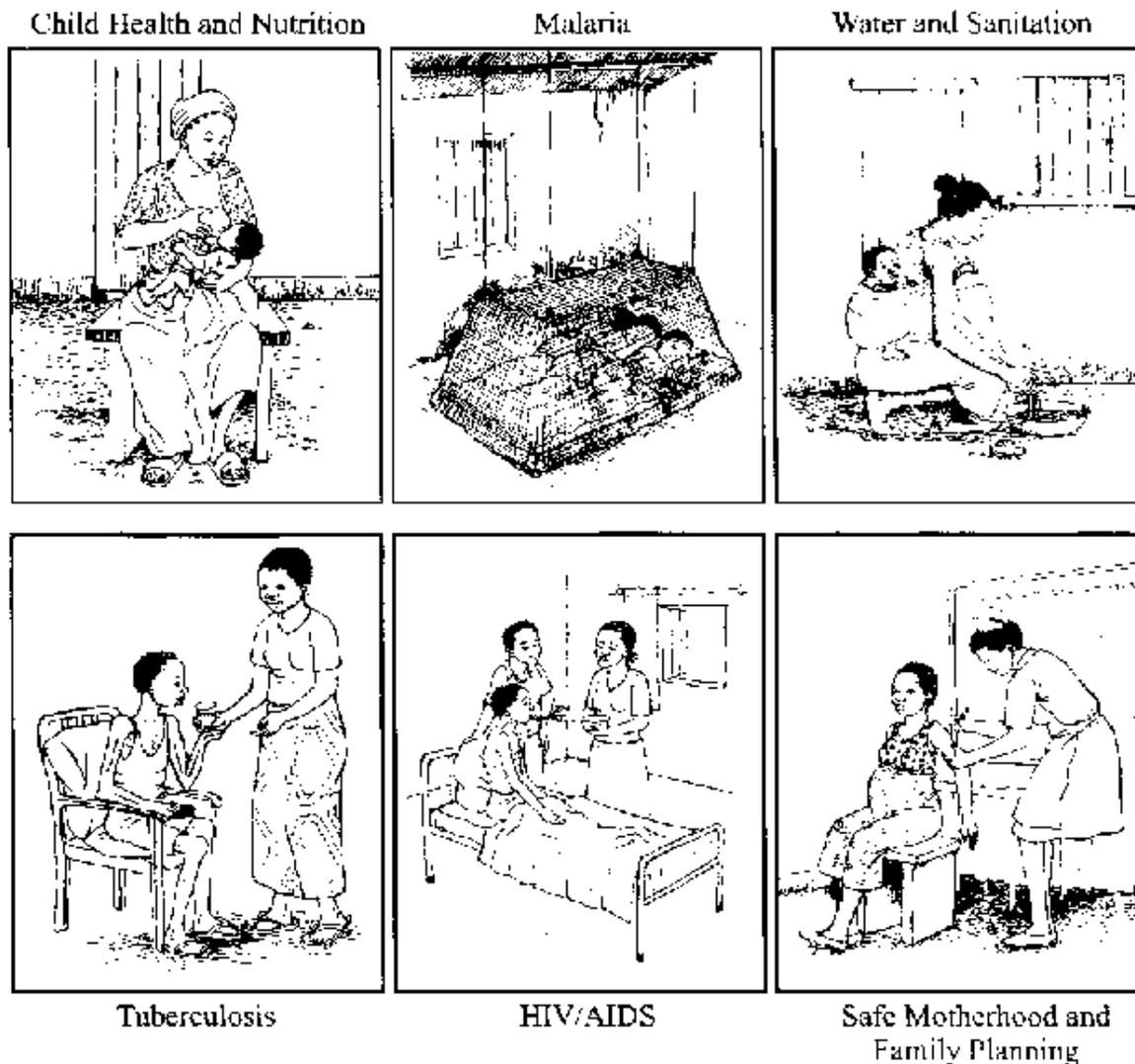
From the focus group discussions and in-depth interviews, communication strategies used to encourage people to go for regular medical checkups were revealed. This part of the chapter outlines the communication strategies given by each organization and facility visited.

5.4.2. To examine the Communication Strategies used by the Kitwe District Community Medical Office to encourage medical checkups in order to have healthy lives

The communication strategies used by the Kitwe District Community Medical Office include health education at district level on radio and television, brochures given out at health centres and internet for information dissemination and access. Other strategies that were mentioned were health talks at the health facilities as people wait at Out Patients Department (OPD) and antenatal clinic. There were also scheduled topics on malaria and diarrhoea in collaboration with partners such as Copperbelt Health Education Project (CHEP), which were aired on the radio. The strategy for CHEP was health talks at health centre levels, and at community level.

The other strategies used include Information Education Communication materials. These materials came as a result of the Kitwe Urban Health Project where a booklet to train Neighbourhood Health Committees was first designed after a field test in Kitwe and Chipata Districts in 1997 and printed for national use by the Central Board of Health. This idea had now been developed into designing various Information Education Communication (IEC) materials that the Kitwe District Community Medical Office uses to disseminate information on improving health and reducing high-risk behaviours. These include posters, booklets, and poster calendars.

An illustration of these strategies is in the following six health components of essential health care where posters are used for information dissemination for various health issues.



Source: Kitwe District Community Medical Office

Figure 16: A sample of the Information Education Materials used

At a focus group discussion held at Riverside clinic, informants mentioned that their communication strategies include immunization campaigns, posters and, in addition, the health personnel encouraged people to go for regular medical checkups. The community members and clients at the health centres were encouraged to go for tests such as HIV in order to know their status. In addition, the Neighbourhood Health Committees (NHCs) in the various zones set up programmes carry out door to door communication, sometimes using mega phones.

In another FGD held at Bulangililo clinic, respondents revealed that communication strategies used included information education communication (IEC). Every department was responsible for sensitization clients every morning. This is mainly during screening which

included individual sensitization between the doctor and the patient. The other strategy was Neighbourhood Health Committees (NHCs) going into the neighbourhood to sensitize people on health issues using mega phones and door-to-door communication. There are also posters put up at the clinic, pamphlets are also given out to patients. For tuberculosis, there are booklets from Copperbelt Health Education Programme (CHEP) that are distributed and given out and patients bring feedback for evaluation from the lessons that they gain from the booklets.

Looking at the communication strategies used by other organisations that compliment the work that the Kitwe District Community Medical office does, the following strategies were revealed:

The Copperbelt Health Education Programme key informer said the communication strategies used included community volunteer sensitization, also awareness raising through encouraging people to go to a medical centre to be checked, media (electronic and print), campaigns, for example measles or World AIDS Day. Others are health promotion speeches and one on one communication or through groups. Other strategies used by the same organisation included counselling (this can be one on one or group counselling), lectures for example meet a group of women, television or radio (this is sometimes arranged in health centres to educate people as they come to use the facility).

In an interview with The Kitwe Central Hospital Senior Medical Superintendent, he said that the communication strategies used were mainly verbal discussions by doctors as they examined patients. Sometimes it was done when medical personnel went camping in villages and encouraged the villagers to go for medical checkups. In addition, they had verbal, pictorial signs (for example cervical cancer screening), television and radio advertising and mega phones as other strategies used for health information dissemination.

The radio Chengelo Programme Officer said that the communication strategies used were radio, television, posters and patient-doctor radio talk to advise on what one must do to improve health.

Health campaigns or programmes were also an important strategy that was used. To get more information on campaigns or programmes on encouraging medical checkups, a question was asked in both the Focus Group Discussions and In-depth interviews as follows;

Do you have any campaigns or programmes currently running to encourage medical checkups?

Health promotion campaigns had been designed by some organisations that were visited during the research. The campaigns that border on encouraging medical checkups included awareness raising programmes in schools and reproductive health in communities done by the Copperbelt Health Education Project (CHEP).

Other campaigns have a general focus on health matters, which are done by The Kitwe District Community Medical Office (KDCMO) using electronic print media. At Bulangililo clinic, the campaigns included cancer screening, male circumcision, couple counselling and Prevention from Mother to Child Transmission (PMTCT). The strategies used here were door to door campaigns, and sensitisation at the health centre.

Radio Chengelo on the other hand said they had no specific campaign programmes for medical checkups but rather incorporate medical checkups in other general health topics. This was done using the television and the Radio Chengelo radio station itself.

5.4.3. To examine the communication messages used by the Kitwe District Community Medical Office in encouraging the public to go for medical checkups

Messages which were sent out have a particular audience: Looking at the key audience in Kitwe District, the Acting Principle Clinical Care Officer explained that *“when it comes to health matters, there is no exception of anyone.”* *“Regardless of age, sex, economic status or location, everyone needs good health and is affected when their health is not in the best shape that enables the body to function effectively.”* With this being the case, the target audience for the communication messages that the Kitwe District Medical Office disseminates is the entire household. This included all ages from children, to the teenagers, youths and adults and the aged. From the Focus Group Discussions and in-depth Interviews, it was indicated that the target audience is broken down depending on the particular health intervention that needs to be done. In the In-depth Interview with The Acting Principal Clinical Care Officer from Kitwe District Medical Community Office (KDCMO) further explained that if there is an intervention that concerns children such as vaccination, and under five clinics, for instance, the target audience are children. When it comes to Family Health issues such the contamination of water and cholera cases, these cuts across all ages and the audience are the affected areas and people who live in a cholera risk area.

The Riverside and Bulangilo clinics that are under the Kitwe District Community Medical Office umbrella plan and target the entire household breaking them down to;

1. Under five children
2. People Living with HIV and AIDS for ART treatment and health progression.
3. Pregnant women
4. Couples- For the purpose of voluntary counselling and testing, family planning and under five clinics where male involvement is being encouraged
5. General category comprising of all age groups that go through the Out Patient Department (OPD) for various health problems and encouraging medical checkups to prevent illnesses as the patients wait for their turn to see a doctor.

The Copperbelt Health Education Project (CHEP) that compliments the work done by the Kitwe District Community Medical Office mainly deals with Tuberculosis and therefore, their target audience for their messages are people infected and affected by Tuberculosis.

The key messages sent out by the Kitwe District Community Medical Office are as follows: encouraging people to look after themselves (general health practice), and to look out for signs and symptoms. Messages include seeking medical attention early, facts about a condition and information where to seek attention, help and services that are offered for various conditions. Health promotion and disease prevention are among the messages sent through the campaign programmes run by the Kitwe District Community Medical Office.

For Riverside clinic and Bulangililo that fall under the District Community Medical Office their message was prevention, curative and sensitization through information education communication materials. The majority of the participants in the Focus Group discussion held in Bulangililo said they had campaigns running to encourage medical checkups that clinic that included cancer screening, male circumcision, couple counselling and prevention from mother to child transmission

Other organisations working with the Kitwe District Community Medical Office to encourage the public on health promotion included Copperbelt Health Education Programme with messages dealing with tips on ailments, on prevention, cure and counselling in general.

Radio Ichengelo's message was mostly information on diseases in general and counselling. The key messages sent out include; prevention (before talking about cure the focus is prevention) and curative messages themselves

Then, Kitwe Central Hospital went a little further on encouraging how to look after oneself, how to maintain a balanced diet, how to avoid infection by being clean and family planning and child spacing.

5.4.4. To ascertain the nature of sources used in the communication strategies on the need for people to go for medical Checkups

The Kitwe District Community Medical Office has three major sources of information and these are; medical personnel to provide information on health issues, demographic health surveys. In addition, data collected on health analysed for local reporting on the health situation in the district is another source of information as this keeps them updated on health matters. Other sources that are used are the Information Education Communication head of department and Environmental Health Technician for information dissemination to the community.

From the focus group discussions and in-depth interviews, it was further established that more sources of information to encourage people to go for regular medical checkups were used in addition to what was revealed in the quantitative findings. At Bulangililo clinic, it was revealed that they used medical personnel, the media, work with Zambia Prevention Care and Treatment Partnership (ZPCT). When it came to circumcision, they worked with Society for Family Health (SFH) personnel to convey messages on the process.

From the Focus Group Discussions and the in-depth interview at the Kitwe District Community Medical Office, it was said that the Neighbourhood Health Committees (NHCs) also played a major role in the community. These positions were established as a result of the desire to involve community representatives in planning and implementation of health interventions in the community supervised by the District Community Medical Office. The neighbourhood health committees acted as the link between the health facilities and community. These were volunteers from among the members in the community that helped the community through working in collaboration with the health facilities in their community.

Riverside clinic only had two major sources of information, which were medical personnel and support staff.

The Radio Ichengelo Programmes Manager indicated that medical doctors, nurses and other medical practitioners as their source of information.

The Copperbelt Health Education Programme (CHEP) mentioned peer educators, treatment supporters and former tuberculosis patients as their source of information.

5.4.5. To analyze the channels used in communicating messages on medical checkups

The focus group discussions and in-depth interviews provided further insight on the channels used to encourage the public to go for regular medical checkups. The messages on medical checkups are planned before disseminated to the public. At Bulangililo clinic, the planning was done every midyear and involved the audience who were in the Neighbourhood Health Committees (NHC) who were part of the communities that accessed medical services from the clinic. Information was then provided at the health centre through posters, pamphlets, the patients and the Neighbourhood Health Committees. When it came to information dissemination in collaboration with other health providers, it was done via newspapers, Zambia National Information Service (ZANIS) conducting awareness in the communities, ZNBC and radio Chengelo. In the community, the channels used included neighbour to neighbour, drama, songs, community clubs and organisations and in schools through the teachers who mostly received letters and disseminate information on health sent to them.

At Riverside clinic a similar set up like Bulangililo was done, where it began with planning that involved the Neighbourhood Health Committees. However, for Riverside clinic, the provision of information was done at Out Patient Department (OPD), under 5 clinics and antenatal. Members of staff at the health centre, medical personnel and experts in various medical fields provided information.

The Kitwe District Community Medical Office reported that the channels used to give information to the public on regular medical checkups included the Neighbourhood Health Committees (NHCs), health talks, radio and television on programmes done by the Ministry of Health such as Health Matters as guided by the policy where television programmes were the responsibility of the Ministry of Health.

For Kitwe Central Hospital, the channels used were pictorial signs, television, radio, exit interviews (during interviews the patients were asked about services such as what else they wanted the hospital to do to improve the health services). Sometimes pamphlets were used for certain diseases such as malaria and tuberculosis. In situations where patients were admitted, were are given information when discharged on steps to follow after they went back home.

Finally, the Copperbelt Health Education Projectlove (CHEP) reported that the channels they used in encouraging medical checkups included Information Education Communication (IEC) materials such as brochures, leaflets, posters, and booklets. Others were trainings which involved peer education, community mobilization and working with health personnel in the area of health communication to the public.

5.4.6. To identify the barriers that inhibit the regular attendance of medical checkups

In identifying, the barriers that inhibit the attendance of regular checkups through the Focus Group Discussions and In-depth interviews the following barriers were identified;

Limited human resource

The study revealed that the Kitwe District Community Medical Office streaming down to the health centres did not have enough human resource to cater for the population of Kitwe District.

Inadequate equipment

Findings from the study showed that the Kitwe District community medical office and the health centres falling under them did not have sufficient equipment to carry out all the needed medical procedures. These resulted in increased referrals made to Kitwe Central hospital and other private health centres.

Inadequate infrastructure

Findings revealed that there was inadequate infrastructure that would enable separating the sick from those who were well to conduct regular checkups

Inadequate transport

With regards to transport, the study revealed that there was inadequate transport to carry out health promotion activities, which included community campaigns to encourage attendance of medical checkups

Cultural norms and beliefs

In terms of beliefs and culture, it was found that some religious beliefs among the Kitwe residents did not believe in certain medical practices like drawing of blood or a full blood

count or blood transfusion. Further, it was found that some cultures would rather visit a traditional healer than visit a health centre.

Cost

Since it was found that most health centres under the Kitwe District Community Medical Office lacked equipment, so for certain, medical procedures to be done, clients were referred to private hospitals and it was costly. The cost inhibited most people to access the medical service, especially if it meant a full body examination.

Attitudes and behaviour

From the findings, it was revealed that most respondents did not deem medical checkups important. Most of the respondents only deemed going for a body check important when they felt unwell or when the situation had reached an advanced level. In addition, some expressed fear of finding out any conditions they could have. One respondent said

“What you don’t know won’t hurt you. If I find out I have a disease, I will even start falling sick because psychologically my mind will tell me am sick and might die, especially if it is cancer.”

CHAPTER SIX

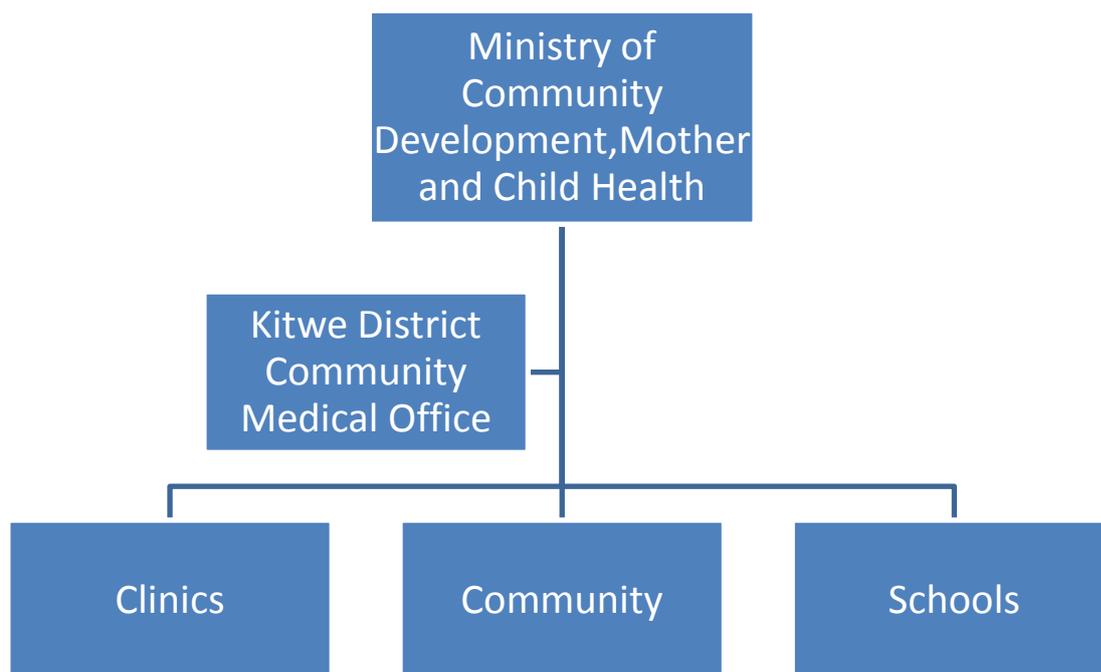
6. INTERPRETATION OF THE FINDINGS

6.1. Introduction

This chapter presents a discussion of the findings that are presented in chapter five. The main objective of the research as indicated earlier was to evaluate the communication strategies used by The Kitwe District Community Medical office to encourage medical checkups to promote good health. The discussion of the findings is vital as it helps to highlight the success, progress and what is obtaining on the ground in terms of encouraging medical checkups and the actual practice of attending checkups.

6.2. An examination the communication strategies used by the Kitwe District Community Medical Office to encourage medical checkups in order to have healthy lives

The Kitwe District Medical Community Office is in charge of health services in the Kitwe District. One of their main roles is to provide Information Education and Communication on health services in the district. The Community Medical Office receives and collects health information in the district, provides a solution as they inform and consult the mother body; the Ministry of Community Development, Mother and Child Health. The flow of information employs a strategy that begins with a hierarchy of information flow as illustrated in figure 16.



Source: Field data (2013) created by Mulundu Mumbalanga from information given.

Figure 17: A communication flow hierarchy chart

There is a special department that is called the Information Education Communication department, which is tasked with collecting health information from schools, clinics and the community. When it comes to working with the clinics, The District Medical Community Office works closely with the Environmental Health Technologists who in turn works with the Neighbourhood Health committees in the various communities for the purpose of conveying health messages and as well as get information on health matters affecting the communities.

In order to effectively carry out their work and promote health their communication strategies include; health education at district level on radio and television, brochures given out at health centres and internet for information dissemination and access. Other strategies were health talks at the health facilities as people wait at Out Patients Department (OPD) and antenatal clinic for a period of 15 minutes encouraging people to do checkups on diseases and health conditions. These health talks did not cover the topic of medical checkups. The time those health talks were conducted was not conducive as people who listened to these messages were unwell and just focused on accessing treatment at the health centre.

Health education is very important as it keeps the population informed on good health. It builds positive attitudes about health. In addition, it motivates the improvement and

maintenance of one's health, prevent disease and reduce risky behaviours. Health education ultimately helps one to make healthy choices throughout their lifetime. (<http://www.education.nh.gov/nhresponds>, p.12, accessed on 10/03/2013). Most people are able to benefit from health education, though most residents did not seem to put into practice the lessons they learnt.

The results showed that the IEC materials that the Kitwe District Community Medical Office distributed were not designed by them but the Ministry of Health implying that they were unable to design or edit them to disseminate health information that could be specific to Kitwe District.

Other forms of communication strategies used within the District Community Medical Office included letters, memoranda, telephones and internet, specifically through electronic mail and interpersonal or face-to-face communication. These were seen through direct observation and proved to be effective in reaching the intended audience. Interpersonal, organisational and group communication were other strategies, which were frequently used as observed during the research.

The flow of Communication was from the top management to the other departmental heads. This was usually in terms of memos and phone calls. The Department heads then sent out information to other department staff through emails. When it came to relaying information to the clinics, which were under the district, the telephone, and memos were used. All the Health centre in-charges at the various health centres reported at the District Office every Monday for a briefing on health related issues that needed to be addressed.

When it came to collecting information from the clinics, schools and the community, the Information Education and communication department was in charge of doing this using telephones and group communication, which encompassed the Environmental Health Technicians (EHT) and the Neighbourhood Health Committees (NHCs).

Surveillance was also done when diseases or conditions that a school and community were not sure of such as diarrhoea breakouts at schools or Copperbelt University to collect water samples for further investigation. This embraced the aspect of group communication in order to inform the relevant department and to chart the way forward.

A series of meetings were also conducted to address health matters. The discussions were in a participatory manner and every department, clinic and community was represented. These

were done weekly to plan the activities for each week and when there was need to address an urgent issue affecting the communities in Kitwe District.

Workshops were also a strategy that was used at the Kitwe District Office. One notable and critical workshop was that of measles vaccination. This was specifically to train staff on how to carry out vaccinations and sensitize parents on the importance of the vaccinations.

Further results showed that health campaigns were run in order to ensure that there was effective and efficient quality care by a well motivated health care team and integrating the community in the provision of quality, promotive, preventive and curative delivery through the campaigns. The major campaign on the programme “Your Health Matters”, was a very successful campaign that looked at various health topics and provided solutions to the problems using experts for each health topic in order to provide comprehensive solutions. According to Acting Principle Clinical Care Officer from the Kitwe District Community Medical Office, *‘the campaigns and programmes run are incorporated in the messages that are given out on health matters.’* *‘These include awareness programmes on health topics such as breast cancer, immunization, cholera prevention and pointers to look out for on various diseases and are disseminated via the television and electronic print media that include posters and booklets.’* As much as the campaigns promote health, the content lacks information medical checkups.

It was revealed that the Copperbelt Health Education Programme (CHEP) has awareness raising campaigns which were done in schools. These were done through peer education programmes and the channels used were booklets, awareness programmes on Tuberculosis HIV and AIDS and unlike Kitwe District Community Medical office which does not cover medical checkups.

For Kitwe Central Hospital, the Senior Medical Supretendant explained that there were no specific campaigns that were running to encourage medical checkups. The hospital was involved and focused on curative measures and efforts. They were lacking in the area of encouraging attendance of medical checkups as a campaign.

Radio Chengelo had no campaigns running specifically on encouraging medical checkups, instead, the medical checkups were incorporated in other general or specific health topics, which were aired by the radio station.

6.3. An examination the communication messages used by the Kitwe District Community Medical Office encouraging the public to go for medical checkups

The vision of Kitwe District Community Medical Office was to provide effective and efficient quality care by a well-motivated health care team and integrate the community in the provision of quality, promotive and curative health services.

The Kitwe District Community Medical Office did not have specific messages targeted at encouraging medical checkups, instead, they encouraged the public by giving the public information on diseases in general with emphasis on malaria, tuberculosis, diarrhoea, ART and HIV and AIDS. The information cuts across all services depending on the set up, for example antenatal and counselling.

Moving in line with the vision, the key messages included health promotion, disease prevention (signs and symptoms), and curative messages.

Other key messages included encouraging people to look after themselves, seeking medical attention early enough before a situation worsens. Another key message was on facts about a condition and information where to seek attention. Help and services which were offered for various conditions were also messages that the Kitwe District services put across to everyone in order to offer the best to the community in terms of health. Though all this is done, there are no specific messages disseminated to encourage the public to attend medical checkups.

In addition, there was more focus on communicable diseases than on non-communicable diseases, when the latter accounted for problems that normally resulted from the lack of checkups. According to Shah (2014, p.98), the following points should be considered:

- “36 million deaths each year are caused by non-communicable diseases, such as cardiovascular disease, cancer, diabetes and chronic lung disease. This is almost two-thirds of the estimated 56 million deaths each year worldwide (A quarter of these take place before the age of 60).
- Cardiovascular diseases (CVDs) are the number one group of conditions causing death globally. An estimated 17.5 million people died from CVDs in 2005, representing 30 percent (30%) of all global deaths. Over 80 percent (80%) of CVDs deaths occur in low and middle income countries.

- Over 7.5 million children under the age of 5 die from malnutrition and mostly preventable diseases, each year.
- 164, 000 people, mostly children under 5, died from measles in 2008, even though effective immunization costs less than 1 US dollars and has been available for more than 40 years.’’

The points brought out are very critical in helping to understand issues on health and how the lack of inadequate messages on all these contribute to escalating cases of such conditions and diseases that could be prevented with medical checkups.

Further, the IEC materials do not carry any messages on medical checkups. They are single disease focused. The effort made on encouraging medical checkups is on communicable diseases such as breast cancer as shown in figure 17. There are no designed messages that talk about a full medical checkup and emphasizing the importance of this and that each body part affects the rest and, therefore, should be checked.

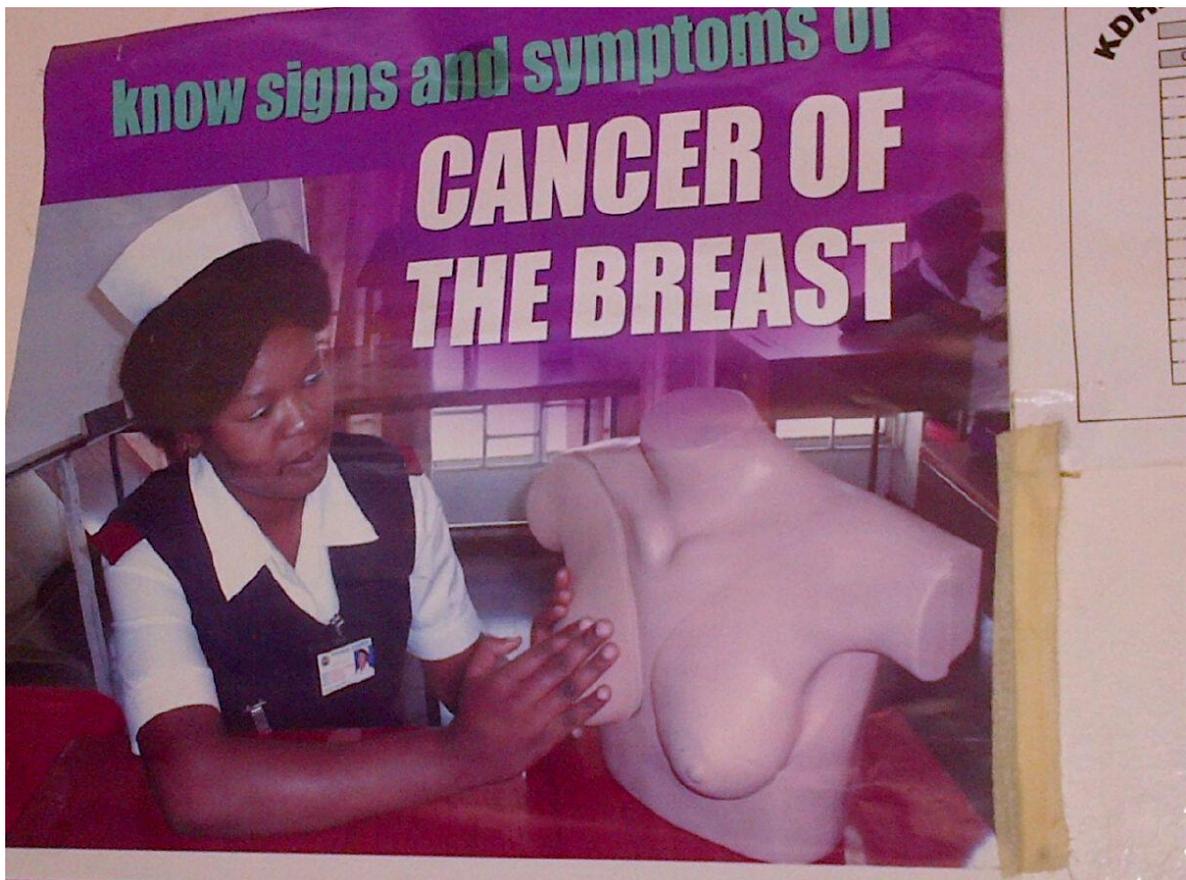


Figure 18: Information Education Communication material on breast cancer

6.4. An assertion the nature of sources used in the communication strategies on the need for people to go for medical checkups

From the findings, it is indicated that the Kitwe District medical Office used medical personnel with a medical background as the main source of information. One important source of this nature was the District Community Medical Officer who was the spokesperson of the Kitwe District Community Medical Office. A good example of this was seen during stakeholders meeting where the District medical Officer held an executive position in the committee headed by the District Commissioner with other stakeholders to deliberate on health issues in Kitwe District. During the in-depth interview the acting Principal Clinical Care Officer said “Medical personnel are used as sources.” Others are demographic health surveys and data collected and analysed for local reporting.” The data collected kept the District office informed on the situation on the ground in terms of health services being provided in order for effective intervention. The other source of information for medical checkups was the Information Education Communication head of department and key staff, the Environmental Health Technician who disseminated information to the Neighbourhood Health Committees who were the main sources of information for people in the community.

From the survey, 45 percent (45%) of the respondents indicated doctors to be their main source of information on medical checkups. This is followed by 20 percent (20%) who indicated nurses to be their main source of information on medical checkups which shows that the majority of the respondents’ alluded to medical personnel as their main source. Even results from the focus group discussions and in-depth interviews indicated medical personnel as the main source. This can also be seen, where the Programme Manager from Radio Chengelo, Kitwe District Community Medical Office, Bulangilio clinic and Riverside clinic who all mentioned medical personnel as the main source of information on medical checkups. This could be the case because most health issues are associated with doctors. Doctors are trusted to handle medical issues effectively and efficiently. This is because they are also deemed to have the expertise to handle health topics more than any other person does. According to CDC (2013, p.1) “when it comes to health issues, it’s time to take charge of your health, schedule an appointment with your health care provider to discuss what screenings and exams you need and when you need them”.

6.5. An analysis the channels used in communicating messages on medical checkups

The research revealed that Kitwe District Community Medical Office's main channel in relaying information on health is through the Ministry of Health via the television. The policy guidelines only allow the ministry headquarters; The Ministry of Health conducts health talks and programmes on television. This is very evident where the programme entitled "Your Health Matters" is televised on ZNBC TV1 under the Ministry of Health. From the survey, a total of 34 percent (34%) of respondents when asked their main channel where they hear messages on medical checkups indicated television on the programme "Your Health Matters." These findings show the influence that television has as a channel used reach a lot of people in a short time. In addition, the combination of sound and picture is an additional stimulant. Further, information that comes via the television is able to reach even those who may not have access to a television through interaction. According to Vaughan (2012, p.2), "More followers via media means access to a lot other followers, every user of media has their own followers who share the content of the messages to others". "In addition among the people with access to television, are influencers, these influencers will create inbound links thereby spreading a particular message as these inbound links are valuable and have a high influence ability and power".

Radio

From the in-depth interview and direct observations, radio has played a major role in communicating messages on health. The Kitwe District Community Medical office finds radio as an important and effective tool to reach many people in the communities. The Main radio station used by the majority of the population is radio Chengelo. Here The Kitwe District medical Office communicates messages and shares information using radio Chengelo. They are scheduled on topics such as diarrhoea and malaria in collaboration with partners who sponsor the programmes to be aired. From the in depth interview it was found that radio Chengelo airs many programmes on health by different organisations.

Most of the key people who feature on these programmes are medical personnel with the expertise required. The Programme manager mentioned that "radio Chengelo airs a lot of programmes where the invited guests are usually medical personnel from the Kitwe District Medical Office especially the head of department from the Information Education Communication Department who represents the Kitwe District Community Medical Office

on radio programmes that are sponsored by various organisations. It has been found that radio reaches a lot of people in the community. The effect and impact that radio has is measured through the number of eager callers who call in and ask questions on the health topics that are aired. In addition, the quality of questions indicates that people are willing to learn and that radio is an effective mode of channel in communicating health messages.

Information Education Communication (IEC) posters are tools that are used in giving health information. The findings showed that 15 percent (15%) said they access information on health from IEC posters that are displayed at health centres. The translation of these posters into other languages helps in reaching out to many people. The Kitwe District Community Medical office displays posters in every office at the District in order to reach every person who visits the premise. This extends to all the clinics in the District which have posters on health displayed on various health topics such as cancer, HIV, Immunization and Tuberculosis. The evidence on the usage of these by the communities is seen in the popular name given to these particular posters by the community members being “COHAZ” posters.

The Neighbourhood Health Committees are also considered a channel of communicating health information as much as they are also sources of information. They act as channels of information by disseminating information to the community and are the main quick link for information on health because these Neighbourhood Health Committees have community members who are trained to give health care and information. These Neighbourhood Health Committees receive training that enables them to help their communities on various health issues.

Other channels that are used are newspapers, leaflets, booklets, drama, workshops and music and the internet. In utilizing the internet, Bulangililo clinic makes use of the World Health Organization (WHO) website for health information access.

6.6. Determining the behavioural characteristics and attitudes of people in the selected locations regarding medical checkups

There is a common and well known saying “Knowledge is power”. This could imply that people who have information about something act positively towards what they know. In the case of medical checkups and people in Kitwe, having knowledge on medical checkups was revealed through the many respondents who knew about medical checkups from the various

sources that they mentioned to have heard about. These sources include medical personnel such as doctors, nurses, Neighbourhood Health Committees, Health Programmes on television and radio, workshops and Information Education Communication posters. This information on sources indicates that the respondents have an idea on what medical checkups are.

A further addition to the level of knowledge on medical checkups is seen in the question asked being “Can diseases be prevented with medical checkups?” 99 percent (99%) indicated that diseases can be prevented with medical checkups; this showed that there is knowledge on medical checkups and the ultimate benefit of the actual attendance of medical checkups.

In addition, from the Focus Group Discussions and In-depth Interviews, the definitions of what medical checkups clearly indicated that the level of knowledge on medical checkups was substantial. The following question was asked;

Please explain what you generally know about medical checkups.

From this question various responses were given below;

The Acting Clinical Care officer from Kitwe District Community medical office indicated that “generally it’s important to have a check so that if there any anomalies, they can be treated early, it should be done early.” “In defining medical checkups it can be said to be a scheduled medical visit with a doctor for a routine checkup, a thorough examination.

As for the Programmes Manger from Copperbelt Health Education Project (CHEP) medical checkups are done on clients by the medical personnel to ascertain their state of health. They are also self referrals, where one feels they need to be checked. They are also arranged where a doctor prescribes you need to have a check to ascertain the health of a person.

When the Senior Medical Supretendant was asked this question he responded by saying “as doctors we encourage medical checkups every year, especially women of reproductive system once a year. This includes a full check up of the body to get some investigations for;

- a) Respiratory system (lungs and the heart)
- b) Gastro intestinal (stomach and intestines)
- c) Urinary system (urinary tract)

d) Eyes''.

From the Focus Group Discussions what is known about medical checkups is that “it is an examination done upon a patient or client.” Others said, “one does not have to be sick to have a checkup.” What also emerged is that a medical checkup is an examination done in order to come up with a diagnosis and investigations to identify any physical ailments.

These various definitions showed that most of the respondents have an idea of what medical checkups are.

In as much as the respondents exhibited some level of knowledge on what medical checkups are, it is important to discuss what the findings pertaining to the behaviour of people towards medical checkups are.

From the findings, a total of 65 respondents said they did not visit the health centre for medical checkups. This indicated that the actual practice of going for regular checkups was low. It seems from the knowledge that the 65 respondents have, they are not motivated to have their health checked. Only 35% of the respondents went for medical checkups and when it came to frequency and reasons behind the visited, 54 percent (54%) only visit for a checkup when unwell followed by 26 percent (26%) who visited once every six months. These findings show that the majority of the respondents only visited when they are unwell.

When it came to their family members, a total of 90 percent of their family members visited the health centres for medical checkups of which 54 percent (54%) were children. This high number of children could be attributed to the fact that children under the age of five are taken for under five clinics, which included vaccinations and immunizations, and these were encouraged by health personnel and many parents seemed to comply. When asked on the frequency of these visits, 78 percent (78%) of the family members' only visited the health centre when unwell while 40 percent (40%) only did so when the pain was unbearable. Further 28 percent (28%) went for checkups when encouraged to do so and this was mainly applicable to the children who were taken for under five clinic appointments, vaccinations and immunizations, women for antenatal and a few for Voluntary Counselling and Testing (VCT).

This pattern and attitude towards medical checkups does not meet the minimum standard practice of once a year (not because you are unwell or when the pain increases) but regular

medical checkups are meant to ensure that one knows their health status before the unforeseen circumstance or health problem could occur.

6.7. The identification of barriers that inhibit the regular attendance of medical checkups

Though the Kitwe District Community Medical Office's objectives is to ultimately improve health standards, promote good health in every household regardless of economic status and has programmes and campaigns to achieve this, they face barriers that inhibit the regular attendance of medical checkups both from their side and the population. These include the following;

Lack of messages targeted at encouraging medical checkups

From the study, the findings revealed that there were no specific messages that were targeted at encouraging the attendance of medical checkups, but instead general health improvement messages and a single disease focus such HIV and AIDS. In addition, the diseases that were concentrated on were mainly communicable diseases.

Limited Human Resource

The Kitwe District Community Medical offices, streaming down to the health centres did not have enough human resource to cater for the population. The District Medical Officer explained that "Members of staff were a few as compared to the disease burden." "The disease burden was more than the population."

When it came to medical checkups, due to the limited human resource, the staff would rather attend to those who are in urgent need of medical attention at the time to save lives than to attend to a person who is well and needs a checkup. The inadequate human resource also inhibited the medical personnel to cover a larger area and number of clients that needed the health services.

One respondent had this to say,

"The queues for medical checkups are usually long for medical checkups and this compromises effectiveness, so for me, I would rather just go when am unwell."

The ratio for a doctor to a patient is supposed to be in a such a way as to provide a health service to all who need it.

Inadequate Infrastructure

The Kitwe District Community Medical office and the health centres that fall under the District Office do not have separate wards and examination rooms to conduct medical checkups. Everyone regardless of health status was confined to the same buildings even if it was just a check up. This, therefore, inhibited people from going for medical checkups due to congestion.

Inadequate Transport

The Kitwe District Community Medical office did not have sufficient transport to enable them to function properly. There was usually no sharing of vehicles for tasks that differ as well as different locations. This inadequacy compromised the quality of service offered to the community. This resulted collecting data late, researches not covering a wide area, sometimes patients dying on the way to the health centre referred especially in case of complicated medical problems and compromising on time and there by hindering the progress on the goal of providing efficient and effective health services to the Community of Kitwe.

Inadequate Equipment

In order to carry out their work effectively, the Kitwe District Community Medical office required adequate equipment. This was also needed in the clinics that were under this office. What is obtaining on the ground is that the clinics lack sufficient equipment to carry out medical procedures. This resulted in most cases being referred to the main hospital or private clinics. This limited the capacity of the health centres to carry out medical procedures that a patient may be in need of where equipment is limited. The equipment that is currently there is unable to cater for the needs of the health centres. When it came to surveillance which is field visits done to check for outbreaks of notifiable diseases(dysentery, cholera, polio) and involves collecting water samples for instance for investigation, the Kitwe District Community Medical Office did not have the equipment for testing the samples on its own. There was reliance on other stakeholders such as Nkana Water and Sewerage Company to carry out these tests. There was need to look into the issues of equipment with urgency for a healthy community.

Inadequate Funding

From the direct observation during the research done through the participation in programmes, interacting and the in depth interview conducted at the Kitwe District Community Medical Office, there was a challenge of limited funding. This was evident where one major project of indoor residual spraying for mosquitoes could not be done in 2013 because the funding organisation had no funds to support this. For most of the projects to run smoothly, effectively and attain the goals in improving and providing effective health to the population in Kitwe, there was need for funding. It seemed that the lack of funds have limited the extent to which the Kitwe District Community Medical Office could deliver good health to the communities in Kitwe. Unless there was funding a programme could not run effectively. This became a challenge where the type of strategy needed was the most effective for a particular message, particular audience and a particular time.

It is only possible at times when assistance is received from other stakeholders. In the case of malaria for instance, Society for Family Health (SFH) donated mosquito nets, which helped cushion the number one killer disease, malaria in the District. Even the inadequate equipment, transport and infrastructure can all be attributed to funding as they depend on funds for their existence and functioning. As much as plans can be drawn and goals set, if the funding is not available it limits the degree to which planned activities and emergency cases can be handled and achieved.

In terms of the community, the challenge is in terms of costs that have to be incurred at private health centres that have the adequate equipment that most Government institutions do not have and is a hindrance in attending medical checkups as most of the poor population cannot afford the costs involved.

Contradictions stemming from cultural norms and beliefs

As much as the Kitwe District Community Medical office disseminates information on health using various strategies, some churches have beliefs that were contrary to the health messages. For instance, some Churches discouraged their members from taking drugs, which added to ignorance.

Other contradictions came from situations when people were taking drugs such as ARVs. When there is immuno reconstitution, people on medication are discouraged from taking the drugs by others telling them things like ‘‘you will die’’.

There are also myths that some people believe in cases such as male circumcision for instance which are preventive measures. One nurse in the Focus Group Discussion in Bulangilio said some people give reasons such as,

“I will not have another child if I am circumcised, my sexual drive and performance will also reduce.”

Volunteer retention

The Neighbourhood Health Committees (NHCs) are volunteers who come from among the community members. These are not paid but given training for certain skills whenever an opportunity is available. The fact that these people are not remunerated, they usually stop without any notification and this creates a gap in information dissemination. The process of replacing these members is a draw back and slackens the activities that need to be done, especially information dissemination to the community members.

Vandalism

The Kitwe District Community Medical office distributes Information Education Communication materials that included posters and pamphlets. There was a lot of vandalism by the public when these are stuck in the communities and health centres. The posters are removed and pamphlets not read and used by marketers’ to package goods such as tomatoes on sale.

Communication challenges

Some times when a strategy to promote health is set up, there are cases when the target audience is not reached. For instance during farming season or the targets are not found at home in the case of door to door campaigns.

At other times, there was a challenge of distortion of information. This happens in the case where information is passed on from health personnel to a patient and that particular patient without understanding shared with friends and that information lost value as it moved from one person to the next.

Sometimes there was language barrier between the communicators and recipients of the messages. This could be in the case of a radio programme where the communicator or listener could not understand the language of communication.

Health centre and community coordination

- Insufficient meetings and coordination between health centre and NHCs.
- Lack of NHC representation on health centre committees.
- In each health centre, only one staff member was assigned as NHC liaison, resulting in no back-up and no overall health centre staff commitment.
- Lack of transparency between health centres and NHCs in resource management.

CHAPTER SEVEN

7. CONCLUSION AND RECOMMENDATIONS

7.1. Introduction

The research brought out salient issues on this topic of medical checkups. It brought an insight from different perspectives that would not have been discovered had the research not been conducted. The last part of this conclusion will consist of recommendations pertaining to the research.

7.2. Conclusion

The area of health is a vital aspect to everyone. The status of one's health affects their daily lives and activities that one ventures into. This is evident when good health is associated with high production and output levels, whereas when people involved in production have poor health productivity is low. This thought puts emphasis on the importance of medical checkups and why the communication strategies employed in the promotion of good health are vital as a preventive measure of conditions that would be avoided with the process of medical checkups.

The communication strategies used by the Kitwe District Community Medical Office included health education at district level on radio and television, brochures given out at health centres and internet for information dissemination and access. Other strategies were Information Education Communication (IEC) materials. Health talks were done at the health facilities as people wait at the Out Patients Department (OPD) and antenatal clinic for a period of 15 minutes encouraging people to do checkups for various diseases and conditions. There were also scheduled topics on malaria and diarrhoea in collaboration with partners such as Copperbelt Health Education Project (CHEP), which were aired on the radio. The main strategy was health talks at health centre levels, and at community level. At the national level, The Ministry of Health did the television campaigns. Other strategies were door-to-door campaigns, immunization campaigns, verbal discussions and counselling and electronic print media health messages.

The messages that Kitwe District Community Medical office conveyed in the strategies that they used to encourage medical checkups were centred on health promotion, disease

prevention and curative messages, seeking medical attention early enough over a condition. In addition are facts about a condition and information where to seek attention and encouraging people to look after themselves.

The findings revealed that there was a lot of focus on communicable diseases such as cholera and diarrhoea. This was also seen from the direct observation where surveillance on diseases carried out in the field included collection of water samples for communicable diseases. There was some focus as well on some non-communicable diseases such as cancer. The gap here is that the non-communicable diseases are not emphasized. These non-communicable diseases are the ones that yield results for investigation mostly when it comes to medical checkups such as cardiovascular diseases, heart diseases, cancer, low and high blood pressure.

There is need to incorporate the non-communicable diseases in messages and strategies used to communicate health messages. Evidence revealed that the Government of Zambia spent huge sums of money on treatment of non-communicable diseases that in most cases were at levels of non-reveal. This could be avoided with early diagnosis through regular medical checkups emphasized through strengthened communication strategies that were used on health as the findings also revealed the majority of the respondents, 99 percent (99%) saying diseases could be prevented with medical checkups. This called for an action plan by The Kitwe District Community Medical Office to come up with strategies that encouraged medical checkups.

Further when the respondents were asked, whom they knew as being used as the source of information on medical checkups, the majority, mentioned medical doctors, followed by nurses. This showed an understanding of who is entrusted as the authority to provide information effectively on health. Other sources that were mentioned are Neighbourhood Healthy Committees (NHCs) who disseminate information in the communities and act as a link between the health centres and communities. The Kitwe District Community Medical Office also used the demographic health surveys as sources for accessing information on health. In addition when asked where they first heard about medical checkups, most of the respondents mentioned ZNBC Television 1 followed by Radio Chengelo as the first sources of information. This indicates that there is sufficient information on health matters and it is within reach.

The main channel that the respondents used as a source of information on medical checkups was found to be ZNBC Television 1 on a programme called “Your Health Matters.” The research revealed that this was the main source of information for the population of Riverside and a few other people in the densely populated areas of Bulangilio and Chipata. These have more access to television while the others relied more on Information Education Communication (IEC) materials that included posters and pamphlets that are available at health centres and The Kitwe District office. This difference in the sources brings a slight gap in that those with televisions have access to information on medical checkups that the others are not privy to. In addition, the programme features many authority figures such as the First Lady and other well-known medical personnel with expertise and therefore considered as a more reliable source.

Though this is the case, the positive side of these channels and programmes is a demonstration that the Kitwe District Community Medical office has been sensitizing people on health issues in their quest to provide effective and efficient quality care and integrate the community in the provision of quality, promotive, preventive and curative delivery.

The results of the study indicate that people in Kitwe are quite knowledgeable about medical checkups. This was seen with the understanding shown during the Focus Group Discussion and In-depth interviews when the participants defined medical checkups and clearly explained their understanding of this term.

From the findings and provision of information, the respondents exhibited knowledge on medical checkups, but the actual practice of going for medical checkups does not match the level of knowledge. There is a gap between the knowledge on medical checkups and the actual practice of having a full body medical checkup. This is seen where the majority of the respondents (65 percent) did not visit the health centres for medical checkups. Further, the 35 percent (35%), who actually went, did so, mainly when unwell with a few following the requirement of checkups of once every six months. This is also a reflection from their family who also mainly visited the health centres when unwell and when the pain was unbearable. The reasons for this behavioural trait were due to:

1. Medical checkups being expensive, the fee being at K50 in Government hospitals. Most respondents said they could not afford this.

The Kitwe District Medical Officer explained further that the Government currently does not have the capacity to support the entire population for a free checkup and that's why there is a fee attached to it.

2. The queues being too long. Most people explained to say, they could not stand in the long queues for a checkup as the attention is given to the persons who are unwell and, therefore, the value of visiting the hospital is only appropriate when unwell.
3. Others alluded the non attendance of checkups to the attitudes of the medical personnel, saying that the attitudes that they have towards clients is bad. Most of them are rude. One respondent said “*Why should I even go to the hospital to be treated rudely by personnel when am well just for a checkup. When am okay, I would rather be home and go when unwell.*”

Looking at the benefit of medical checkups, the research findings indicated that 99 percent (99%) of the respondents including the participants’ in the Focus Group Discussions said that medical checkups are beneficial. A few did not find benefits in going for medical checkups. The majority of the respondents felt that for this benefit to be realized and to encourage people to go for medical checkups there is need for more sensitization on the importance of medical checkups as well as the improvement of communication between the medical personnel and clients. This aspect cannot be ignored in that as much as the majority see it beneficial, the reason brought forward by the few that do not find medical checkups beneficial are an important consideration that should be translated into action through the strategies that are used by the Kitwe District Community Medical office in encouraging checkups such as the improvement of communication between patients and doctors for instance.

Lastly it can be concluded that the barriers that inhibit the attendance of medical checkups as found in the study include limited human resource, inadequate funding, cost, inadequate infrastructure, contradictions stemming from cultural norms and beliefs and attitudes. Others are inadequate infrastructure, equipment, transport, volunteer retention, communication challenges and vandalism, all of which need effective and well-planned intervention to address these barriers if medical checkups are to be embraced from both the medical personnel and population of Kitwe District.

7.3. Recommendations

In view of the findings on the Communication Strategies used by The Kitwe District Community Medical Office, the following recommendations are presented:

- There is need to come up with extra strategies that will have a focus on medical checkups such as adding to the branding of alcohol and cigarettes with a message to encourage medical checkups. This will in turn increase the audience reached out to.
- There has been a recent emphasis on non-communicable diseases by the Federation Health Institution done in 2011, this should be emphasized and embraced through encouraging regular medical checkups.
- As the Kitwe District Community Medical Office has preventive health strategies as part of their action plan, there is need to incorporate non-communicable diseases and medical checkups in their preventive health strategies that are planned for yearly.
- There is also need for the improvement of infrastructure to improve service delivery to the community such as labs to carry out tests.
- There is need to set up a separate unit or building specifically for medical checkups to reduce on the stress of queues and congestion in the hospitals and to separate the sick from those that are well.
- The Kitwe District Community Medical office should take up the role of encouraging medical checkups where ailments are also categorized.
- There is also need to increase staff at health centres and a special focus on medical checkups.
- Adequate transport especially ambulances are needed as some patients die on the way to referral places due to lack of transport.
- There is need to set up programmes on television and radio on encouraging medical checkups to sensitize people on the importance of this
- Medical checkups should be on Government agenda with specific programmes running throughout the year to encourage medical checkups. It should not be a one off programme.
- There should also be a review of performance on medical checkups done where the issue of the cost needs to be addressed as well.
- There is need to come up with Information Education Communication materials specifically encouraging medical checkups in all languages to reach out to all.

- Partnership is very important, this being the case, The Kitwe District Community Medical office should collaborate with other stakeholders and medical experts for effective and efficient delivery of messages on encouraging checkups.
- There is also need to train more Neighbourhood Health committees in health related issues to help disseminate health issues and give them an allowance and certificates to motivate them as these are mainly volunteers from within the community.
- There is also need to budget and seek funds in order to purchase equipment that is needed in the health centres and for carrying out the medical examination procedures as well.
- Churches are crowd pullers. It is, therefore, important to take advantage of days when they congregate and work hand in hand with friendly churches for the health personnel to encourage people to go for medical checkups and sometimes do on the spot medical checkups.
- The medical personnel could also take advantage of some events such as soccer to sensitize the public about medical checkups.
- Messages on t/shirts and chitenge materials could be printed to encourage medical checkups.
- The medical personnel could also be going to schools, colleges and Universities and sensitize them about medical checkups.

7.4. Further Research

Medical checkups are vital for maintaining a healthy life style using the feedback given to individuals on their state of health. Communication plays a major role in spreading messages on health. It is a good avenue in promoting healthy lifestyles. For further research, it is recommended that the benefits of the actual attendance of medical checkups are evaluated alongside those who do not actually go for medical checkups in order to access the benefits of this practice in maintaining good health.

BIBLIOGRAPHY

Agunga, R, 1997, *Developing the Third World: A Communication Approach*, Nova Science Publishers, Inc, New York.

Babbie, E, 2010, *The Practice of Social Research*, Chapman University, Sydney.

Baer, F, 1997, *Environmental Health Programme work plan*, Kitwe Urban Health Programs, Zambia.

Bates, B, 1995, *A guide to Physical Examination and History Taking*, Lippincott Co, Philadelphia.

Berwick, DM, 1992, *Seeking systemness, Health Forum*, National Academy Press, Washington.

Bessette, G, 2004, *Involving The Community: A guide to Participatory development Communication*, International Research Centre. Internet resource, accessed on 05/11/2012.

Bwalya, Mutambanshiku, 2013, *Communication Policy* (Unpublished Lecture notes) UNZA, Lusaka.

Canadian Task Force on the Periodic Health Examination, 1994, *Canadian Guide to Clinical Preventive Health Care*, Canada Communication Group, Ottawa.

Central Statistical Office, 2002, *Preliminary Report of the Census of Population and Housing Population Count*, Central Statistical Office, Lusaka

Central Statistical Office, 2007, *Zambia Demographic and Health Survey 2001-2002*, Central Statistical Office, Lusaka.

Collins, D. S. J, 2000, *Paulo Freire: His life, works and thought*. New York: Paulist Press

Committee on Infectious Diseases American Academy of Paediatrics, 2000, *2000 Red Book: Report of the Committee of Infectious Diseases*. 25th edition. Elk Grove Village, IL: American Academy of Paediatrics.

Dearing, J. and Rogers, E, 1996, *Agenda Setting: Thousand Oaks*: California Sage Publications, California.

Finkelstein, J. Knight A and Marinopoulous S, et al., 2012, *Enabling Patient –Centred Care Through health Information Technology*, John Hopkins University, Rockville.

Infante, DS, 1997, *Building Communication Theory*, Waveland Press Inc, Illinois.

Mefalopulos, P and Kamlongera, C, 2004, *Participatory communication strategy design, A handBook*. SADC centre for communication for development group of FAO, Rome: Internet resource (Accessed October 2013).

McGahey, C, December, 1997, *Trip report—Kitwe, Zambia*. EHP Internal Report, Environmental Health Project: Arlington: Va.

McQuire, W, 1989, *Theoretical foundations of campaigns*, in Ronald, E and Atkin, C (eds.), *Public communication strategy*, McKnight foundation, Minneapolis.

O' Daniel, M. and Rosenstein, AH, 2008, *Professional Communication and Team Collaboration: In Patient Safety and Quality, An Evidence-Based Handbook for Nurses*, Rockville.

O' Daniel M and Rosenstein, AH, 2006, *Disruptive behaviours, communication defects and impact on patient safety*, Jt Comm J QualPatient Saf in Review.

Uphoff, N, 1985, ‘‘Fitting projects to people,’’ in cernea, M (ed.) *Putting people in first: Sociological variables in rural development*, Oxford University press, Oxford.

Rogers, E, 1995, *Diffusion of Innovations*, Free Press, New York.

Rosser, W, 2008, *The Routine Checkup under Scrutiny*, Queen's University, Kingston

Saimm, Nationalization and Mining Lessons from Zambia: April, 2014
<<http://www.saimm.co.za/.../v111n10p737.pdf> accessed on 1st June, 2014.

Shah, Anup Health Issues: Global Issues, 05 Jan 2014. Web.10 Jun.2014.
<<http://www.globalissues.org/issue/587/health-issues>>

Sheehan, J, 2010, *Important Reasons for an Annual Checkup*, Live strong, London.

Sutcliffe K, Lewton E & Rosental M, 2004, *Communication failures: An insidious contributor to medical mishaps*, Acad Med (PubMed).

The Kitwe City Council Mayor and CEC Development Partnership Meeting Report (2013).

White, A, et al., 1994, *Participatory communication: working for change and development*, Sage Publications, New Delhi.

Wang, S 2012, Value of Medical Checkups Doubted: internet Source, accessed on 05/11/2012.

Webster Merriam, [http// www. Medical missions. Com](http://www.Medical.missions.Com), [2013].

Website of the Canadian Task Force on Preventive Health Care: www.ctfphc.org, Rosser, 2008, accessed on 20/06/2014.

<http://www.ncbi.nlm.nih.gov/books/NBK2637/>, accessed on 05/11/2012.

Blog.hubspot.com/Why You Need Social media Followers Who Won't Ever Buy, accessed on 09/06/2014.

<http://www.education.nh.gov/nhresponds>, accessed on 10/03/2013. New Hampshire Department of Education.

["Zambia/UK student partnerships fostering multi-cultural relations"](#), Gethsemane Mwizabi, [Times of Zambia](#), 2005, accessed 7/08, 2014.

APPENDICES

APPENDIX ONE: QUESTIONNAIRE

Topic: An evaluation of the Communication Strategies used by Kitwe District Community Medical Office in encouraging medical checkups.

Dear Respondent,

I am a postgraduate student at the University of Zambia. My programme of study requires that I conduct a research study as part of the partial fulfilment of the requirements of the award of the Masters of Communication for Development.

You have been selected to assist with this study by kindly filling in the questionnaire. The information to be gathered is strictly for academic purposes and will be treated confidentiality and privacy. You are therefore urged to give honest answers by ticking in the brackets () and filling in the blanks where possible.

SECTION A

1. Sex

- 1. Male ()
- 2. Female ()

2. Age

- 1. 18-27 ()
- 2. 28-37 ()
- 3. 38- 47 ()
- 4. 48- 57 ()
- 5. 58 and above ()

3. Marital Status

- 1. Single ()
- 2. Married ()
- 3. Divorced ()
- 4. Widow ()
- 5. Widower ()

4. Highest Educational level Attained ()

- 1. Primary school ()
- 2. Secondary school ()
- 3. College ()
- 4. University ()

5. Can you read and write?

- 1 Yes ()
- 2. No ()

SECTION B

6. Do you have access to a radio?

1. Yes ()

2. No ()

7. Do you have access to a television?

1. Yes ()

2. No ()

8. Do have regular access to newspapers?

1. Yes ()

2. No ()

9. Do you have access to a computer?

1. Yes ()

2. No ()

10. Rate the following media based upon rate of usage for health information.

	MEDIA	1.VERY FREQUENTLY	2. FREQUENTLY	3.RARELY
i.	ZNBC Radio four			
ii.	ZNBC Radio 2			
iii.	ZNBC TV 1			
iv.	ZNBC TV 2			
v.	Radio Phoenix			
vi.	MUVI Television			

vii.	Zambia Daily Mail			
iii.	Times Of Zambia			
ix.	Internet Access			

11. Who is used as the source of information on medical checkups?

.....

12. On which channel have you heard about medical checkups? Please refer to the table below for the response to the question.

	CHANNEL	ALWAYS	SOMETIMES USED	RARELY USED	NEVER	SOURCE/PROGRAMME
i	ZNBC TV 1					
ii	ZNBC TV 2					
iii	Radio Phoenix					
iv	Times Of Zambia					
v	Zambia Daily Mail					
vi	The Post Newspaper					
vii	Pamphlets/ posters					

viii	Workshops					
ix	Medical personnel					

SECTION C

13. Do you visit the health centre for regular medical checkups?

1 Yes ()

2 No ()

14. If your response to question 1 is yes, how often do you visit the health centre for the medical checkups?

1. When unwell ()

2. When the pain is unbearable ()

3. When encouraged to do so ()

4. Once every six months ()

5. Once a year ()

15. Do other members of your family visit the health centre for medical checkups?

1. Children ()

2. Youth ()

3. Older adults ()

4. Non ()

16. If your family members visit the health centres for medical checkups, how often do they do so?

1. When unwell ()

2. When the pain is unbearable ()

3. When encouraged to do so ()

4. Once every six months ()

5. Once a year ()

17. How did you know about regular medical checkups?

- 1. ZNBC Radio 2 ()
- 2. ZNBC Television ()
- 3. Zambia Daily Mail ()
- 4. The Post Newspaper ()
- 5. Friends and neighbours ()
- 6. Medical personnel ()

18. How often do you hear messages on medical checkups?

- 1. Very often ()
- 2. Sometimes ()
- 3. Rarely ()
- 4. Never ()

SECTION D

19. Has attending medical checkups been beneficial?

- 1. Yes ()
- 2. No ()
- 3. N/A ()

20. If your answer is NO please explain

.....
.....
.....
.....

21. Have you been able to freely communicate with the medical personnel attending to you?

- 1. Yes ()
- 2. No ()

22. If no what is the reason

- 1. Do not feel free ()
- 2. Health personnel do not communicate well ()
- 3. Limited time ()
- 4. There is no proper doctor attention ()

23. What do you think should be done to encourage people to go for regular medical checkups?

- 1. More community sensitization on the importance of medical checkups ()
- 2. Improvement of communication by the health personnel with patients ()
- 3. Regular use of media in the area of medical checkups ()

24. Do you think some diseases could be prevented with medical checkups?

- 1. Yes ()
- 2. No ()

25. If your response is No please explain

.....
.....
.....

APPENDIX TWO: INTERVIEW GUIDE FOR THE IN-DEPTH INTERVIEW

- 1. Qualifications.....**
- 2. What is position do your hold at the facility?**
- 3. How long have you been working at the facility?**

-
- 4. Please explain what you generally know about regular medical checkups
 - 5. Please explain what you know about the communication used in encouraging regular medical checkups.
 - 6. Briefly explain the communication strategies that are used at the health facilities to encourage medical checkups.
 - 7. What other information does the health facility provide information to the people visiting the hospital?
 - 8. What channels does the facility use in its approach?

- Face to face
- Group discussion
- Public address
- Mass Communication
- Flyers
- Pamphlets
- Brochures

9. Do you have any programmes or campaigns currently running to encourage medical checkups?
.....

10. Campaigns

- What are the sources of information?
- What are the channels used in the campaigns?
- What are the key messages sent out?
- Who are the target audience of the campaigns?

10. Do you involve the audience in your planning?

11. What is the main goal and objectives of your communication strategies that are to be achieved?
.....
.....

13. Do you think the current strategies are effective in encouraging medical checkups when you look at the strategies that you use as a health facility provider ?.....

14. If they are not effective, what strategies could be used?

.....

15. What are the successes of the strategies that are used?

.....

16. What are the

Challenges and gaps that are experienced with these strategies? Please explain.....

17. What extra strategies do you think could be employed to encourage medical checkups?

.....

18. What else do you think is important for me to know on how things can be done better with regards to communication about medical checkups?

.....

APPENDIX 3: INTERVIEW GUIDE FOR THE FOCUS FROUP DISCUSSIONS

1. Medical checkups

- What do you generally know.....
.....?

2. Communication Strategies used in encouraging people to go for medical check ups

- In health facilities

3. Provision of information to people visiting the hospital/ health centres on medical checkups.

- How is it done?

4. What medium is used to provide information

- At the health centre
- By the health providers
- In the community

5 Programmes and campaign that you know of on encouraging medical checkups.

- Sources
- Channels
- Message
- Target audience

6. Effectiveness of the communication strategies to encourage medical checkups.

- How effective are they?
.....

7. Strengths and weaknesses of the strategies

- Effective.....
.....
.....
- Ineffective.....
.....

8. Strategies

- Successes.....
.....

Weaknesses.....
.....

9. What extra strategies do you think could be employed to encourage medical checkups?

.....

10. What else do you think is important for me to know on how things can be done better with regards to communication about medical checkups?

.....