THE ROLE OF COMMUNICATION IN INTEGRATING RESEARCH TO POLICY: THE CASE STUDY OF KEMRI, MINISTRY OF HEALTH AND THE MASS MEDIA

BY

AGATHA OSIDIANA-NOBALLA

A

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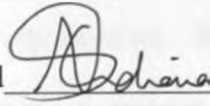
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DECLARATION

This project is my original work and has not been presented for the award of a degree in any other University.

Name: Agatha N. Osidiana-Noballa

Signed _____ Date 22|11|05

      Candidate

This project has been submitted for examination with our approval as University Supervisors.

Names: Mr. Kamau Mubuu

Signed _____ Date _____28|11|05_____

    Supervisor

      School of Journalism, University of Nairobi

ABSTRACT

This study examines the role of communication in integrating research to policy, mainly between the Research and Development institutions, Government and Mainstream mass media. It focuses on the nature of interaction between these sectors, as their levels of interactions seem to be a major factor influencing integrating research findings with policy formulation. The main focus was the strategies used in dissemination and utilization of research findings by these institutions and the challenges to effective dissemination.

The reason as to why I set up to do this study is that in the resent years Kenya has advanced in medical research but the findings seldom reach the general public or input to policy. This knowledge concepts generated from this findings' are expected to act as benchmark information to future medical research communication strategies, both for utilization of research findings and policy development. It is therefore anticipated that this project will generate information that will form the basis for developing strong linkages between the mainstream media, Research and Development institutions and the Government.

This was a qualitative study where an illustrative sample of senior officers from KEMRI, the Mass Media and the Ministry of Health all-totaling to 30 participants, was selected because of their positions and functions in relation to acquisition and dissemination of research findings for input to policy. This research heavily relied on the key informants as the primary source of data as well as previous research, articles, publications, abstracts and books as the secondary source of data. Key informants for the study were drawn from

10 senior officials each, from KEMRI, Ministry of Health (MOH) and the Mass media. The interviewer using questionnaires with open-ended questions collected data. However, only 8 officials responded at the Ministry of health. Data was then transcribed into word processing document and then segmented into categories and coded using priori codes. Finally the data was summarized and organised in themes. Since the numbers were small the data analysis was done manually and this was done to determine the relationship between KEMRI, Media and Ministry of Health in relation to the role of communication in integrating research to policy.

One of the major findings was that the three institutions had minimal interaction between each other. This is seen in the lack of initiative between them in finding out how each related to the other. Changes in the current dissemination strategies are therefore necessary. The failure of research findings to be used for policy is a clear indicator that communication systems and dissemination strategies are poor among the institutions studied. According to Schramm's adapted model "interaction and communication," for interaction to be effective and successful, there is need for the field of experiences of the sender and receiver to overlap, in order to challenge and extend the knowledge of the receiver. (Heinich, et.al., 1996).

For research findings to be utilized for policy, Rogers's diffusion of innovations theory shows that there is need for a systematic process by which new ideas and practices are spread through channels over time among and between social systems. The findings also show that there lacked a specific office and staff for the purpose of dissemination and sourcing, acquisition and packaging of the research information either for public

consumption or for use in public health policy development for the three institutions, respectively. This seriously hampered the use of research findings for input in policy. The discussion in this study centres on the possibility of incorporating themes, derived from the study findings in relation to the model of interaction and communication, as well as the diffusion of innovation theory.

In conclusion, the limited interactions between the three sectors; the lack of specific strategies for dissemination and acquisition of research findings for policy development, are challenges that need to be overcome. The nature of the infrastructure and the non-availability of resources, such as the modern information technology, to all researchers and government institutions need to be addressed. This would also mean encouraging researchers to translate the information for ease in consumption for input to policy, and more so for the media to use it as a tool for educating the public on the latest research findings. Therefore through increased interaction amongst the three institutions and the development of a suitable and appropriate communication strategy, would be a solution towards the dissemination of research findings and using it for purposes of health policy development.

DEDICATION

This is dedicated to my loving daughter, Michelle Mariamu who I really cherish.

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GLOSSARY

1. Communication - The exchange of information between two points

2. Science communication – Communication of scientific information to others

3. Communication strategy – The means/medium and frequency of communication between different parties

4. Research - is the systematic study directed toward more complete scientific knowledge or understanding of the subject studied

5. Health promotion - is the process of enabling people to increase control over, and to improve, their health

6. Dissemination Strategies – The means of transmitting useful and useable knowledge to appropriate target audiences, including research communities, practitioners, the public, policy makers and regulatory bodies

7. Mass Media – channels of communication through which messages flow, produced by a few for consumption by many people for example communication technology such as radio, television, internet, etc. that can reach mass populations

8. Public health – What society does collectively to promote, protect and restore people's health

9. Utilization of Research – This means, putting research to use, by inputting to policy

10. Policy – This is a plan of action for tackling issues

11. Policy development - The decision-making process that evolves through a series of processes that eventually sets the legislative, regulatory and organizational direction

12. Interaction – The exchange of information between participants where each has the purpose of using the exchange to change the state of itself or of one or more participants

13. Priori codes – These are codes that are determined before examining the current data

14. Enumerated - This is the process of quantifying data

15. Acquisition – This is the mode applied in getting hold of information or data

ABBREVIATIONS

1. KEMRI – Kenya Medical Research Institute

2. MOH – Ministry of Health

3. R & D institutions – Research and Development Institutions

4. ICT's – Information Communication and Technology

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CHAPTER ONE

1.0 INTRODUCTION

Communication gaps on health research can be everywhere between policymakers, researchers, public or the media. This can be due to a whole range of factors, these include the interaction levels, the language, literacy, access to information and communication technologies, to name just a few. The key to successful bridges appears to be combining appropriate means of communication. This would mean having to encourage continued interaction among groups that would eventually lead to increased collaboration and communication between stakeholders. Several different modes of communication emerge as being important to translating evidence into practice. First, for those advocating better use of evidence, communicating with organizational management or system leadership is deemed highly valuable, in order to secure support, ownership, and "buy-in" for change.

Medical research has moved from the labs and efforts are intensifying to disseminate the findings in the Africa. Adoption of findings by public to improve their livelihood is the objective of most medical research. However it poses the biggest challenge in the research-development continuum. Medical research is designed to develop or contribute to generalizable knowledge for professional and public consumption. While the foregoing is not always realized, it is still important that scientists communicate their research work. As the pursuit of new scientific knowledge is exploding with discoveries in every scientific field, there is also need for a similar explosion in scientific and technical communicators' abilities to convey these new discoveries to the public.

In this way researchers will have the opportunity to communicate with colleagues who have made important contributions to human knowledge, with peers who think deeply and care passionately about subjects of common interest. Researchers often have considerable freedom both in choosing what to investigate and in deciding how to organize their professional and personal lives. They are part of a community, based on ideals of trust and integrity, where hard work and achievement are recognized as deserving the highest rewards. As their work can sometimes have a direct and immediate impact on society, this ensures that the public will have an interest in the findings and implications of research and hence the need for a robust mass media for communicating this information to the public and policy makers.

However the Media operate with definitions of what is "significant and news worthy." Since what might be to the media "significant and news worthy" may not reflect the reality of the research results the media has sometimes been criticized for attributing an unjustified degree of certainty to new findings, and for plainly inaccurate reporting. This aspect of reporting presents the media with a very big challenge with respect to communicating reliable and accurate research information to the public and policy makers.

The most common approach in linking research and policy has been to conduct high quality research and disseminate results to the intended users. The commonly used approach as a channel of communication is technical workshops, where researchers

present their findings to their peers and other related professionals. However, decision-makers themselves seldom attend such workshops, as they are too busy. Instead, they send their representatives, who most often to provide feedback to the decision-makers. This approach of research results dissemination is not an effective channel to getting research results linked to health policy formulation.

It is important to note that the overall system, culture or infrastructure of communication within a country directly or indirectly affects the channels of communication, in this respect mass media. In the developed countries, the public and health professionals obtain much of their information on research through the media. The mass media therefore is seen as an important disseminator of research findings, hence the need to adopt it as an alternative dissemination tool.

Scientists need to learn to work with the media though a country's legislation and regulations may constrain the mass media or an invisible power may even threaten the media to make it stay way from such functions. (Vladimir, 2000) This situation was very common on the African continent in the 1970's and 1980's to mid 1990's. The foregoing not withstanding, in many countries, people still perceive it as too costly to purchase infrastructure to support communication and dissemination of medical research information. Added to this is the lack of appropriately skilled human resources in the mass media in health communication as opposed to commercial communication. (Chappell and Hartz, 1998)

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The 21st Century has increasingly brought new sets of challenges and opportunities for the mass media and links between researchers, policy makers and implementers in the African continent. The problem of internal and regional conflicts in some countries and the dwindling economic gains, which had until recently appeared stable, are resulting in increasing financial difficulties and growing budget deficit. In addition to government financial difficulties, abject poverty and a relative lack of organizational culture are other obstacles to dissemination of research findings in societies in Africa. However there is great opportunity for the media in Africa to play its rightful role in facilitating the transfer of research knowledge into decision-making so as to enhance effective public health policies.

Kenya like many other developing countries does not have an adequately developed communication infrastructure in the mass media that will disseminate information between researchers and policy makers and implementers, with an aim of enhancing utilization of medical research findings. It is, therefore, anticipated that this project has generated information that will form a basis for the development of strong linkages between the mainstream media, Research and Development institutions (KEMRI) and Government (Ministry of Health Policy makers).

1.1 STATEMENT OF THE PROBLEM

Creation of scientific knowledge is a continuous process in the health research community, and it is disseminated to different target groups in society through a variety of channels. It is important to note that research impact forms a continuum, from raising awareness of findings, through knowledge and understanding of their implications, to changes in behavior. The mass media is seen as an important disseminator of research findings in developed countries, but what role does it play in health dissemination in developing countries, does it influence the government in use of health research findings?

Kenya does not have a relatively developed media infrastructure despite the rapidly expanding FM radio stations, television stations, print media and the internet whose main focus is political coverage, which dominates the agenda of the day, entertainment, topical legal and constitutional issues, and sports. Other issues that are covered are business and education features and occasional sensational negative health news. Health related issues seldom make news in most of the media houses. In this respect it is important to note that over the years KEMRI's mandates have expanded from medical research only to health research, therefore more information in health issues.

Very often the media prefer sourcing for health information through alternative sources than through credible experts in this case the Ministry of Health and KEMRI. This is because of the poorly laid out communication channels that hinder the efficient gathering of information. To a greater extent this appears to be true, because in a majority of cases the scientists prefer to publish in professional journals and to give presentations of their

work at professional fora rather than it captured as feature articles in local dailies. Therefore, how do the mass media acquire information on research findings and what are the strategies used by scientists to disseminate information?

At the Ministry of Health, the situation is not any better, officers fear giving information to the press without prior consultations with their superiors in which case the press view the information to be given suspiciously or not a reflection of the situation in question. Although in some particular cases there is interaction between the three institutions that enable the media to consult and obtain information from KEMRI and the Ministry of Health. Is this interaction between the three organizations related to the inefficient gathering of research information, poor dissemination and use of research findings for input in policy?

Therefore it is the extent to which this desirable interaction takes place and how strongly this relates to the poor dissemination and use of the research findings for health policy development that this study focused on and hopefully come up with recommendations that would help improve the level of interactions between the three institutions, the acquisition sourcing and dissemination of research findings for health policy formulation in the future.

1.1.1 RESEARCH QUESTIONS

1. What interactions exist between KEMRI, Mass Media and the Ministry of Health in relation to dissemination of research findings?

2. What are the existing communication linkages between KEMRI, Mass media and the MOH?

3. What are the characteristics of modes of dissemination or linkage between researchers and the policy makers?

4. What are the challenges faced by the media in acquiring health research information for dissemination from KEMRI and the Ministry of Health?

5. What are the challenges faced by KEMRI in dissemination of health research findings?

6. What are the challenges faced by the Ministry of health in disseminating and acquiring information for input to policy?

1.2 OVERALL GOAL OF THE STUDY

To investigate the role of communication in integrating research to policy.

Specific Objectives of the study

The specific objectives of the study were to:

1. Determine the commonly used strategies for dissemination of research findings at KEMRI.

2. Determine the commonly used strategies by the Ministry of Health for disseminating and acquiring information for use in health policy making.

3. Determine the commonly used strategies for acquiring information on research findings by the Mass media.

4. Establish the challenges facing KEMRI, Mass media and the Ministry of Health in acquisition and dissemination of medical research findings for public health policy.

1.3 JUSTIFICATION OF THE STUDY

The need to use the media as a tool for dissemination and utilization of medical research findings in Kenya cannot be over emphasized. The aim of disseminating the medical research findings is to improve health services in Kenya and to inform the public at large of the new research findings of the day. Adequate communication of such findings using the mass media as a means of influencing the policymakers and implementers could lead to the formulation of sound public health policies that should eventually lead to desired health outcomes. Very little is known or documented in Kenya about the extent of interaction of the media, Health research community in Kenya and the East Africa region and the Ministry of Health with regard to the dissemination of medical research findings, in order to improve in practices in health care delivery.

1.4 HYPOTHETICAL ASSUMPTIONS

There is minimal communication and interaction between the Media, KEMRI and the Ministry of Health; which may have resulted in only a trickle of information to the mass media and minimal use of the research findings in developing of new public health policy or public health policy change by the Ministry of Health.

If this assumption is true then I should expect to find that at KEMRI and the Ministry of Health, no specific office and personnel in-charge of communication of research findings

or if such an office exists it is underutilized. In addition there may be no policy documents detailing objectives, human resource development and other infrastructure related to science communication or if there are then they are not being implemented effectively. I will also expect the media to have no specific office and personnel assigned to reporting of health related news. There may or not be policy documents on health news reporting or if the documents are available, they are ineffectively implemented for the purposes of gathering research information for dissemination. This information will be obtained through interviews by questionnaires designed for each institution.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This chapter reviews and discusses separately the following topics; the nature of interaction amongst organizations, methods of research dissemination and utilization of findings, the role of mass media in health, role of the media in the formulation of policy, constraints faced by the media in acquiring and dissemination research findings, constraints faced by the researchers in dissemination of research findings. Literature from different books, papers and articles provided the core data for evidence of interaction in communication to enhance research input into policy.

2.0 The Nature of Interaction

The idea of science communication is working towards establishing a situation in which the discipline of science itself is more trustworthy by facilitating and integrating the interactions and impacts of the work of the scientific community with its broader stake holders (Global Development Networks, 2003). In this case interaction is defined as the exchange of information between participants where each has the purpose of using the exchange to change the state of itself or of one or more of the others. An interaction is a dialogue for the purpose of modifying the state of one or more participants. There are many gaps in understanding the level of interaction between the institutions and the realization of dissemination of health issues both for public consumption and for input in policy: there are seen in the knowledge gaps, the inaccessibility of information, policy conflicts and lack of coordination of existing studies and research.

Bridges should be built between research and policy. In fact, many efforts to build bridges between research and policy have suffered from unrealistic predictions and lack of comprehension of the policy-making process and more so the researchers are often unprepared or unwilling to communicate their results to public or to decision makers (Chunharas, 2004). Interaction is more effective when researchers and users identify shared interests and work together – leading to win – to win situations. Recommendations or presentation of outputs may be a starting point for a process of discussing and elaborating on the recommendations to identify possible action points (Turnbull, 2000). The relationship between the researchers, journalists and Government can be viewed as something built up in isolation by the parties involved, independently. Therefore the interaction between research and policy has been of interest to them. (Communex, 2001)

The development of a specific interaction is perceived to be connected to other interactions, and how dependent it is on other interactions and how it develops affects the other relationships. A managerial action is guided by how situations are 'framed', the interaction perspective is unquestionably of consequence to management. Interactions are complex in several ways. One element is the type and contact pattern between the individuals in the organizations involved since the individual involved generally have very different status, organizational roles and personal backgrounds. Researchers, administrative personnel, journalist and policy makers would tend to interact with individuals in the similar positions in the counterpart organization (Turnbull, 2000).

Every organization connects different people, various activities with varying degrees of mutual fit. Interaction processes within organization often heavily rely on mutual adaptations, which bind the companies together often in a direct sense. Elements of

cooperation and conflict have been found to co-exist in the atmosphere of interactions in organizations. In interactions there is always some inherent conflict about the division of benefits accruing from the relationship. While conflicts of larger or lesser degree continue to occur, the existence of the relationship is based on previous commitment generally directs the parties towards constructive solutions. Trust emerges as one of the salient factors influencing the interaction. Developing continuous 'dense' interactions with others seems to be a way to cope with the complexities and ambiguities, which any organization is facing in a market. (Communex, 2001)

2.0.1 Theoretical Framework

In relation to interaction and communication, Shannon developed the linear model of communication, based "on a chain of constituent elements": the source of information which produces a message, the encoder or transmitter, which transfers the message into signals allowing transmission, the channel, which is the means to send the signals, the decoder or receiver, which reconstructs the message from the signals, and the destination, which is the person who or thing that receives the message.

The Fig 1 below describes Shannon's linear model of communication (Mattelart & Mattelart, 1998):

Shannon's Linear Model Of Communication

InfoSource   Transmitter   signal   Receiver   Destinati

Message   Message

Noise Source
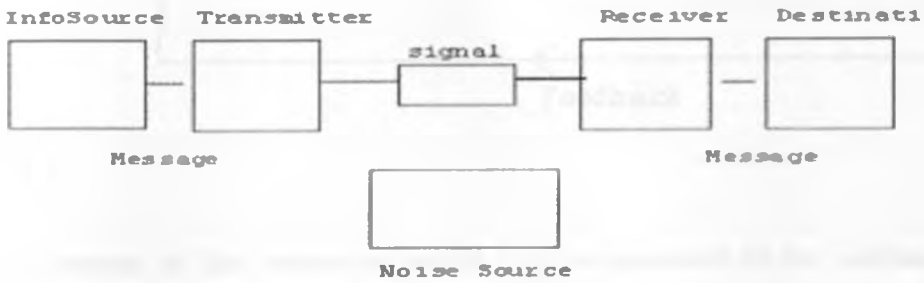
(Source: Mattelart & Mattelart, 1998)

Shannon's concept was quickly adopted by researchers in various disciplines and applies to computer science, physics, molecular biology and biotechnology, psychology, linguistics and communications. Shannon clearly designed his theory as a mathematical model that does not take human emotions and experiences into account (Rogers, 1994). Schramm adapted the model to deal with the concern of "communication, reception, and interpretation of meaningful symbols--processes at the heart of instruction" (Heinich, Molenda, Russell & Smaldino, 1996). Schramm emphasized that communication cannot occur unless the field of experiences of the sender and receiver overlap, in order to challenge and extend the knowledge of the receiver (Heinich, et.al., 1996).

Field of Experience   Field of Experience

| Sender | Encoder | | Signal | | Decoder | Receiver |

Noise
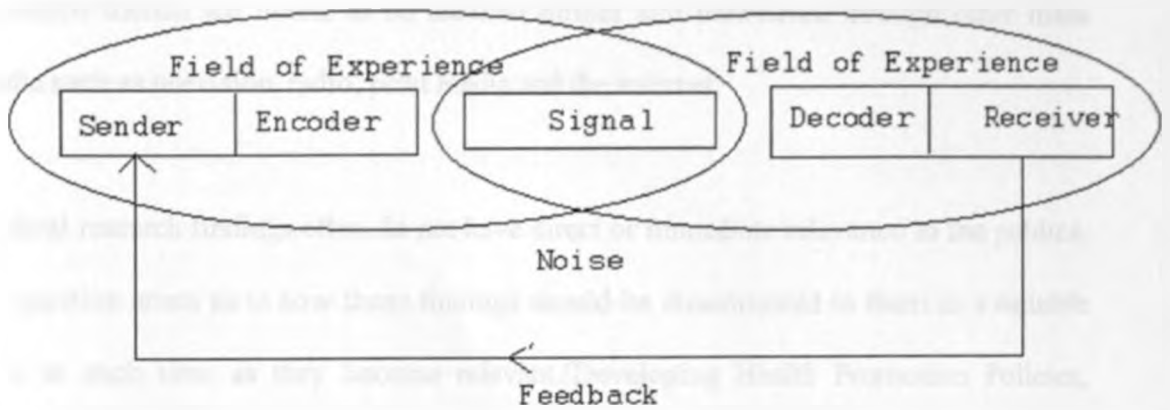
Feedback

Fig 2

The success of this interaction would then be measured by the feedback the receiver would give to the sender once the message has been transmitted. Feedback, in an instructional setting, may take the form of discussions, observations or tests. Recent development in health research communication has broadened the focus of dissemination from individuals to organizations. Researchers stress that the importance of Shannon's theory cannot be overstated: "It's like saying how much influence the inventor of the alphabet has had on literature" (Horgan, 1992). The linear model presents the measurable variables for all communication processes. (Heinich, et, al, 1996)

2.1 Research Dissemination and Utilization of Research Findings

Research is not an outcome, it is a process. A review of literature indicates that several forces such as the growth of science and technology increase mass media attention on scientific discoveries. It may be argued that academic papers in journals and conferences are not intended for direct consumption by the public, and that instead the messages

contained therein are meant to be distilled further and transferred through other mass media such as television, radio, print media and the internet.

Medical research findings often do not have direct or immediate relevance to the publics, the question arises as to how those findings should be disseminated to them in a suitable form at such time as they become relevant.(Developing Health Promotion Policies, March 2004). In this context dissemination is therefore the process by which translated research findings are conveyed to target audiences to be relevant and applicable at the point of decision making. Dissemination vehicles in mass media take such forms as television, radio, the Internet, publications, news releases and press conferences, health professional meetings.

The media increasingly make use of its channels and its multiple information delivery formats to relay information to clinicians and the public. Health information is more likely to reach a wide range of audiences when media is used, although one of the greatest pains to human nature is the pain of a new idea. It makes you think that after all, your favorite notions may be wrong, your firmest beliefs ill founded. Naturally, therefore, common men hate a new idea, and are disposed more or less to ill-treat the original man who brings it. (Robert W P and Suzanne PJ, 1997)

The University of Birmingham, Health Services Management Centre, believe that researchers have a responsibility to conduct research ethically and effectively, but also to disseminate their research findings and promise application. Publishing the results of

research in academic journals, as an important component of dissemination, is not sufficient in itself. Even if research findings are agreed to be important by both researchers and practitioners, the actual incorporation of that research into decision-making and service delivery settings requires particular attention and skill. Rarely will findings be implementable in exactly the same way as they were first put forward. (Cheryl Morden, 1999)

2.1.1 Research and Policy

Good policy research ensures an understanding of how reforms relate to other relevant policy and considers the linkages between different policies and practices, for example, links between financing reforms and other health sector reforms such as decentralization. It focuses on the issues of equity and health system sustainability, as well as the issue of efficacy. The dissemination of medical research findings through the media should be an integral part of the research and development process. It is a continuous process, where the users of the knowledge should be able to ask for a review of the research work whenever they have a use for it or alternatively they are presented at the appointed times, by the researchers in a manner that is appropriate for political and management decisions. Thus it is important for scientific input to policy decisions and other applications to have credibility.(Health Policy Development, 2004)

Policy decisions are almost always made in the context of money, power and precedent, and the extent to which they sway these policy decisions sometimes even in the face of good medical research findings could impede the process of the policy implementation.

Perhaps more important is that the change in people's expectations which has been so widespread due to exposure to mass media, thus gratification from prevailing quality of health services becomes relatively difficult. Therefore, stakeholders like the doctors, nurses, local managers and health visitors are more enlightened of the importance of research findings and are palpably frustrated when they cannot be found or utilized (Cheryl Morden, 1999). However, this is not to say that policy decisions perfectly reflect research findings as it may not be easy to incorporate these results in policy if the language used is not user friendly. But taking research findings regularly and incorporating them in policy formulation is likely to result in development of infrastructure rules within the mass media that would link research policy, dissemination and utilization of the findings that are currently hardly available and where available poorly developed.

Disseminating the medical research findings to policy makers, health professionals and consumers is an essential prerequisite to changing practices. In order for research to be used in policy making, it is important to ensure that research results are communicated effectively to relevant individuals and organisations. The attitude of individuals towards scientific medical research findings is important in determining how officials and other decision-makers act with that information. The media must strategize to successfully overcome the attitudes that may lead to in optional use of information. The key to all scientific communication to reaching policy makers perhaps lies in dialogue. The eventual users of research are often not professional scientists. Therefore turning findings into compelling narratives that can capture the significant implications of the research is a

much better communication strategy than making presentations based primarily on a series of tables and other quantitative displays (Wolfgang et. al, 2002).

Population and health studies, demographic surveys and other research play a key role in guiding policy and resource-allocation decisions. Yet every year, according to the Population Reference Bureau, dollars are spent to produce research results that fail to reach policymakers and therefore not used to shape policies and programs (Robert and Suzanne, 1997) This research-to-policy gap can arise for a number of reasons. Sometimes due to unfamiliarity with the needs of policymakers or researchers do not ask the right questions. Consequently, their research does not address the most important issue or provide information that policymakers would find most useful. In other cases, the under utilization of media as a medium through which policy makers can be influenced thus enhance relevant utilization and recommendation of the research work.

Medical research results are expected to be utilizable directly or indirectly for national development. Utilization, or use, is the process of applying the knowledge received by a potential user toward the solution of a problem or the attainment of a goal. Research utilization is important because it contributes to the view that professionals have concerning their own field. The dissemination and utilization of knowledge has a long-standing history. The notion of adapting knowledge to the needs of society dates back to the Greeks and is a theme running through much of Western thought (Rich 1979: 15, also Backer 1991: 228). The pronounced notion that science could be useful can be traced to

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Francis Bacon, who believed that science was useful to the state and to society in general (Jo Stein, 2003).

2.1.2 Theoretical Framework

Weiss(1979) in his enlightenment model concepts and theoretical perspectives outlines that research produced has to permeate into the practical setting. There is no direct dissemination, but research finds its way to the practical setting through manifold channels, such as professional journals, the mass media, and over time these provide decision-makers with tools to make sense out of the world (Suojanen et. al, 2000). What is especially relevant in this model is that, for example policy-makers at whom the research is directed have difficulty citing findings of a specific study that influenced their decision, but they feel that research has given them ideas and orientations that has had consequences. The downside of this model is that the use of indirect and unguided channels can cause invalid generalizations and oversimplified, inadequate or wrong understanding of a field.

In developing countries, Kenya in particular, meets new health challenges that need to be addressed and communicated to the public. Health research and utilization of the findings, can help to respond to the challenges effectively and the recommendations need to be communicated to the public. A system cannot be entirely independent, but it can become more autonomous and acquire the ability to solve its own problems without depending on an external source of information. Knowledge, which is generated within an organization and is disseminated by the mass media, is more likely to be used because

decision-makers trust it and think it supports the goals of the organization. Health research findings provide professionals with information that they can benefit from. Weiss also notes that there is an implicit assumption that use is good and non-use is bad. Sometimes it almost seems that those who do not seek or use knowledge are not acting on rational basis (Rich 1997:12).

In relation to Shannon's Linear model there are dissemination models that are of some relevance to health promotion. Often theories of dissemination begin with Rogers's (1983) *Diffusion of Innovations*, which demonstrate that there is a systematic process by which new ideas, practices, or objects are spread through channels over time among and between social systems. Whereas some diffusion processes can be characterized as passive or natural processes, others involve directed diffusion, or dissemination that is, an active, deliberate, planned process to spread an innovation (Rogers, 1983).

2.1.3 Dissemination of Research Findings

Recent developments in dissemination theory are also focussing from individuals to organizations. One example is Orlandi's (1990) Resource-Linkage-User System that focuses on the interrelationships between producers and users along with a system or body that acts as a go-between for communication and transfers between producers and users. There is the dissemination model based on interaction and communication between producers and users. In this case, designers and users are jointly involved in each step of the process, from initial design to end stage implementation. Important factors in this dissemination model are the types of knowledge produced, the context (interests, Elliott et al. / Dissemination Research 271 See Fig 3 below on process of dissemination

The Dissemination Process (Fig 3)

The Research Product

The Full Report ◄──────────────► Dissemination Processes

Summary   Launch ──────────► Desk launch/
                                                     Press/Professional Conference
Article

Dissemination magazine ──► Journal Magazine

Press Release   Verbal Feedback ──────► Verbal Feedback to contributors
                                                          Verbal briefings
Becomes Referencing ──► Library
Material   Website
                        CD ROM   Consortium and network ──► Meetings
                        Data Base
                        Reviews   Integration into training ──► First qualification/ Other courses

(Source: Elliott et al. / Dissemination Research 271)

The presence of such dissemination is no assurance in itself that the research findings had

been integrated into practice. This simply shows that these are the dissemination methods

being used.

There are factors that affect the success of dissemination efforts: (a) characteristics of the

dissemination object, (b) environmental factors, (c) factors associated with users, and (d)

relationships between producers and users. Thus, dissemination of an object is facilitated

by (1) compatibility with activities, objectives, and values of the host organization; (2)

simplicity of the innovation; (3) observability (i.e., ability to observe results of the

innovation); (4) relative advantage over current practice; and (5) trialability (opportunity

to experiment with the innovation on a limited basis (Elliot et. al)

There are also environmental factors that affect dissemination process, these include (1)

influence and information from interorganizational networks;(2) the general economic

situation of the domain in question; and (3) societal issues and priorities, which manifest

themselves in public opinion as well as in the mass media. Several studies stress the

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interdependence of organizational conditions and the characteristics, attitudes, and behavior of individuals (users) within organizations. An organization's characteristics are also likely to influence the dissemination of an innovation (Blasiotti, 1992)

2.1.4 The Research Process

Both research and policy-making take place along-side other social processes. Research is sought from, and emerges from, many sources, plays a role in sensitizing policy-makers to the presence of problems as well as an informative role in presenting solutions. The idea that research can influence or inform the policy process can be roughly divided into two broad camps: rationalist and political, (a) "rationalist' point of view is that new research can directly prompt policy change. (b) The "political camp' on the other hand assume that various external factors play a key part both in defining the question that a research project tackles and in influencing the impact of the answers on policy (Philpott, 1999, p.1). See Fig 4 on the Research Process below

The Research Process
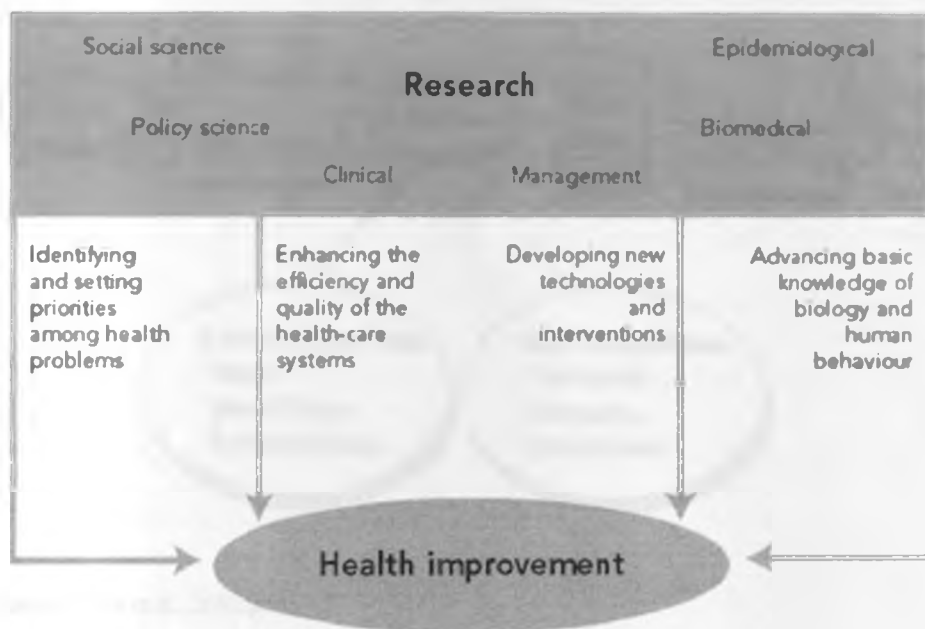
(Source: Philpott, 1999, p.1)

According to Sutton, the linear model in policy development outlines policymaking as a problem-solving process which is rational, balanced, objective and analytical. In the model, decisions are made in a series of sequential phases, starting with identification of a problem or issue, and ending with a series of activities to solve or deal with it (Sutton, 1999, p.9). The role of the researcher in this model therefore is to research and present all of the policy options for policy makers in order to encourage them to examine each of the options available (Stone et al., 2001, p.5). However, this assumes researchers have the time, resources and capacity to research each of the policy options as well as having access to all the information necessary to fulfill such a request (Stone et al., 2001, p.5). The following Fig 5 provides a simplified representation of the linear model in relation to the policy process:

A Simplified Representation of the Linear Model in Relation to the Policy Process
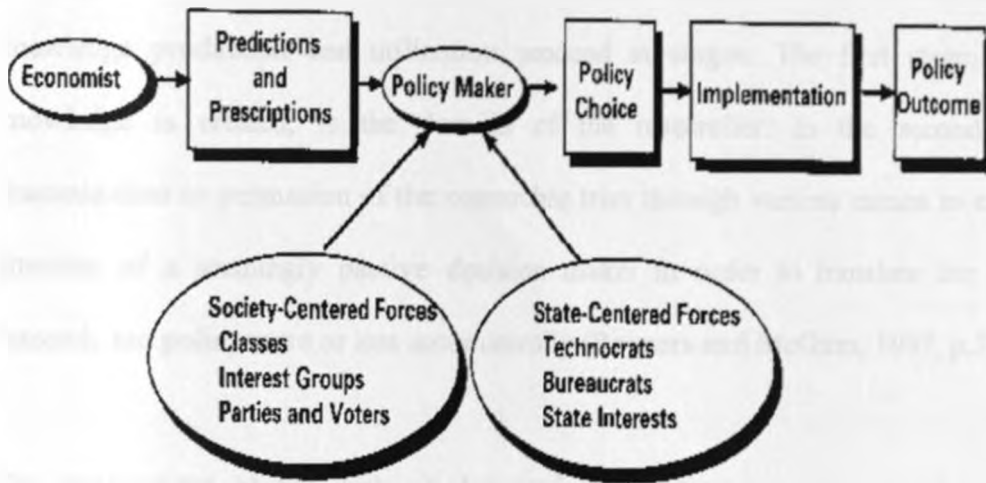
(Source: Stone et al., 2001, p.5)

Additionally, with respect to developing countries, for example, in a recent collection of essays on policy reform and the "new" political economy in developing countries, Gerald Meier notes that the "usual" approach is to view policy formation as a "...linear process that goes from predictions and prescriptions given by economists [or other technical advisors] to the policy maker, to policy choice by the policy maker, to implementation, and finally to the policy outcome" (Porter, 1995, p.10).

Separating the process into discrete units allows researchers the ability to systematically examine and analyze the various components, which broadly make up the policy process. The linear model has led donor agencies to support substantial efforts to strengthen policy analysis in developing countries in the expectation that good analysis will translate into good decision-making and this into good policy (Porter, 1995, p. 10). The perspectives within this approach range from those proposing efforts to increase the

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effectiveness of dissemination to those that propose advocacy and social marketing as ways to persuade policy makers. Common to these perspectives is the assumption that knowledge production and utilization proceed in stages. The first stage, in which knowledge is created, is the domain of the researcher. In the second stage of dissemination or persuasion of the researcher tries through various means to capture the attention of a seemingly passive decision maker in order to translate the results of research into policy more or less automatically (Reimers and McGinn, 1997, p.71).

The implications of this lack of data and information, or access to this data and information, with respect to decision making in developing countries —also means that challenges to government decisions are easier, in the absence of concrete evidence, and likely to be more politically oriented. As a result, political power tends to be the central determinant of policy outcomes and implementation" (Grindle and Thomas, 1991, p.46). Networks, especially among and between think tanks and research institutes and/or organizations and the mass media, are an important means for disseminating the policy message that a particular network or community (i.e., policy community, epistemic community) wishes to advocate or push to the forefront of the public agenda. As Stone notes, the links, networks and affiliations that think-tanks develop not only among other research organizations but also with the media, bureaucracy and government, foundations and universities, are important and effective means for epistemic and/or policy communities to diffuse their message (Stone, 1996, p.127).

The strengthening of research capacity is not just in terms of the technical quality (i.e., rigour) but also with respect to the relevance and usefulness of the research results: because it is from their own perspective, using their own perceptions to analyze and interpret the data, the research will be more relevant to their context, (including the political environment), and will strengthen their data collection and analysis skills. From this perspective, capacity building is not seen as a "trade-off" per se relative to the quality of the research; rather, capacity building is seen as a strategy to increase the relevance and utilization of the research results that will, in turn, lead to higher quality research that may influence public policy (Blasiotti, 1992)

2.1.5 Dissemination and Utilization of Health Research Findings

Characteristics of 'good research' need to be established for greater impact. The general level of policy research needs to be raised, which would help through better reputation. In this respect focused research is more likely to influence policy. For improving the research policy linkage, research community should improve research quality. They should also give more importance to relevance of their research and timelines and dissemination of the research results. Although there are still some concerns that research does not inform practice to the extent that it should. The existing literature on disseminating research, in health tells us that the knowledge base on effective dissemination and implementation of research findings is still poor (Blasiotti, 1992)

See Fig 6 below on dissemination and knowledge utilization:

Dissemination and Knowledge Utilization
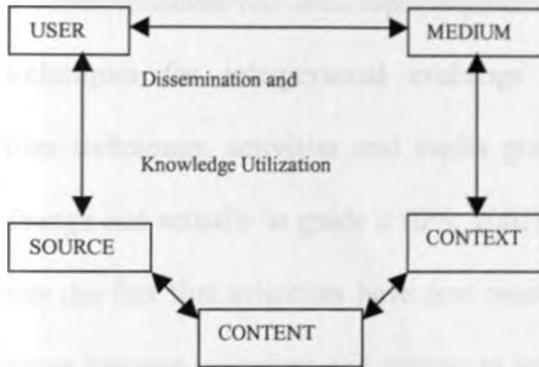
(Source: Blasiotti, 1992)

Research on its own is insufficient; development and implementation need to follow dissemination. The end point user needs to be recognized as powerful force in demanding the best of what works. Therefore strengthening the interaction between the three players requires understanding of the key components of their interface (Blasiotti, 1992). It cannot be emphasized further that linking research to policy is effective communication. The overall system and culture of communication within a country can directly or indirectly affect these channels of communication. A country's rules and regulations may constrain the mass media, or an invisible power may even threaten the media to make it stay away from such functions. In many countries, people still perceive it as too costly to purchase the infrastructure to support communication and dissemination of information. Added to this is a lack of appropriately skilled human resources in health communication (Monique et. al. 2004).

2.2 The Role of Mass Media in Research

We live in a communication era, with rapid expansion in the reach of mass media, and improved techniques for interpersonal exchange of ideas. The planned use of communication techniques, activities and media gives people powerful tools both to experience change and actually to guide it (IPS, 2002). A great deal of misunderstanding emanates from the fact that scientists have few constructive dialogues with the public. For the dialogue between scientists and society to be meaningful, we first must ensure that we have an informed public. Second, we must ensure that the scientific community improves its understanding of the public and its institutions, governmental and non governmental. Here the media have a crucial role to play and, in fact, can serve as a link, fostering better communication between the institutions and the governmental organizations. This is even more critical in developing countries where the role of the news media as a means of conveying objective scientific information to the public is not well established, and where it does exist, the roots of such communication efforts are shallow (Pediatrics Vol 104, Pg 341-343, 1999).

The use of the available technology depends on will power and decisions of policymakers to exploit its potential. Now is the time for communication to be applied to health development (IPS, 2002). Science has been and continues to be at the very core of progress and development. If the media have been unable to generate health developmental news that could improve the lives of the people, it is because of the very low level of importance attached to health news coverage at that level (Grilli, 1999) Therefore health news is likely to be influenced, whether these have an economic stake in

promoting products and treatments, political interest in overall health care strategies or a public interest for example in media campaigns to improve health. This presents problems for journalists in applying independent criteria of significance, especially where they cannot deploy the same degree of expertise as in some other fields (Grilli, 1999).

There are varying perceptions of what media can and cannot do, just as there are varying approaches to its use in the support of the use of medical research findings in the development of health public policy. One approach involves communication as a separate disciplinary area with its own theories and models. This approach contributed to the development of new knowledge about media, messages, groups and audiences and in the further development of new theories. The other is the action-oriented development approach, which emphasizes the use of communication in support of development in the field of health. Here the media is seen as a facilitator, a link, an interpreter, supporting development programmes in such tasks as providing forums for dialogue between policy makers, planners and the people, and providing information for decision-making process.

Potential topics for health news coverage are extremely diverse. Although health stories can be personalized, they often rely on statements and verbal explanations coming from scientific, political or administrative spokespersons. Health information predominantly falls into the category of 'soft news' that is not time bound and not easy to turn into deadlines, without risk of distortion or causing alarm. In line with the above, much health news does have potential news value, but selection and presentation are likely to be biased to more short term, dramatic, personal and negative news events that are

unrepresentative of the notional universe of relevant health information. News attention is unlikely to correspond to the actual distribution of health problems. Differential attention is paid to rare, new or unusual conditions and treatments that do not reflect typical health risks or what predominantly occupies health institutions. The available frames, angles and news pegs are somewhat restrictive and hard to escape from or to extend to achieve a more adequate reflection of reality. Coverage of health matters tends to be strongly influenced by current politics, prominent failures and complaints or by stereotypical ideas of discovery and cure (McQuail, 2000)

The mass media form a significant element in the overall complex of arrangements, with a number of functions that have largely been informally acquired, as the media have developed as a social institution. On one hand, these consist of specific services of information, entertainment and culture that are offered to individual consumers or made available to clients as public disseminators of information. On the other hand, the media institution, especially as represented under the heading of the press, also acquired a number of larger roles in society that are important but at the same time ill defined. They are important because of their potential consequences for social cohesion, public opinion, the state of public knowledge and the working democratic processes. They are ill defined because the tasks involved are typically voluntary, unsystematic and not fully accountable. For them to be otherwise would be inconsistent with the freedom enjoyed by the press as a right. Paradoxically, it would also interfere with the adequate fulfillment of the larger public tasks indicated (McQuail, 2000)

This paradox can be explained if we consider the relationship of the media to the exercise of state, judicial and other sources of power (which include the health service and medical profession). The press is necessary to government and other bodies to achieve their tasks. Leaving such issues aside, the media are the primary means by which individual citizens can capture in a general way what is going in the society and the world around them. They enable us to react appropriately to events and to anticipate risks and opportunities. It is largely the mass media that supply the shared frames of reference as well as much of the detailed information on which we depend (McQuail, 2000)

As news, health issues have a great advantage of having a high level of potential audience interest. However, it is also subject to many influences that can lead to distortion and omission (In turner, 1967). It is not an easy territory for non-specialists to operate in and it does not escape from the many obstacles to effective informational communication that beset all news transmission. It requires the activity of an independent and vigilant press, but also a high degree of co-operation and understanding between media and those on whom they report.

The media also facilitates acceptance of innovations and assists in the mobilization of people through change of attitude and acquisition of new values. The media through the messages they convey, indirectly integrate people into social and cultural expectations about behaviour. Thus involving the media in a health care programme is more persuasive and is the most critical strategy. The media's responsibility is to tell other people the fascinating and developing story of medical research and medicine (In Turner,

1967). Through the print, television and radio, their role is to identify, collect and transmit news on health issues. Though, the critical role is in ensuring an informed and empowered public that can challenge the way decisions are made about health research, dissemination, and utilization of research findings.

2.2.1 The Role of Media in Formulation of Public Health Policy

Public health is what we, as a society, do collectively to protect, promote, and restore people's health. It is the combination of science, skills, and beliefs that is directed to the maintenance and improvement of the health of all the people through collective or social actions. The programs, services and institutions involved emphasize the prevention of disease and the health needs of the population as a whole. Public health is thus a social institution, a discipline, and a practice. Advocacy is used to promote an issue in order to influence policy-makers and encourage social change. In public health, advocacy plays a role in educating the public, swaying public opinion or influencing policy-makers. Media coverage is one of the best ways to gain the attention of decision-makers, from local elected officials to members of parliament; all monitor the media. Decisions to support legislative initiatives are frequently influenced by the media coverage. Investing just a little more time can lead to significant payoffs for public health. One can also use the media to publicize community or state level public health events. Any meeting merits mention in the local newspaper's community calendar, and a workshop or a meeting with an outside speaker may warrant an article as well (Safe Publications, 1993). The American Academy of Pediatrics recognizes that exposure to mass media (i.e television, movies, internet, newspapers, magazines) presents both health risks and benefits for

children and adolescents. The potential benefits that media offer are clear, from selected educational television programs to thought-provoking articles, to the creativity and knowledge encouraged through computer use (Turnbull, 2000).

Today's scientists and researchers inform their fellow workers of their results promptly; most recognize this as an obligation to their sponsors and hopefully, to the general public. As science and technology become increasingly crucial to the formulation of a nation's policy, public understanding of such decisions becomes increasingly vital. Information generated by organizations such as KEMRI is of public utility and these organizations have a responsibility to get it to the public domain. Scientific information is also necessary in the formulation of public policy and the public as the major funder of science is entitled to learn something about it. Much of this modern dissemination involves the mass media.

In health, the media can be used and have been used to re-define and influence change on public policy about health behaviour, and on health behaviour itself. As the AIDS pandemic has demonstrated, by helping build broad-based awareness on an issue, the media paves the way for public debate and helps build consensus on a particular issue, for example the use of condoms as a third option of prevention and in Malaria, the use of insecticide treated bednets as a way of preventing malaria among many others. The media have the capacity of reaching people simultaneously in different places they confer status and legitimize issues thereby making it acceptable and easier for people to discuss these issues. A survey on how people become informed about AIDS in Kenya found that

majority of the respondents learnt about the disease from newspapers, magazines, radio and television. Through the messages that they convey, the mass media provide basic information about health, which may influence people, or be used by them, or to solve specific health problems.

Institutions need to recognize the value of communicating with the public. Scientific information is necessary in the formulation of public policy and the public is therefore entitled to learn something about it. To have direct and frequent contact from the institution, the health community needs to be informed about the issues at hand and know the needs of the media. This is because the media's agenda are set by a host of economic and political forces, with health being one of the subjects deemed by media gatekeepers to be relevant to their audiences. The task remains to make health information understandable, compelling and easily accessible (Lomas, 2000)

Policy development is an important strategy for creating supportive environments for health. Creating policies in the form of guidelines, regulation, and political documents can facilitate health promotion actions. Policies define and support particular values and behaviors. If implemented well, policy can profoundly influence the way people live and the choices that they make. In terms of health promotion, policies should make healthier choices easier and unhealthy ones more difficult. A significant aspect of policy is that it is long lasting and difficult to change, once in place. Media advocacy recognizes the news media as a prime arena for contesting public policies. It encompasses all the skills and strategies employed by public health advocated to use the media to support for policy

initiatives. In fact, media advocacy campaign resembles a political campaign, in competing forces continuously react to the evolving media environment, leading stories and breaking events (Policy Development and Communication Unit)

Traditionally, the link between health research and policy has been viewed as a linear process, whereby a set of research findings is shifted from research sphere over to the policy sphere and then has some impact on policy-makers decisions. The research/policy link has effects on political decisions and actions. The policy process and the production of research are in themselves political processes, from the initial agenda-setting exercise through to the final negotiation involved in implementation.

Public health policy responds to the challenges in health set by an increasing dynamic and technologically changing world, with its complex ecological interactions and growing international interdependencies. Many of the health consequences of these challenges cannot be remedies by prevent and foreseeable health care. Health promotion efforts are essential, and these require an integrated approach to social and economic development, which will re-establish the links between health and social reform (WHO/HPR/952). The institutions need to forge a partnership with the media; the health community can reach people with vital information and help the media fulfill their self-proclaimed mission of educating the public. More space in print and more airtime in the broadcast media should be devoted to health information. Media organizations should hire and train people specialized in reporting and handling of health news and information. The mass media should promote an aggressive and deliberate policy of

collaboration with scientists so that regular and consistent media exposure is given to inventions, innovations and services that would be directed towards the formulation of public health policy. The health researchers/scientists would be expected to strip their language bare of overbearing and complex technical terms such that the information being passed could be easily understood.

The media alert consumers to developments and potential developments that involve their interests. They also apprise key health care decision-makers of developments in and outside their particular segments of the system. Key health care players pay close attention to the major newspapers in their communities, as sources of information about what other players are doing or planning to do and for insights into the perceptions and concerns of consumers.

2.3 Media constraints in acquisition and dissemination of research findings

Science reporters face a variety of handicaps for effective and honest reporting due to forces and pressure beyond the newsroom. These comprise: governmental and corporate censorship, authoritarian and over-zealous bureaucracy, and the leanings of special-interest groups. The reasons for this state of affairs has been attributed to the urban leaning of the media, inadequate and obsolete tools, lack of specialization (of reporters and the publications), ill-equipped personnel, dominance of political and socially-oriented news over vital health issues (Brenda, 1984).

Most people working in the field of science communication experience the cultural barriers that exist between the scientific and media worlds. Scientists have a stereotypic image of journalists and journalists have an image of what scientists are like. Both these views tend to reflect the views of the general community. Scientists generally have a fear or suspicion of the media, especially if they have had little experience with the media. Such inexperienced performers essentially distrust the media and doubt the media's potential to help their science. They are particularly fearful of misrepresentation, inaccuracy, loss of control and see the media as exploitative and manipulative (Booth, 2000)

Bridging the communication and policy gap between the producers of medical research findings and the users of research is one of the major challenges of the media. Greater understanding of the dynamics of media and the barriers to it is needed. It is important to emphasize that research must be translated. This understanding is of critical importance to the media, government, the private sector and research granting agencies, to help society receive greater value for the significant resources invested in research and program delivery (MacLean 1996). Therefore for dissemination to be interactive, efforts should be made to facilitate a cyclical model of communication that reaches as many stakeholders as possible.

Burke begins his theory by saying that there is need to recognize that all things have substance. The distinct substance of each person is the basis of human communication. People are not identical and communication is used as a way to get past our divisions, but

at the same time increase our identification with others. According to Burke, it is the identification with others that makes communication possible. However he further explains that communication cannot be perfect because there are differences and divisions keeping people from being completely consubstantial. Therefore communication is the way that we increase our identification with others and decrease our separateness. Burke thought that there is an order that is threatened by divisions between people. If people fail to live up to the order, ideal, or friendship, they experience some kind of guilt and feel the need to find a way to redeem them. He further argues that guilt is a fundamental reason for human action, including communication and that there are three ways in which symbolic abilities give rise to guilt in humans: hierarchy, perfection and the negative. Hierachy, through language, we are able to create categories and evaluations, which are the basis of our social hierarchies. These social hierarchies can create guilt both by being above some people and by not being higher ourselves (Burke, 1999)

"Burke's model (1999) of communications flow recognizes the need to consider horizontal communication between peer groups at both grass roots and decision-making levels, as well as the upwards and downwards communication routes which allow the flow of information between these two groups. Then the results of careful planning and implementation of dissemination should be continually reviewed. Therefore, dissemination impact is an issue that warrants attention for the reasons set out by McConnell (1999), namely;

1. Potential information users may make greater use of their information resources if the benefits can be demonstrated clearly;

2. Sustainability of projects is increased by an appreciation of the returns on investment

There is vigorous debate within the developing community about the role and usefulness of media to meet the needs of knowledge transfer. This question is unresolved in the literature, but there is a degree of consensus that it should not replace alternative and traditional methods. While Information Communication Technology is promoted by organizations such as the African Development Forum, it is also recognized that there is serious limitations to dissemination that relies solely on technological media, due to infrastructural, cultural and economic factors. There is also an imbalance between the roles of information consumer and producer played by those in low and middle-income countries.[5] Activation theory of Information Exposure brings out that an individual will seek to satisfy their need for stimulation and information when attending to a message, before they seek to fulfill their need for information alone. (Lewis Donohew, Philip Palmgreen & J. Duncan). The theory holds multiple truths because the need for information and stimulation differs for all individuals especially in health issues, so one cannot say that all people seek stimulation and information before simply information alone, because some people prefer information before stimulation.

Information in the mass media is commonly thought to negatively shape the demand for health services, raising false hopes and generating emotional reactions and irrational behaviors. Oversight and misinterpretation of research information are indeed common

ingredients of messages from the lay media, often leading to conflicts and tensions between services and consumers and to public expectations that are bound to remain largely unmet. Nevertheless, empirical research shows that the mass media may also positively affect the use of health research findings, promoting the use of effective interventions and discouraging the adoption of those unproved or questionable effectiveness. When research information is properly reported, the mass media can be instrumental in producing a more rational demand for health services. Thus, current efforts are justified with an aim of assuring that what is reported in the media accurately represents the best knowledge on the effectiveness of healthcare interventions (Grilli, 1999)

The distance between health research and journalism threatens Kenya's future. The weakness of the Kenyan press lies in its small literate readership and the poverty of that readership. The issue of reaching the people is problematic in Kenya. This is because the rural area makes up by far the greatest portion of Kenya, and the communication infrastructure is non-existent. This is to further emphasize that health issues receive little attention from the mass media. Even where some attention is given, the media has dwelt in the issues just below the surface leaving its audience searching for answers to the everyday health phenomena that exclusively determine the health standards of millions of people.

Since independence, the Kenyan media has been poorly staffed and its human resources often unable to meet the editorial quality demanded by the audiences. Serious questions

need to be asked about the role of media in Kenya's health care development. What is the role of the media in the unfolding health scenario? Kenyan health desks are generally short of even basic technical skills as necessary to tackle health assignments. A common practice is for non-specialised but experienced journalists to be groomed into science or health writing. The disadvantage here is that while such appointments often fulfil the basic requirement of coverage, the writers are often unable to grasp and or demystify the hidden message in complex health science reports and news sources. Kenyan media still has to contend with problems of ability to cope with demands of health reporting.

The mass media in Kenya may fruitfully act as the interface between research and health services, promoting participation, fostering wider debate, and representing opinions and values often overlooked within the research community. Indeed information technology brings with it a degree of technological determinism as Marshall Mcluhan pointed out that media technology shapes how we as individuals in a society think, feel, act, and how a society operates as we move from one technological age to another (Ellis, 1990) Similarly the same linear thinking spills over our institutions and lives. Unlike in developed countries where there is easy access to information with the use of databases, in Kenya the absence of databases in general and databases on medical research results in particular make it nearly impossible for the media and the productive sector to take advantage of research findings. Therefore we learn, feel and think the way we do because of the messages we receive through the current technology that is available.

Despite the negative views about health journalism, there have been relative successes, especially in the area of HIV/AIDS advocacy by the media. This negativity is because some journalists don't' bother to get first- hand information simply because they got the article from the channel they tend to think cannot be questioned. Achieving fair and balanced media coverage is thus difficult because of the extreme views of different interested parties and the number of scientific uncertainities. However, if the mass media are to bridge the gap between research and society and between health services and the public, ways are needed to achieve continuous communication between journalists and health professionals (Booth, 2000) The media should decisively take its rightful place as a provider of public agenda and facilitator of public debate. Such can only be ministered through improved awareness and public debate on health issues and processes.

Mill's (1959) sociological imagination theory asserts that individuals often live in false consciousness of their social positions, and therefore, need to understand the larger historical science so that personal uneasiness is focussed upon explicit troubles and indifference of publics is transformed into involvement with public issues. Mill argues that people need information and reasoning skills, and in addition, a quality of mind that will help them use information and to develop reason in order to achieve lucid summations of what is going on in the world and what many be happening within them." (Ibid) So achieving fair and balanced media coverage is especially difficult in this case because of the extreme views of different interested parties and the number of scientific uncertainties. The media's role in health research in Kenya is to stimulate discussion so

that national health policies and programmes implementation can move forward. This has yet is to be developed.

Many research results do influence decisions, but influence is sometimes unpredictable, and often broad or diffuse. Weiss, for example, a researcher in evaluation and in educational policy, proposes that evaluation research makes a difference when it warns about problems, guides actors towards better and worse choices, reconceptualizes familiar problems in innovative ways, or mobilizes support for proposals.

2.4 Constraints faced by researchers in Dissemination of Research Findings

Bridging research and policy is predicted on the notion that there is a 'weak link' between these two elements. This is because the relationship between researchers and the government is an uneasy one. Yet research contributes greatly to policy. Researchers often consider that there is no political audience for their wok despite the important observations they make and policy relevant explanations they develop. By contrast, policy-makers often consider that what researchers contribute is not relevant, too esoteric and asking theoretical questions that do not resonate with needs of policy makers. (Danida, 2001:9).

Researchers usually cannot and often do not want to provide the unequivocal answers or solutions which policy-makers demand. The problem is located in the quality of supply of information but where the emphasis is on style of presentation and development of narratives that help sell research. There is also the problem of ignorance of politicians or

over-stretched bureaucrats about the existence of relevant research. Decision makers have limited time and resources. Consequently, they employ information from trusted sources – usually in-house or close to the centre of power – to help generate simple and understandable recommendations about complex problems. They are normally not aware of the cutting-edge research. Interference by others and consequential suppression of research does occur. These include pressure not to undertake research in the first place, institutional controls on the dissemination of data and attacks on researchers who produce unwelcome results. It is difficult to ascertain how many cases of suppression actually occur. Martin et al (1986) suggest that the documented cases of suppression over represent the overt and dramatic events such as dismissals and cutting of funding and underemphasize problems such as blocking of publication and disapproval by peer review. The issues above presume that research findings are either accessible or not and that suppression transpires to prevent the creation or dissemination of these findings.

CHAPTER THREE

METHODOLOGY

This project involved the collection of qualitative data. The qualitative component was used to investigate participants' views on the role of communication in integrating research to policy. Questionnaires with open-ended questions were used to collect the data, this process took 3 months. This chapter will discuss the research process, and inform how and why the data has been collected and analyzed.

3.0 Research Design

This was a qualitative study where an illustrative sample of senior officers from KEMRI, the Mass Media and the Ministry of Health was selected. An illustrative sample is not systematic; it is a method that selects a portion from a larger population based on the selector's judgement, which may be informed by specific criteria. The research will be a descriptive, illustrative, qualitative based on key informant interviews. The key informant interviews resemble a conversation among acquaintances, allowing free flow of ideas and information. Key informants for the study were drawn from 10 senior officials each, from KEMRI, Ministry of Health (MOH) and the Mass media, thus totaling to 30 participants. The questionnaires were administered to 10 senior research scientists at KEMRI, 10 Senior officials at the Ministry of Health and 10 News editors and science writers in the Media houses over a period of two weeks. The whole project took six months to complete.

3.1 Study Population and Study sites

It would appear that the field being investigated is quite new in Kenya, and there is limited prior research. This research was conducted in Nairobi: Ministry of Health, Kenya Medical Research Institute and selected mass media organizations specifically broadcasting houses, FM stations and the print media. The study was conducted in KEMRI headquarters (Nairobi), Ministry of Health and the Mainstream mass media, selected by me on the basis of significance to their goals concerning dissemination of health research related issues to the public and also for their availability and convenience. Moreover these sectors were selected to identify whether there exist broad differences in the issues under investigation.

The interviewees selected for this study comprised of professionals from media, health policy professionals from the Ministry of Health and Health researchers from KEMRI totaling to 30 in number. The selection of different types of organizations enabled a wide range of views and opinions from differing perspectives. A total of 28 open-ended questionnaires were completed, which comprised of 10 interviews in each organization. It was not possible to cover all the media houses and personnel in the country and for those that were covered, not all the personnel were interviewed. This was because it was going to be too expensive for me to carry out such a study both in time and finances.

Not all KEMRI scientists were interviewed also for lack of enough time and finances. As for the Ministry of Health, 8 officials were interviewed, this was because it was too

difficult to access the senior officials either they were too busy or out on official duties. However, this study will form a good basis from which future studies will evolve.

KEMRI headquarters is located in Nairobi, off Mbagathi road. In line with its mandate KEMRI has developed very useful linkages with local, regional and international institutions and organizations that are involved in medical research. Within Kenya, the Institute works closely with several government ministries especially the Ministry of Health. Its vision is to continually strive to deliver results geared to making a positive impact in health and quality of life of Kenyans and humanity.

The Ministry of Health is located in Nairobi at Afya House. The Ministry's vision is to create an enabling environment for the provision of sustainable quality health care that is acceptable, affordable and accessible to all Kenyans. This is through raising a population tuned to health seeking behavior.

Mainstream mass media includes Kenya Broadcasting Corporation television, Nation Newspapers, People Newspapers, Inoro FM, Capital FM, Pana News, Citizens Television, KTN Television, Kameme FM. These have extensive reach to the public in both urban towns and rural communities. Their main function is to inform, entertain and educate the public.

3.2 Data Collection Methods and Management

In organizing for the interviews, appointments were booked with the scientists in KEMRI and interviewed by the researcher. Appointments were also booked with the senior officers in the Ministry of Health with the help of the Chief Public Relations Officer and interviewed by the researcher. The researcher also organized and administered the questionnaires to the participants in the media houses. It took the researcher two weeks to interview the participants. In the case where it was not possible to get some interviews as per the pre-arranged appointments, other appointments were fixed with the respondents for another day; in the case of unavailability after two appointments the researcher substituted with other participants of similar profession and rank.

The investigation was based on both primary and secondary data, both in the forms of questionnaires and interviews. Secondary data has also been used in the form of earlier research made in the topic, database searches in the internet and using articles from scientific journals. To combine primary data with different forms of secondary information were made in order to both support the findings as well as to present a more balanced picture of the situation. This was done using questionnaires with open-ended questions. The interviews involved (10 respondents) KEMRI, one respondent from each media house (10), (10) respondents Ministry of Health.

Data was collected through the use of questionnaires with open-ended questions designed to capture the respondents' full reactions. The interviews covered included the reasons as to why there is poor interaction between researchers, the government and the media as well as the reasons as to why research does not reach the end user and the

recommendations to improve dissemination of research findings to input to policy. It was collected through the interviewer-administered method, specifically face to face, since the sample size was small and also in order to capitalize on high response quality. Interviewing was useful in order to facilitate understanding of aspects in research and interaction, including tracing communication networks between researchers and users. The data was then transcribed (this means the test was typed from the interview notes into word processing documents). After the entry, the errors were checked and corrected.

3.3 Data Analysis and interpretation

The transcribed data was carefully read, line-by-line and then the data was divided into meaningful analytical units. These segments were then assigned category names to signify the particular segment using inductive codes. Inductive codes are codes that are developed by directly examining the data. After completion of the initial coding of the data, the data was then summarized and organized in themes for example, strategies, interactions, dissemination and policy. This includes the process of enumeration and searching for relationships in the data. This involved counting the number of times a word appeared, e.g the number of times the word bureaucracy appeared. The data was analyzed to determine the relationship between KEMRI, Media and Ministry of Health in relation to acquisition and dissemination of research findings. Since the numbers were small the analysis was done manually, no tests of significance were conducted.

3.4 LIMITATIONS OF THE STUDY

There were only 28 participants out of the 30 participants who participated in the study. This was because at the Ministry of Health it was very difficult to get to meet the respondents who happened to be the senior staff at the Ministry. In addition it would have been too costly both in terms of financial cost and time to have a bigger sample size for the interviewees, therefore the 30 participants represented the views of the research organizations, the Government and the Mass media houses.

CHAPTER 4

4.0 DESCRIPTION AND DISCUSSIONS OF THE FINDINGS

The complexity interpreting research findings seems to be the fundamental problem as to why research does not input into policy. These chapters intends to describe the results obtained from the interviews as well as discuss them in comparison to the literature review and relate them to the main objectives of the study.

4.1 Results

The study identified a variety of patterns in the strategies used in sourcing, acquiring and disseminating the research findings. In addition, when looking at individual cases, specific differences in the dissemination approaches were observed. For example, more participants in KEMRI preferred disseminating their research findings either through scientific fora or relied more on publishing in scientific journals. The study also identified that the 3 institutions each had different motives for communicating the information. For example some would prefer to communicate new ways for managing, controlling and diagnosis of diseases, education and training, while others would be more inclined on public relations issues or for political gains.

Based on data elicited through interviews, it was found that the intense bureaucracy in research institutions as well as the Ministry of Health was noted by many of the participants and recorded in the data that this hindered dissemination of research findings. However this could be attributed by the nature of interaction amongst the three institutions, which seems to be minimal as shown in the results. The study identified that

there were no existing policy in dissemination of research findings, personnel, or office in all the three institutions designated to issues concerning research dissemination. The data also shows that there is an increase in the lack of coordination in the functions of the three institutions in order to find modalities of how to utilize the data. The data also shows that there is lack of trust on journalists by both the scientists and the senior officers at the Ministry of Health therefore the availability of support from management in encouraging utilization of media for dissemination is near to minimal.

The interview data confirmed that understanding the technical language by non-scientists increased misrepresentation of information. Data also shows that the lack of cooperation by either the scientists or the health officials made it difficult to acquire the relevant information. The data also shows that the scarcity of research materials made it difficult to access any of it, since there is no data bank in place. This was identified in the data that the contributory factor to this is the undeveloped communication infrastructure in the Ministry of Health and KEMRI to support this. The study also identified that more often the findings are published in scientific terminology and posted in the internet which makes the findings inaccessible to all.

It is further noted in the findings that the lack of initiative amongst the three institutions in knowing what the other is doing thus, find a way of strengthening the communication infrastructure. Several participants noted that there is poor communication link between the three institutions, thus the unavailability of focus in what is to be disseminated and when. The data also showed that the inconsistency of mode of acquisition of data made it

difficult to know the source and thus credibility of information was minimal. For example, officials in the Ministry of Health would either source for information from their own staff in the field or from the daily tally sheets that are in the health centres.

The findings also show that there are no existing policies on dissemination of research findings, therefore increase in information gate keeping and therefore decrease in value of scientific information. The data also shows that there is no open policy that would encourage dissemination of information by the research scientists, although the data shows that the media have been an influence to the Ministry of Health through highlighting issues that may contribute to the changes in or development of public health policies. The data also shows that majority of the officials do believe that the media play an important role of informing and educating the public on public health issues although the lack of structured programmes that would be suitable in contributing toward the interactions of the three institutions are not in place.

4.2 Discussion

The following section aims to discuss further some of the themes and issues which emerged from the study, especially the circumstances that inhibit interaction between the Ministry of Health, KEMRI and the Mass media, therefore a result of poor dissemination of medical research findings to the public and for input to policy. It illustrates the many ways that the scientists prefer to use in dissemination of research findings, the interactions that bring the three institutions in contact. This includes the experiences at work and through the mass media. The following themes will be discussed in this section

and were picked because of the several times the codes appeared in the data. These include: interaction, dissemination of research findings, challenges in acquisition of research findings, challenges of dissemination of research findings and for input to policy, relevance of media in research, influence of media to organizations. These themes are important because they envelope the reasons to why research findings are not fully utilized and also tend to show the level or interactions that exist between the three institutions that hinder the research findings having an input to policy. This chapter does not look in-depth at the different modes of dissemination or at the processes of adopting new ideas. It discusses the mass media, research and government that are already mentioned and issues relating to dissemination of research findings for input to policy.

4.2.1 Theme 1 - Interaction

On the Interaction between KEMRI, Ministry of Health and the Mainstream Media in Dissemination and Utilization of Medical Research Findings for Public Health Policy, the study reveals that there are some similarities in responses on the levels of interaction across the three institutions. For instance from KEMRI, Ministry of Health, Media respondents said that there is minimal interactions across the three institutions. If we take these reponses then it is clear that there are no significant interactions between the media and the other two institutions. These minimal levels of interactions revealed by this study are consistent with the underdeveloped communication pathways between the three institutions as was expected, given that Kenya is a developing country. Huberman's (e.g 1993) model of "Sustained interactivity" emphasizes the importance of linkage mechanisms between the research and practice communities. It is grounded in social

learning theory, which argues that knowledge, is socially constructed and that shared meaning will develop through processes of social interaction or social influence. This process can support the growth of organizational learning through the development of shared cognitive representations. Not only is it important that the developing world needs to access to the output of the universities and research institutes of the developed world, it is equally important that the research output of the developing world be visible to both the developed and developing world.

4.2.2 Theme 2 – Dissemination of research findings

It has long been my belief that by not addressing the underdeveloped communication pathways as a remedy to improving information access for, and communication between, all researchers, journalists, policy makers we are wasting much of the potential of the human race. Many scientists have little experience of being interviewed by journalists and broadcasters. This is illustrated in the results of the study that researchers felt that they may be at ease when discussing their work with fellow professionals in conferences and seminars other than journalists and broadcasters, since communicating their work accurately to the wider public often requires quite different skills. This obviously starves the academics, journalists, policy makers and other researchers of the developing world of information. This conception dates from times when scientific fields were smaller and intellectual contributions to various disciplines more readily recognized than they are today.

As for the Ministry of Health, the study has identified that most officers source research materials that assist them create policies either from printed books/articles, publications, electronic mails, journals, and a few times from their own field officers and nurses in the field, from thematic groups, multi and bilateral development partners, from the internet which is not easily available, thesis's in the libraries, previous research, from data from health care facilities, surveillance reports, daily tally sheets from their health centres. As much as they would wish to get information from the publications the technical language is a struggle for them. This is because they lack the time to read through the technical materials and also lack the know how to understand the information. The Ministry of Health Officials tend not to be receptive to research results as has been noted due to the long technical languages, but there is need to come up with an approach of how this information can be assimilated for their use.

There are major debates and strong disagreements on what constitutes policy relevant research. Good research is the foundation of good policy advice. But good research is not enough. A number of other pieces are needed to focus the policy advice and to present it effectively. The findings show that as much as good research is available, accessibility or knowledge of it is minimal. According to the literature review, the research and advice need to be produced in multiple forms, each designed for a specific audience. These would normally include a key point summary, a longer synopsis and a full report. The researchers or communication experts who produce these documents need to be trained and skilled in culling the pertinent information and presenting it clearly and accessibly. (Women Health bureau, Canada January 1999)

4.2.3 Theme 3 - Challenges in Dissemination of Research Findings

The advances in health research have resulted in more information than ever before in health research and therefore more challenges in accessing the same information. According to the results, researchers in KEMRI felt that getting out information especially using the media would mean dealing with misrepresentation of scientific information therefore discourages them from utilizing the media, the respondents also felt that the high levels of bureaucracy and the poor communication links in the institute was a big hindrance to dissemination of research findings. This then definitely will pose a problem to the media reporters, who felt that getting information on sensitive issues from KEMRI has been a challenge because of the intense bureaucracy, and that understanding the technical language was the greatest challenge keeping in mind the unavailable databases that would be of use when there is need to access particular information.

The Ministry of Health is entrusted with the responsibility of collecting and disseminating health information in Kenya. However it seems that it has internal challenges in collecting data, making it difficult to compare results, even among several research that has been conducted in the country. As for sourcing for information from health officials, the reporters felt that there was lack of cooperation by the health officials, and also felt that there was intense bureaucracy coupled with the lack of trust in the media by the Ministry of Health Officers. These results confirm that the levels of bureaucracy are a big hindrance in the two institutions that are supposed to be the main sources of information, therefore leading to the poor dissemination and underutilization of research results for policy.

As the literature review shows, there is need for networking between the three institutions in order for the information to reach the public. The results confirm that there are no designated offices with trained personnel in the area of dissemination or acquisition of scientific information. Therefore the need to provide a strategic focus in science communication interacting with public audiences itself and also to provide a more strategic national focus for science communication activities. This is also seen not to being achieved because of unavailable policies in dissemination of research findings, policies that would guide on how scientific findings could be dispatched so as to curb the issue of misrepresentation and forge towards building trust and therefore ease to accessibility of findings and therefore minimal bureaucracy. So, in this respect, its currency has changed from the journalists, to public, to science communicators themselves. There is need to help identify and minimise gaps and overlaps in approaches, and develop a collaborative approach towards managing the relationships between scientific communities and their stakeholders.

4.2.4 Theme 4 - Relevance of Media in Research

As mentioned in the literature review and the problem statement, the use of the media increases constantly. The results from the questionnaires show that the access of the media to the public in Kenya is relatively high. One should be aware though that not majority of the public especially in the rural areas have access to the different types of media coverage. During the interviews it became clear that, access, in some cases meant that there was either print newspapers, a radio or a television in the homes that were shared by many. More opinions on the relevance of the media focused on the role of the

media as an educator, and its role in agenda setting. As the literature review points out the media can be important players in the uptake of both research and policy advice. Having a story published on the front page of the daily nation, for example, would be one way for Centres to get government attention. Front-page news is also an avenue for finding out what the government is reacting to or having to respond to. Getting media coverage requires relationship building and maintenance. The results of the study show that very little initiative is put towards this. The easier you make it for the media by providing information and telling the story the more likely it is that the coverage will result. The study also shows that the media can be used as well for information/dissemination purposes. They can also be used to turn up the heat on issues and put pressure on the policy maker. But this needs to be done cautiously and rarely.

4.2.5 Theme 5 – Influence of Media on Research and Development Organizations

A Centre able to seize the opportunity to assist a policy maker with information and/or advice relating to a story would gain immediate attention from the policy maker. The study showed that this is exactly what is happening. When the media do outline issues that are of importance to the general public, the policy makers are awakened and do take this seriously. Media producers are subject to a variety of influences, from medical lobbies, scientific organizations, and not least the commercial pressure to satisfy media-saturated audiences. These mean that aims of health promoters are not always easily achieved, leading to considerable tensions that require a deeper understanding of media health than has hitherto been applied to them.

Given the focus of this study the results show that many agree that the media are the biggest educators in today's society. Such media-saturation is cause for concern, especially in the area of health. While all of the recommendations are vital to the effective dissemination of health information, the final recommendation--to educate the public about how to interpret health messages in the media needs to be priority as the findings suggest. However, they can also shape the way the public perceives medicines through the influence of advertising and the way in which medical advances are reported.

The intention of communicating with the public is to stimulate demand and which is summarized as a "filter model where the distance from the centre is related to the influence expected. After having conducted interviews with other senior officers in the Government and the KEMRI, it was clear that they have an influencing role on the public but did not believe that the media influenced them in any way in performing their duties. This is contrary to the literature review that the media do influence the public through its role in monitoring the environment, interpretation and entertainment. This may be the case because of the issue of low-key coverage that the media give on health news, and the misrepresentation of health related issues.

The results in this study also show that lack of cooperation from key officials either in government or the research institutions do have some impact on how the media influences their organizations. Since most of the time they disregard what is represented in the media. This therefore reduces the interaction between the organizations and the media immensely.

CHAPTER 5

5.0 SUMMARY

This study examined the role of communication in integrating research to policy, mainly between Research and Development Institutions, Government and Mainstream Mass Media. The project sought to outline and further define weaknesses in the current communication channels that are inherently biased towards transfer of research findings between the three institutions that further decreased the chances of interactions between the organizations and transfer of new knowledge to input to policy. This claim has been supported to some extent by the limits of the scope of the study.

5.1 CONCLUSION

Communicating the results of health care research to change the policy and practice has become an art in itself. Communicating research knowledge to the public is part of a healthy environment for research and development and contributes to society's understanding, builds links with other sectors and improves credibility and acceptance in the discipline. Rapid transmission and dissemination of research information is crucial for timely availability and utilization in a meaningful way. The study has highlighted that no formal and systematic dissemination activities are undertaken to share research information. This has brought about the warped inter-relationships between the three institutions and thus the uptake of research results by policy makers to be minimal. Communication channels between researchers, media personnel and policy makers continues to be a widespread problem and this has shaped the ever-existing problem of underutilization of research findings for policy.

This study is based on qualitative data and therefore cannot be seen as a representative of all researchers, policymakers, media personnel views of the three institutions. However the several differences in the issues across the three institutions points to the need for further research to test the effectiveness of the media as a strategy to improve communication of research in the country. From this study it appears that in order for these challenges to be overcome in Kenya, effort is required by the three institutions. There is need for increased collaboration and understanding especially between KEMRI and Ministry of Health, this would no doubt bring an increase towards the uptake and utilization of research into policy development. Such healthy interactions would help ensure that the media also have the right information to disseminate without being engaged in difficult bureaucratic procedures to source for information for dissemination. This would also ensure that both researchers and policy makers are aware of each one's needs and that the policy-making system is willing and able to absorb the findings.

Finally because of the nature of our infrastructure and non-availability of resources, it is common that modern information technology is not available to all researchers and government institutions, researchers could try and find a way of translating their useful information for ease in consumption and more so use the media as a mode of communicating research findings to the public.

5.2 RECOMMENDATIONS

- There is need to integrate communication to organizational management, so as to secure support on issues relating to health research findings. This would be through illustrating the potential value to society of the work of scientists by communicating in simple language the health research findings and making it available and easily accessible. In this case there is need for capacity building of research networks through the support for the use of ICTs among member network, these would mean an available database on health research findings that is accessible to all.

- Mechanisms for dissemination need to be integrated into policy and management so as to address the need for the dissemination of information for input to policy. Through establishing network linkages between researchers, journalists, and policy makers and through editing and packaging research outputs from projects for particular audiences especially policy makers would enhance use of research findings in policy development. Therefore, for research to have a place in the decision making process, it is important that researchers do not isolate themselves from it or allow decision makers to deter them from participating in it, researchers need to come out and participate in the decision making process.

- For the benefit of Media and policy makers, there should be an introduction of health training programmes to assist them in understanding scientific information, this would increase their interest in the subject therefore use of the material. The

media also need to focus towards creating public interest in health news through increase of coverage. This would mean increasing the number of reporters covering issues on health related issues, of which is very minimal unless there is a scandal. The researchers on their part also need to identify information that would interest the media and create some dialogue with the media.

- There is need to develop an open policy on dissemination among research and development institutions so as to reduce on bureaucracy that seems to be hindering the dissemination of research findings. This would mean having to develop dissemination policies both in the research institutions and the media houses so as to curb the issue of misinterpretation. Further to this, it is about time that an elaborate communication strategy on how the research will be handled from the time of proposal development to the dissemination stage is put in place, this way the players would know what research is on-going and how it will be used.

- There is also need to develop or set up designated offices in the three sectors and to employ or train officers in health communication, who would continuously concentrate in putting research to use. This would enhance continuity in the communication process between the three institutions, which needs to be improved so as to have continuous interaction amongst them, and therefore an increase dissemination of the findings.

- The ideal situation should be a continuous proactive interaction between KEMRI, Media and the Ministry of Health and the public as shown in the diagram below.

(Fig 7) Proposed Model for expected interactions and information flow between KEMRI, the Mainstream Mass Media and the Ministry of Health and the public.
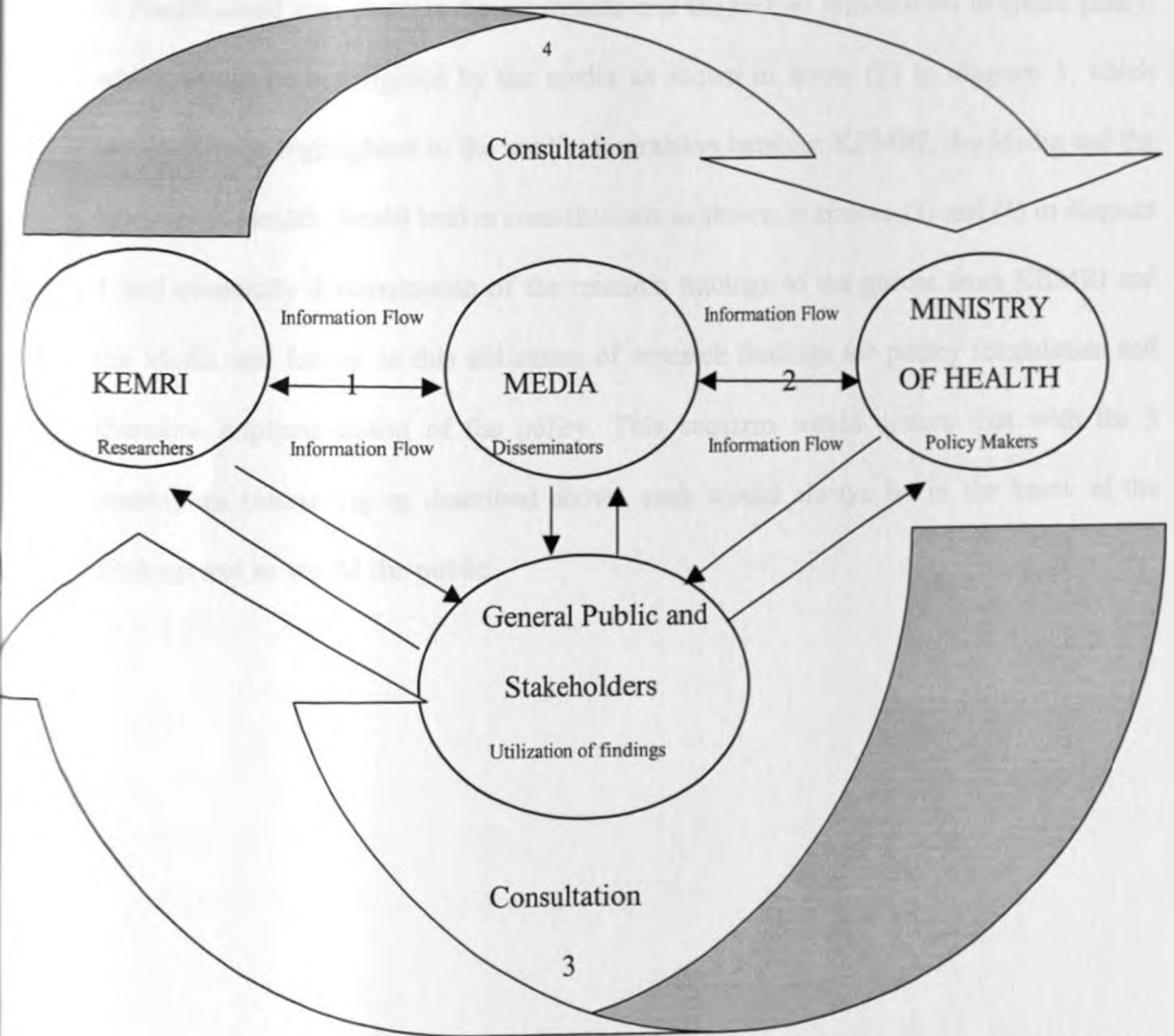
This proactive interaction should be able to result in free flow of information between the 3 institutions and to the recipients. This situation should result in KEMRI freely interacting with the media by availing information for dissemination by the media;

likewise the media should be proactive enough to source for information or consult for clarifications about the information received from KEMRI as shown in the arrow (1) between KEMRI and the Media in the diagram 1. The media can similarly go to the Ministry of Health to find out if research findings have been disseminated to them and if so whether they are used in influencing health policy formulation. Similarly the Ministry of Health could also express the constraints and the lack of information to create policy, which would be highlighted by the media as shown in arrow (2) in diagram 1, which would then be highlighted in the media. Interaction between KEMRI, the Media and the Ministry of Health should lead in consultations as shown in arrows (3) and (4) in diagram 1 and eventually dissemination of the research findings to the public from KEMRI and the Media and further to this utilization of research findings for policy formulation and therefore implementation of the policy. This scenario would ensure that with the 3 institutions interacting as described above, each would always be in the know of the findings and so would the public.

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QUESTIONNAIRE – Kenya Medical Research Institute

THE INTERACTION BETWEEN KEMRI, MINISTRY OF HEALTH AND THE MAINSTREAM MASS MEDIA IN DISSEMINATION AND UTILIZATION OF RESEARCH FINDINGS FOR PUBLIC HEALTH POLICY

Serial No. _____

1. How big is your organization? Total No.

2. How many people are employed as health communicators in your Institute?

3. What have you noticed are their main focus of communication in KEMRI?

   (Public relations, Journalism, Advocacy, Documentation)

4. Does your institute have a specific policy on health research findings dissemination?

5. Does your Institute have a specific office for health research dissemination?

   Yes_____ How many_____ No_____

   If yes, is it equipped with properly trained staff in health reporting and writing?

6. What strategies are used for dissemination in the Institute?

   a) In the last 1 year, has the office asked for research information from you for dissemination to the external media?

   b) Has the Ministry of Health consulted you with regard to health research information?   If yes, how many times

   c) Does KEMRI/Ministry of Health hold regular consultative workshops to discuss research findings? How many can you remember in the last one year?

7. Describe your relationship with

   a) Journalists

   b) Ministry of Health

8. Have you been approached by reporters on issues related to medical research information?

   a) In the last 2 years, how many times have you communicated research findings to the public and do you think you caught the attention of the Ministry of Health? How do you know?

   b) Is there any interaction between KEMRI, Media, Ministry of Health in relation to communicating of medical research findings for formulation of public health policies? Please describe how it functions currently.

   c) How do you think this relationship could be improved?

9. How would you explain the relevance of the media

   a) in the dissemination of medical research findings

   b) for the formulation of public health policy

10a. Has the media influenced KEMRI to use it more in dissemination of medical research findings?

   If yes describe how and if no why?

   b) If yes describe the changes that have been observed in the last 2 years in KEMRI with regard to utilization of the media

11. What are the challenges faced by the researcher in disseminating health research information to the general public, media and the Ministry of health policy makers?

APPENDIX (II)

QUESTIONNAIRE – Ministry of Health

THE INTERACTION BETWEEN KEMRI, MINISTRY OF HEALTH AND THE MAINSTREAM MASS MEDIA IN DISSEMINATION AND UTILIZATION OF RESEARCH FINDINGS FOR PUBLIC HEALTH POLICY

Serial No. _____

1. How big is your organization? Total No.

2. How many of these are employed as health communicators in the Ministry of Health?

3. What have you observed are their main focus of communication in the Ministry?

4. At what times do the Ministry of Health officials communicate to the public on health related issues?

   a) What type of information do they communicate

   b) What channels do they use to communicate it?

5. Does the Ministry have a specific policy on use in

   a) New public health policy formulation

   b) Change of existing public health policy?

6. Does the Ministry have a specific office for use in public policy and implementation?

   What are the functions of the office?

   a) If yes, is it equipped with properly trained staff in

       i)   Health research information sourcing

       ii)   Repackaging for use in public health policy

       iii)   If no who handles it

7a. How do you source for health research information for public health policy development?

   b) In the last 1 year, how many times have you been influenced by the media to change public health policy? Explain

   c) In the last 1 year did the Ministry of Health/KEMRI hold regular consultative workshops to discuss new research findings? If yes, how many? And shy?

8a. Is there any interaction between KEMRI, Media, Ministry of Health in relation to dissemination of medical research findings for formulation of public health policies? Please describe how it functions currently.

b) How should this relationship be improved?

9.Has the Media influenced the Ministry of Health to be motivated to communicate with the media more frequently with regard to development of any public health policy? Yes/No

   a) If yes why/if no why

   b) If yes describe the changes that have been observed in the last 1 year in the Ministry with regard to the impact of the media on public health issues.

10. What are the challenges in acquiring health research information from KEMRI and using it for formulation of public health policy? Explain

APPENDIX (III)

QUESTIONNAIRE – Media Houses

THE INTERACTION BETWEEN KEMRI, MINISTRY OF HEALTH AND THE MAINSTREAM MASS MEDIA IN DISSEMINATION AND UTILIZATION OF RESEARCH FINDINGS FOR PUBLIC HEALTH POLICY

Serial No. _____

1. How big is your organization? (Reach)

2. How many people are employed as journalists in your company?

3. The number of professionals and their levels of education

Profession	0	1	2	3	4	Total
Health Reporting						

4. Rate according to your main areas of focus in communication of information?

0 – no reporting 1- once a month 2-occassionaly   3-frequently   4- daily

Media House	1	2	3	4	5	6	7	8	9	10
Health reporting										

Others, specify

5. Does your company have specific policy on health research findings dissemination?

6a. Does your company have a designated office for dealing with health related issues?

b) If yes, is it equipped with properly trained staff in health reporting and writing?

7. As the Media how do you communicate health related issues to the public?

   a) In the last 1-year, how many times have you communicated health related issues to the public?

   b) As the media how many times have you consulted with the Ministry of Health with regard to Health research information?

   c) Has the Ministry of Health consulted you with regard to Health research information?

   d) How many times has KEMRI approached to disseminate health research information?

   e) How many times have you consulted KEMRI to source for information to disseminate? Why?

8. If there is no office in the media houses specifically to handle health related information then who is entrusted with this responsibility?

   a) How do you source for health research findings?

   b) In the last 1 year, how many times have you communicated any health research findings to the public

   c) Is there any interaction between KEMRI, Media, Ministry of Health in relation to communicating of medical research findings for formulation of public health policies? Please describe how it functions currently

   d) How do you think this relationship could be improved?

9. Describe your relationship with

   a) KEMRI

b) Ministry of Health

10. Do you think you have influenced KEMRI and or the Ministry of health to be motivated to communicate with the media?

   a) Describe the changes that have been observed in the last 2 years in the media with regard to KEMRI and or the Ministry of Health using you as a means of communicating research findings

   11. What are the challenges faced in acquiring health research information from KEMRI or the Ministry of Health for dissemination to the general public? Explain

RESULTS:

THE INTERACTION BETWEEN KEMRI, MINISTRY OF HEALTH AND THE MAINSTREAM MASS MEDIA IN DISSEMINATION AND UTILIZATION OF RESEARCH FINDINGS FOR PUBLIC HEALTH POLICY

Themes

Category 1:   Interaction

                                Lack of interaction

                                Lack of initiative

                                Lack of coordination

                                Minimal interaction

                                Poor communication link

                                Lack of structured programmes

                                Lack of designated office

                                Bureaucracy

Category 2:   **Dissemination**

                                Focus

                                Policies

                                Personnel

                                Designated office

                                Strategies

Category 3:	Challenges in acquisition
	Lack of cooperation
	Lack of initiative
	Lack of comprehension of scientific terms
	Lack of designated office
	Lack of cooperation
	Lack of database
	Lack of accessibility to officers
	Lack of trust from officers
	Bureaucracy
	Gate keeping
	Poor interaction
	Poor communication infrastructure
	Poor communication channels
	Personnel
Category 4:	Challenges in dissemination
	Poor communication link
	Misrepresentation
	Intense Bureaucracy
	Information Gate keeping
	Poor communication infrastructure
	Value of scientific information

Lack of comprehension of scientific terms

Lack of support from management

Lack of policy

Category 5:   **Relevance of media**

Accessibility to public

Mode of delivery

Education

Informative

Agenda setting

Category 6:   **Relationship**

Time

Lack of cooperation

Bureaucracy

Misrepresentation

Lack interaction

No designated office

Category 7:   **Influence**

Low-key coverage

Open policy

Poor interaction

Misrepresentation

Influence on public health policy

Lack of cooperation

Informative

Category 8:   **Remedies**

Media education in science

Relevant scientific information

Increased dialogue

Designated office

Training of communicators in science

Creation of data bank

Cultivating an open policy

Development of communication strategies

Dissemination policies

Media briefs

Re-enforcement of personnel

APPENDIX (V)

DATA

THE INTERACTION BETWEEN KEMRI, MINISTRY OF HEALTH AND THE MAINSTREAM MASS MEDIA IN DISSEMINATION AND UTILIZATION OF RESEARCH FINDINGS FOR PUBLIC HEALTH POLICY

Media

1. Size of organization

4/10 media houses have national coverage where as 6/10 of the media houses operate regionally

2. The total Number of Journalists/Reporters in the 10 different media houses

Media house	Number
1	15
2	29
3	60
4	30
5	50
6	15
7	70
8	300
9	14
10	30

3. Number of Professionals in each of the 10 the Media houses who do Health Reporting

Media House	1	2	3	4	5	6	7	8	9	10
Health Reporters	1	2	4	4	0	1	10	4	2	2

4. The frequency of health coverage in the mass media

0- no reporting   1- once a month   2- occasionally   3 – frequently   4- daily

Media House	1	2	3	4	5	6	7	8	9	10
Health Reporting	0	4	3	4	0	1	3	3	3	3

5. Specific Policy on Health Research Dissemination

- 1/10 respondent said that there is a specific policy on health research dissemination.

- 2/10 respondents from the 10 media houses have no specific policy on health research dissemination.

- 7/10 respondents didn't actually know if such a policy ever existed

6a. Designated Office for Dissemination of Health Related Issues

- 3/10 respondents from the 10 media houses say that there is a designated office for dissemination of health related issues in their media houses

- 3/10 respondents from the 10 media houses say that there is no office for dissemination of health related issues

- 4/10 respondents from the 10 media houses seem not to know if there is such an office in their media houses

b). Trained Staff in Health Reporting

- 3/10 of the respondents said that there were trained staff in health reporting

- 3/10 of the respondents said that there were no trained staff in health reporting

- 4/10 of the respondents said that they were not aware if there were any trained staff in health reporting.

7a. Mode of communication of Health Issues to the Public

-6/10 respondents use news and current affairs, programmes in vernacular, radio programmes as mode of communicating health issues to the public

-1/10 of the respondents from the media houses use email/ Fax as a mode of communicating health issues to the public

-1/10 of the respondents from the 10 media houses use the Internet to communicate health issues to the public

-1/10 of the respondents from the 10 media houses use television/ print media to communicate health issues to the public

1/10 of the respondents from the 10 media houses do consult and link with experts or research institutions to communicate health issues to the public

b) Number of times Health Issues are communicated to the Public

- 1/10 respondent from the one of the 10 media houses said that health issues are communicated frequently in their media house

- 6/10 respondents from each one from one 10 media houses said that health issues are communicated severally in their media houses

- 3/10 respondents from each one from one of the 10 media houses are not aware if their media houses cover the health issues

c) Media Consultation with Ministry of Health in the last one year

- 5/10 of the respondents felt that they were not aware of any consultation between the media reporters the Ministry of Health in the last one-year.

- 3/10 of the respondents felt that the media has consulted with the Ministry of Health severally.

- 2/10 of the respondents felt that the media consulted with the Ministry of Health frequently.

d) Ministry of Health Consultation with Media in the last one year

- 5/10 of the respondents felt that the Ministry of health has consulted with the media.

- 1/10 of the respondents felt that there was no consultation with the Media.

- 4/10 of the respondents were not aware of any consultation between the two.

e) Number of times KEMRI Approaches Media for dissemination of health research findings in the last one year

- 8/10 of the respondents felt that KEMRI approaches the Media only when it has conferences, launches, or official functions only.

- 2/10 of the respondents felt that KEMRI does not approach the Media.

f) Frequency of Media Consulting with KEMRI

- 5/10 of the respondents felt that the media frequently consults with KEMRI.

- 4/10 of the respondents felt that the media consults with KEMRI severally

- 1/10 of the respondents felt that there was no consultation between the two.

8a. Mode of sourcing Health Research findings

- 1/10 respondents source from health experts

- 1/10 respondents source from reporters down in the field

- 3/10 respondents source from the internet and magazines

- 1/10 respondents source from workshops

- 1/10 respondents source from research centres/scientist

- 3/10 of the respondents don't have a mode of sourcing for this information

b) **Communication of Health Research findings to the Public in the last one year**

- 6/10 of the respondents have communicated health research findings severally

- 4/10 of the respondents are not ware of the health findings being communicated to the public in the last one year

c) **Interaction Between KEMRI, Media and Ministry of Health**

- 4/10 of the respondents felt that there is interaction but is very minimal

- 4/10 of the respondents showed that they really didn't know if there were any interactions

- 1/10 of the respondents felt that there was an interaction and this is seen through the several seminars held by KEMRI and MOH to sensitize the public on the effects and preventive measures on the several diseases

- 1/10 of the respondents felt that there is an interaction and that is through the public relations office in KEMRI and the Ministry of Health

d) **How to Improve the relations/Interactions**

- 6/10 respondents felt that there is need of creating more rapport between the 3 institutions through finding a way of how they could work together, either by holding conferences and discussions on issues that may make them not work together.

-1/10 respondents felt that by forming a central committee with members from the 3 institutions that would deal with health research information would help improve their interactions

- 2/10 of the respondents felt that there is need for public relations office to identify who specializes in health reporting in the media and accord them easy access

- 1/10 of the respondents seemed not to have a suggestion on how this interaction can be improved

9. Relationship with KEMRI and Ministry of Health

KEMRI:

- 5/10 of the respondents really didn't know or couldn't tell on the relationships between the two institutions

- 4/10 of the respondents felt that the relationship is good and with the great source of information the two institutions have is beneficial especially during interviews and when there is need for clarifying scientific issues that are contentious

- 1/10 of the respondents felt that there seems to be some difficulty between the two institutions especially when one really needs some information and has to chase for it from them, sometimes one doesn't get it even get it so they opt look for an alternative source

Ministry of Health:

- 6/10 of the respondents felt that it is not so easy to deal with the officials in the Ministry of Health because of their unavailability

- 2/10 of the respondents felt that the relationship is not that bad, since they deal with them regularly and have therefore through their own initiatives have created good rapport with the Ministry of Health

- 2/10 of the respondents felt that the relationship is cordial but sometimes stressful

10. Changes observed by the Media in the Last 2 years with regard to KEMRI/ Ministry of Health using the Media

a) How frequent has the Media Influenced KEMRI and the Ministry of health to communicate using it as a mode of dissemination of research findings

- 4/10 of the respondents felt that the media has influenced KEMRI and the Ministry of health to use it more

- 3/10 of the respondents felt that the media has had no influence to the two organizations to communicate with it more

- 2/10 of the respondents didn't seem to know if there is any influence that the media has had on the two institutions

- 1/10 of the respondents found it hard to comment since the two institutions never share the impact of his articles on their work.

b) Changes that have been observed in the last 2 years:

- 6/10 of the respondents answered not applicable

- 3/10 of the respondents felt that the institutions are now responsive when approached by reporters and have become more sensitive in using it to pass various messages to the public

-1/10 of the respondents felt that it is still hard to assess the relationship since he is not aware of the roles both the institutions play

11. **Challenges faced by the Media in Acquiring Health Research Information from KEMRI and the Ministry of Health**

- **KEMRI:** 5/10 of the respondents felt that getting information on sensitive issues has been very difficult from officers in the two institutions since there is intense bureaucracy in both the institutions, they feel that the officers are uncooperative and don't understand the media operations

- 5/10 of the respondents felt that understanding the technical language was a challenge and that research materials were not readily available and that most of the officers in both the institutions are media.

- **Ministry of Health:** 2/10 of the respondents felt that there is lack of cooperation by health officials.

- 3/10 of the respondents said that getting information on sensitive issues has been very difficult because of the intense bureaucracy at the Ministry of Health on who should respond on issues.

- 2/10 of the respondents felt that it is easier to get information from KEMERI but for the Ministry of Health, it is very difficult since the Ministry officials are generally suspicious of any information the media delivers.

- 2/10 of the respondents felt that the experts in policy are usually very busy and its hard for them to get time for interviews from reporters

- 1/10 of the respondents felt that research materials are not readily available.

KEMRI

THE INTERACTION BETWEEN KEMRI, MINISTRY OF HEALTH AND THE MAINSTREAM MASS MEDIA IN DISSEMINATION AND UTILIZATION OF RESEARCH FINDINGS FOR PUBLIC HEALTH POLICY

1. Size of organization

KEMRI has a total of 1500 employees

2. Number of Employees in the Health communication Field

All the respondents felt that this being a new terminology, that there was no officer designated in this area

3. Number employees involved in Health research dissemination

All the respondents felt that KEMRI has a structure and the scientists had no direct mandate to disseminate information

4. Focus of communication in KEMRI:

- 6/10 of the respondents felt that focus is on reporting on new ways of managing, controlling and diagnosis of diseases, education and training, communicating the institute mandate and rebuilding perceived untruths in the media, taking visitors around the institute.

- 4/10 of the respondents felt that focus is more on public relations.

5. Is there a Specific Policy on Health Dissemination:

- 5/10 of the respondents were not aware if there is a specific policy on health research dissemination

- 4/10 of the respondents said that there was a specific policy on health research dissemination since there is a scientific level publications committee

- 1/10 of the respondents said that there is no specific policy on health research dissemination

6. Is there Designated Office for Health Research Dissemination?

- 1/10 felt that there was an office for that purpose

- 9/10 of the respondents felt that there was no office and also were not aware of any

7a. Strategies used for Dissemination of Research Information:

- 9/10 of the respondents generally use publications, conferences, seminars, workshops, journals as modes of disseminating research findings

- 1/10 of the respondents occasionally use the mass media to disseminate research findings

b) Enquiry of Research Information by Public Relations Office in KEMRI:

- 4/10 of the respondents said that the public relations office in KEMRI does inquire for research information

- 5/10 of the respondents said that the office does no inquire on research information

- 1/10 of the respondents said that the public relations office does inquire for research information but not specifically to disseminate to the external media, but for specific purposes and functions, in-house newsletter

c) ~~KEMRI Consultation~~ with Ministry of Health:

- 2/10 of the respondents said that there was consultation between the two institutions.

- 7/10 of the respondents said there is no consultation between the two institutions.

- 1/10 of the respondents said that there is consultation and only in cases of emergency calls or outbreaks then the Ministry of Health calls KEMRI to consult.

d) Consultative workshops Between KEMRI and Ministry of Health

- 3/10 of the respondents said that there was occasional consultation between the two institutions.

- 4/10 of the respondents said that there was no consultative workshops between the two institutions.

- 1/10 of the respondents said that they were not aware of

- 2/10 of the respondents said that there are specific programmes where KEMRI co-opts the Ministry of Health for example during the African Health of Sciences congress

8a. KEMRI's Relationship with Journalists:

- 1/10 of the respondents felt that there is minimal interaction because of bureaucracy in KEMRI that discourages the media because the researchers cannot respond to them directly without the authorization from the directors

- 6/10 of the respondents felt that the journalists don't get their facts right so would not like to deal with them and therefore not comfortable with them

- 3/10 of the respondents felt that the relationship with the journalists was not that bad and relate with them well

b) KEMRI's Relationship with Ministry of Health:

- 7/10 of the respondents felt that KEMRI and the Ministry of Health are not really working together, the link is missing and there is nothing done about that

- 3/10 of the respondents indicated the two institutions are trying to develop one and thus work is collective, through the KEMRI research programmes with an aim of getting research out to the public

9a. Enquiries made to KEMRI on medical research findings by Journalists

- 8/10 of the respondents said that the journalists have made several attempts to get information from KEMRI

- 2/10 of the respondents said that the journalists don't come to look for information from KEMRI unless there is outbreak and need material

b) Number of times KEMRI Communicates to the Public:

-1/10 of the respondents said that they have not generally gone to the public to disseminate information.

- 6/10 of the respondents said that they have disseminated approximately 3 times or more but did not catch the attention of the Ministry of Health

- 3/10 of the respondents said that they have not disseminated information to the public

c) Interaction between KEMRI, Media, Ministry of Health:

- 10/10 of the respondents said that there is minimal interaction and the three are not working together mainly because of the several communication loops

d) How to Improve the Relationship KEMRI, Media, Ministry of Health:

- 1/10 of the respondents felt that in order to improve the relationship there would be a need to develop a health lobby group in KEMRI consisting of public oriented individuals.

- 1/10 of the respondents felt that the corporate affairs and partnerships department in KEMRI should be organized to be more responsive on how to handle research matters well and act as an effective link between the researchers, Ministry of Health and Media

- 1/10 of the respondents felt that by holding quarterly meetings between KEMRI and the MOH, then the media should be briefed on the key outcomes of the research review meetings. The media should have easy access to information from KEMRI and Ministry

of Health. Seminars should be held that bring together media and health professionals in order to understand each others' needs

- 1/10 of the respondents felt that there is need to cultivate an open policy in dissemination

- 1/10 of the respondents felt that there is need for media personnel to be trained in health reporting so as to understand and appreciate scientific research. Misinterpretation of scientific information is very common. Media personnel should be proactive and work to bridge the communication gap between them and researchers (KEMRI), policy makers (Ministry of Health) and the consumers. KEMRI and the Ministry of Health should also work to bridge the communication gap

- 1/10 of the respondents felt that there is need to develop a committee that will oversee activities geared to forging this relationship with member stakeholders

- 1/10 of the respondents felt that there is need to have a central information collection center where everything is channeled. The media would go there, that office will sensitize the Ministry

- 1/10 of the respondents felt that by more engagement at all levels. Information cannot and should not be limited to one cadre of personnel only

- 1/10 of the respondents felt that there should be a review on mandates of how to disseminate information so that we go to the end user. KEMRI should be sponsoring health research programmes in the available media to disseminate information especially to the local communities. There should be an agreement/guidelines on dissemination. There may be need to develop task force to mediate and collaborate with MOH. There is also a need to address medical research issues with Ministry of Health

- 1/10 of the respondents felt that there is need to create a Ministry of health information desk in KEMRI or one desk in the Ministry of Health to act as mediators between the two.

10a. <u>Relevance of Media in dissemination of medical research findings</u>:

10/10 of the respondents said that the media is very relevant for they reach as many people as possible and people believe in the media

b) <u>Relevance of Media for the formulation of Public health Policy</u>:

- 7/10 of the respondents felt that the media do set an agenda when they capture and highlight issues that affect public health, therefore either create awareness or coarse the policy makers to rethink or develop polices

- 1/10 of the respondents felt that the media are not really relevant, the Ministry of Health should have its people on the ground who will be able to inform them adequately on health related issues

-2/10 of the respondents didn't really know the relevance of the media in relation to formulation of public health policy

11a. <u>Whether the Media has Influenced KEMRI to Utilize is more often</u>:

- 5/10 of the respondents feel that the Media have influence KEMRI because of the regular calls by media to follow up issues of public interest

- 3/10 of the respondents feel that the media have not influenced KEMRI since they themselves look at scientific information as boring, complicated and cannot be sold, therefore cannot influence KEMRI

- 2/10 of the respondents feel that they don't know whether the media has influenced KEMRI of not.

b) Changes that have been noticed in KEMRI with Regard to using the Media in the last 2 years :

- 1/10 of the respondents said that there is little change because of inadequate communication infrastructure on the ground

- 3/10 of the respondents said that KEMRI is loosening up quite a little, thus trying to accommodate the media although still very slow because of the stiff bureaucracy

- 1/10 of the respondents said that the Interaction has become positive, KEMRI has featured in media with relating to research products in a way that has been healthy

- 5/10 of the respondents said that there is no change in KEMRI with regard to utilizing of the media. Since it hasn't affected operations significantly.

12. Challenges in disseminating Research Information:

- 3/10 of the respondents felt that there is a problem of misinterpretation of the scientific information therefore creating misunderstanding between the reporters and the scientist coupled with the enormous bureaucracy, information gate keeping, which discourages anyone from coming out to disseminate

- 1/10 of the respondents felt that the lack of the necessary equipment to effectively and efficiently dispatch information to the media and the bureaucratic processes of accessing the information and disseminating information is overwhelming

- 3/10 of the respondents felt that accessibility to the media has been restrained enormously and the issue of guardedness where scientists should not communicate to the media therefore a challenge to dissemination

- 1/10 of the respondents felt that scientific information is little valued. It is also difficult to digest by the media personnel without health/scientific background. You can't value what you don't know or cannot understand

- 1/10 of the respondents felt that the issue of no clear channel of how to disseminate information to the media, is a challenge and there being no policy on dissemination of information to the media and the public

- 1/10 of the respondents were not aware of any challenges in dissemination of research findings

Ministry of Health

THE INTERACTION BETWEEN KEMRI, MINISTRY OF HEALTH AND THE MAINSTREAM MASS MEDIA IN DISSEMINATION AND UTILIZATION OF RESEARCH FINDINGS FOR PUBLIC HEALTH POLICY

1. Number of Employees:

Respondent	Response
1	Clinical Officers 2000
2	Dentists are widely distributed country wide but not equitable
3	15,640 Nurses
4	3200 Public health officers, and 1000 technicians
5	7000 health personnel including all cadres, Central and Eastern Province
6	Widely distributed country wide
7	4 Doctors, 15 paramedics, Rift Valley Province

8	Total of 50,000 employees country wide

2. Number of employees in Health Communication Field:

8/8 of the respondents said that in the Ministry there is a department designated to deal with health communication and have health education officers who handle it.

3. Main focus of communication:

- 1/8 of the respondents said that communication is focused on Preventive, Management of diseases, Promotive health

- 3/8 of the respondents said that the main focus is during Outbreaks, emergencies, disasters, during droughts because of nutrition

- 3/8 of the respondents said that the main focus is on Advocacy, development of teaching materials (IEC) in health mostly

- 1/8 of the respondents said that the main focus is to bring out policy issues that the Ministry of Health is advancing especially positive ones

4a. Times Ministry of Health communicates to the Public:

Times	Frequency	Percentage
All the time	1	12.5%
Regularly	2	25%
When in Crisis/problem	5	65.5%

b) Type of Information communicated:

- 6/8 of the respondents said that Preventive, Promotive, behavioral change, New policies in Ministry of health is the information communicated

- 1/8 of the respondents said that proposals given by the government are the information communicated

- 1/8 of the respondents said that information is communicated during outbreaks

e) **Channels used to communicate Information:**

- 4/8 of the respondents said that Circulars, leaflets, meetings, conferences, print media, electronic media

- 2/8 of the respondents said that information is communicated using Ministry of Health Officials

- 2/8 of the respondents said that information is communicated using Focus group discussions, meeting with other health staff, circulars, Baraza's

5a. **Is there a Specific Policy on Health Dissemination**

New Public Health Policy Formulation:

- Out of the 8 respondents 5 were not aware if there was a specific policy for formulation of new public health policy

- 1/8 of the respondents said that there is a policy that is being revised now

- 1/8 of the respondents said that there is one in press at the moment

- 1/8 said that the 1994 Kenya health sector policy is the one in use

c) **Is there a Policy on Change of Existing Policy:**

- 3/8 of the respondents said that there is one but it is being discussed

- 2/8 of the respondents said that there is no policy

- 1/8 of the respondents said that there are the interagency coordinating committees – this is the entry pint where policy formulation comes from. Policy comes from a few people

- 2/8 of the respondents said that they rely on the strategic plan

6. **Is there a Designated Office for Public Health Policy and Implementation:**

- 6/8 of the respondents say there is no designated office

- 1/8 of the respondents say that these issues are dealt with the health sector reform

- 1/8 of the respondents say that there is the Joint Interagency Coordinating Committee, of which the Interagency committee has several committees, e.g Malaria ICC, AIDS ICC, Systems ICC

7a. <u>Availability of Trained Staff in Health Research Information Sourcing:</u>

- 4/8 of the respondents said there is no trained staff in Health research Information Sourcing

- 4/4 of the respondents said that there are officers who are only trained in short courses but not specialized trained

b) <u>Availability of Trained Staff in repackaging of Information for use:</u>

- 5/8 of the respondents said that there are no trained staff in repackaging of Information for use

- 3/8 of the respondents said that there are though inactive

8a. <u>Mode of sourcing for Health Research Information for Public health policy:</u>

- 4/8 of the respondents source from printed books/articles, from other people, Have to struggle to get information – through publications, electronic mails, journals worldwide, search internet, thesis in libraries, WHO, AMREF, previous research

- 3/8 of the respondents source from field officers, nurses in the field or through senior nurses, data from health care facilities, surveillance reports, daily tally sheets from health centres

- 1/8 of the respondents source from Thematic groups, Multi & bilateral development partners, desk review participation, field trips

b) <u>Number of times the Ministry of Health has been influenced by Media to change</u>
<u>Public Health Policy:</u>

- 5/8 of the respondents said that the Media have influenced them in the reactivation of
the inspectorate committee – issues of abortion, last year once during the floods in
Budalangi – the media influenced some decisions, on the supply of drugs and
pharmaceuticals and supply of bed nets, the policy on releasing of detained corpses, this
did influence some changes because of the highlights, changing of the NSHIF policy,
HIV/AIDS policy, Malaria highlights

- 3/8 respondents said that the media have not the Ministry of Health

c) <u>Whether the Ministry of Health and KEMRI have held regular consultative</u>
<u>workshops:</u>

- 5/8 of the respondents said that the 2 institutions have not held any consultative
workshops

- 3/8 of the respondents said that yes there have been workshops especially
monitoring/evaluation exercise to see the impact of the programs under implementation

9a. <u>Interaction between KEMRI, Media and Ministry of Health in relation to</u>
    <u>dissemination of medical research findings:</u>

- 7/8 of the respondents felt that there is minimal interaction between the three
institutions especially when it comes to dissemination KEMRI works independently and
the Ministry of Health also. And also how the three work is very difficult to understand.

- 1/8 of the respondents showed that he was not aware of an interaction between the
three.

b) How to improve the relationship:

- 4/8 of the respondents felt that the relationship between the three needs to be strengthened maybe through holding press conferences fortnightly, creating regular media briefs on any new development in research and through bulletins, communicate to the publics

- 2/8 of the respondents felt that there is need for a contact person both at the Ministry of Health and at KEMRI and the Media Houses. There is also need for a firm policy on how to disseminate new findings to the public. Our systems should create a forum on how to discuss issues non-technically. If policy is formulated it should be captured by the ethics committee. Human resource development needs to be reinforced in order for the 3 institutions to interact with each other, this is because from research results are not used just like that they need to be simplified

- 2/8 of the respondents were not aware of how this relationship could be improved.

10. Whether the Media have Influenced the Ministry of Health and if so the changes that have occurred in the last 1 year:

- 2/8 of the respondents felt that there has been some media influence and this is seen by the adoption of media as a mode of communication to the public when the Minister decides to make statements especially when highlighting cases of health emergencies and outbreaks.

- 2/8 of the respondents felt that the media has had some influence to the Ministry of Health especially when it continuously highlights health issues that coursing the Ministry Officials to review its policies for example the use of anti-retroviral and the use of condom

- 1/8 of the respondents felt that the media have been an influence especially when the Ministry embarked to advertisements using electronic media, in such cases as the Tuberculosis advertisement, fight against corruption in the Ministry

- 2/8 of the respondents felt that there was no media influence in the Ministry, infact they felt that it was not pleasant dealing with them, since the media seems to work towards bringing out the Ministry's weaknesses more than the positive activities it does.

11. <u>Challenges in Acquiring Health Research Information from KEMRI</u>:

- 2/8 of the respondents felt that since there is minimal liaison between the Ministry of Health and KEMRI it becomes a challenge on how to acquire research information from KEMRI. KEMRI doesn't inform Ministry of Health on what their findings are.

- 3/8 of the respondents felt that the two institutions feel too busy to interact with each other; therefore each one lacks the initiative of sharing the information. Since there is no forum where hands on people can meet with the formulators and implementers.

- 1/8 of the respondents felt that they could not comment on the challenges, it is only the Director of Medical Services who should make comments

- 1/8 of the respondents felt that the other challenge is that the Ministry does not have or the access to the internet is minimal, yet most of the research is posted in the internet and this brings out the only alternative that the Ministry could rely on which is also not available, the availability of a data bank that is accessible to the user.

-1/8 of the respondents felt that there being no trained personnel to capture and bring our issues in health makes the information intricately complicated. Therefore the issue of people who like mirroring comes in i.e, what will they gain this is a challenge of using the information for policy especially, since they don't understand the language

- 1/8 of the respondents felt that the obscured channels of communication between the two institutions cause a big problem of dissemination and availability of information. This is because of the hierarchical bureaucratic hindrances both at the KEMRI level and the Ministry of Health level