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Mass Media Messages and Patients' Rights: A Case of Mt. Elgon Sub-County, Kenya

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Abstract

This article focuses on challenges facing dissemination of mass media messages on patients' rights among rural dwellers of Mt. Elgon in Bungoma County -Kenya. The initial research that culminated into this write-up was informed by the low literacy levels on patients' rights reflected by various studies conducted among rural dwellers. A qualitative research approach was adopted and data was collected from 6 journalists/media practitioners from leading national media houses, 2 policy experts and 6 focus group discussions comprising 12 participants of both genders drawn from adult residents of Mt. Elgon sub-county. Two interview guides, one for media practitioners and another for policy experts, were utilized and a focus discussion outline was used to draw data from the participants. Qualitative data was collected and was analysed thematically using *In Vivo* whereby data from participants was presented in verbatim. It applied the tenets of the agenda setting theory of the mass media. A pilot study was conducted and expert knowledge sought to uphold reliability of tools used and data collected was validated through cross-validation. It established that varied challenges affect message dissemination processes on patients' rights categorized into three: audience-based barriers, mass media practitioners related barriers and communicator related barriers affecting policy experts communicating on patients' rights. The barriers identified in each category have hampered the mass media communication processes on patients' rights in the study area contributing to low literacy levels on patients' rights. It recommends that mass media practitioners ought to address audience-related challenges by working closely with them. In addition, policy experts communicating to improve knowledge on patients' rights need to disseminate messages that the audience can easily relate with. This implies that the mass media should play a more interpretative role in patients' rights among target communities as opposed to merely informing.

Key words: Challenges, Dissemination, Health Literacy, Mass Media Messages, Patients' Rights.

Introduction

Media plays a significant role in creating awareness concerning all issues in its society. Alluding to this, media is a necessity in increasing awareness levels on human rights and its sub-section on patients' rights. According to Asemah (2020), media does not only have a role in strengthening human rights understanding but is also used to raise understanding on the level of human rights. Thus, the media acts as the eyes, ears and voices of the public drawing attention to any form of human rights abuses (ibid, 2020). However, effective dissemination of mass media messages, regarding patients' rights, can be hindered by numerous barriers which in turn affect the efficiency of messages delivered (Bahrain et.al, 2023). According to Brownsons et.al (2018), ineffective dissemination is the greatest barrier to both knowledge and application of policies communicated.

According to Buarqoub (2019), a barrier or challenge can inhibit one from receiving and comprehending messages expressed by another party involved in a communication process. Omogor (2013) states that factors that interfere with intended messages and prevent them from being received and implemented by users are considered an impediment to mass media communication. Daud et.al (2017) add that these challenges disrupt the flow of information, leading to difficulties in both comprehension and understanding of messages, without ignoring their application processes. Bahrain et.al (2023) advises that for successful communication processes, these barriers must be understood as sought by this study in the context of patients' rights communication through the mass media among the residents of Mt. Elgon.

Constraints to Dissemination of Mass Media Messages on Patient Rights

Despite the powers depicted by the media in influencing societies on matters of policy, the media is faced with some effective dissemination challenges which in turn have affected its ability to disseminate messages on patients' rights, especially among rural audiences. Deane(2015) in his study on media and communication in governance, through a review, notes that the mass media faced myriad problems when handling issues of advocacy ranging from reduced funding or total ignorance by some organizations that evaluate their activities on their own; invasion by informal bloggers and citizen journalists new media outlets who in turn have affected the formal status of the media; less priority is placed on the media, especially on matters that require or would lead to accountability on the government side. This study failed to identify the environmental context in which these challenges are experienced as sought in this treatise.

Mwangi (2018), in her study on the media influence on public policy in Kenya a case of illicit brew consumption, content analysis on coverage of newspapers in Kenya revealed that media coverage on elicits sparked debate among policymakers. However, she notes that environment under which the media operates encourages journalist to beat the competition and acquire favourable rating and advertising revenue through exaggeration of issues. This means that the media is more likely to cover favourable topics to attract advertisers at the cost of truth which could be offensive to enjoy economic advantage. The current research assessed the identified barriers in light of patients' rights.

Mass media challenges do not only spring from external forces but also from the industry's key players. The Queensland parliament factsheet on the role of media; everyone's parliament, the mass media filters information received and presents a story. The story might cause discomfort to members of government and opposition because the media is free to select stories that they consider important or interesting. Thus, the media influence public opinion. It further notes that journalists are quite powerful in deciding the angle and content of the story. The media's role is multifaceted and cannot be viewed solely as a reporter of parliamentary and government news items to the public but as a participant in a complex process involving both mutual and competing interests (Queensland Parliament, 2015). Similarly, Mangal (2020), in his case study on the role of mass media in political markets and its effects on public policy, pinpoints that journalists and editors can filter issues so that reporting conforms to their dominant news values. This implies that journalists and other media practitioners tasked with generating content for the public can influence the entry process of policy formulation and implementation through the levels of awareness created. This is possible if only all impediments to the message dissemination exercise are known and avoided as investigated.

Theoretical Framework

The tenets of the Agenda Setting Theory of the mass media were employed. The theory portrays the central role played by the mass media in creating awareness among the targeted audience. It holds that the mass media has the potential to influence lives based on how messages are presented (Teter, 2018).

Materials and Methods

The study was conducted in Mt. Elgon Sub County of Bungoma County. The county has a shortage of quality health facilities with a high percentage of its residents up to 48.4% living within 5KM and more from a health facility; only 8.6% reside within a distance of 0-1km from health facilities ((First Bungoma County Integrated Development Plan, BCIDP, 2013-2017)). The study involved 6 media practitioners, 2 policymakers, and 6 focus group discussions involving 12 members of both genders drawn from adult residents of the study area. The study participants were purposively selected. Qualitative data was collected with the aid of two interview guides and focus group discussion outline. The data collected was analysed thematically using *Invivo* approach. Data collected was validated by cross-validation involving comparison of findings from media practitioners and policy experts' interviews and data collected from focus group discussions conducted (Carlsen et.al, 2011).

Results and discussions

Audience Based Barriers

During focus group discussions, the following challenges were identified:

Excerpt 1

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

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

Discussant2: *It is hard to find journalists; we do not have their contacts. You see most people and more especially women suffer abuses from nurses during pregnancy. But we do not have means to reach the mass media to relay our complaints.*

Discussant 3: *Our vernacular radio stations such as Tulwoob Kony FM, which we rely on for information about what is happening in our country do not focus on such issues. Maybe that information can be gotten through citizen radio and such platforms.*

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

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

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

Excerpt 2

Discussant 1: *Journalists themselves are a challenge; they do not seem to care about what happens in rural areas.*

Discussant2: *There is no observable challenge, however, the media needs to come to us, educate us, and get our views as well.*

Discussant 3: *I also insist that the media need to understand and talk to us*

Discussant 4: *I may be contradicting my friends here but this is what I have to say, for those of us who attend special medical clinics for diseases such as diabetes and high blood pressure, we need those doctors irrespective of how bad or well they treat us.*

Discussant 5: *These are new issues to us. Our vernacular radio stations should dive into them and educate us*

Discussant 6: *We will be able to contribute more to this discussion once we have been sensitized by the mass media on our rights.*

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

1 in **excerpt 1** reveals that journalists have concentrated on feeding their audience with content that does not conform to their needs while ignoring their message needs as expressed by **discussant 5** in **excerpt 2** who sees patients' rights as an emerging issue. In addition, the language used by the media audience was highlighted as a hindrance to a better understanding of mass media content by **discussant 6** in **excerpt 1** and **discussant 3** in **excerpt 2**.

The use of inappropriate language has contributed to the complexity of messages communicated. This has led to low literacy levels on patients' rights in the study area. The vernacular radio stations are also faulted for not informing their audience on patients' rights. In **excerpt 1 discussant 3** lamented that the vernacular radio stations in the area have not informed them of patients' rights. This shows that rural audiences highly depend on vernacular radio stations and other forms of media that communicate in vernacular for information.

Challenges Faced by Mass Media Practitioners Disseminating Mass Media Messages on Patients' rights

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

Excerpt 3

Response 1

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

Response 2

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

Response 3

Some places where the story could be happening are inaccessible due to insecurity and poor infrastructure. Roads leading to villages are almost impassable, especially during rainy seasons.

Response 4

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

Response 5

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

Response 6

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

Response 7

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

Response 8

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

Response 9

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

Response 10

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

As highlighted by media practitioners in **responses 1-10 above**, the challenges faced range from personal perceptions /subjective look into issues which affect reporting on patients' rights to societal barriers such as culture, religion and language of the communities in which they work. Further, they also experience practice or work-related barriers emanating from newsroom bureaucracies and editorial policies as explained in **response 2**. Politically instigated barriers range from corruption to political attacks and intimidation of journalists by political figures as identified in **response 4**. Challenges caused by poor infrastructure which hinder accessibility to some parts of the country were also identified in **response 3**. Audience can also affect how much journalists share because of their insensitive feedback especially when stories shared are very sensitive as explained in **response1**.

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

Excerpt 4

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

Response 11

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

Response 12

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

As depicted in **responses 11 and 12** above, health policy expert identified high cost of media space and airtime as well as language barrier as the only challenges that they face while communicating to the public on patients' rights. From the responses in the four excerpts above-ranging from **excerpt 1- 4** the following common challenges to dissemination of mass media messages on patients' rights were identified: inappropriate language, culture and religion, interference (political and corporate), bureaucracies (newsroom and government), hostility, attacks and intimidation from sources, unpleasant feedback, and high cost of communication, ignorance and inaccessibility.

Inappropriate language

The findings reveal that language is a cross-cutting challenge that greatly affect the whole process of dissemination of mass media messages on patients' rights. It affects information sources (health policy experts) who fail to find alternative words in the simplest language for policies as indicated in **response 12**, it affects journalists who end up seeking the help of translators who may not give the right translation as explained in **response 2** and the audience who fail to interpret messages that are relayed to them due to complexity of language used as expressed by **discussant 6** in **excerpt 1**. These findings confirm that language is a key aspect in any communication. For any communication process to be successful, language has to be taken into consideration. To concur Ibrahim and Ibrahim (2017) posits that language has to be correct to mean what it means to say, and for the audience to do what the language dictates, failure to which, what should have

been done will remain undone. Sayo and Ngigi (2018) agrees that the use of complex language can hamper reporting and this in turn can cause frustration for the viewers and other mass media audiences.

In many studies, language has been highlighted as a major problem in communication expressed as linguistic noise (Ibrahim and Ibrahim (2017)). This is perpetrated through the use of unfamiliar words, presenting unfamiliar meaning, poor sentence structure and poor pronunciations (ibid, 2017). Further, Buarqoub (2019) highlights that poor language choice, accent, missing and misused words as well as poor grammar can hamper a communication process causing frustration and a feeling of wastage of time on the affected as depicted by **discussant 6** in **excerpt 1** who stated that sometimes you can watch special programs on television but end up admiring the journalist and the panel members involved due to complexity of language used. This response indicates frustration associated with inability to deduce meaning from some mass media content due to inappropriate language used. Kapur (2018) advises that when communicating with other persons irrespective of the media used, a common language for the parties involved should be used. **Discussant 4** in **excerpt 1** appeals to the media to use the right language to enable them to understand these rights. This implies that the messages on patients' rights might have been disseminated but the discussant failed to draw meaning from the same due to linguistic barriers.

The appeal to vernacular radio stations and other media to disseminate messages on patients' rights as expressed by **discussant 3** in **excerpt 1** and **discussant 5** in **excerpt 2** show the desire of the mass media audience to have patients' rights messages presented in the simplest language for easy understanding. According to Media Innovation Centre (2021), media content is a language-based product. Thus, language used is the determinate of not only how the media product will be received but also on how it will be utilized. Language use varies across various audience base i.e. the urban based media audience would prefer English media content whereas rural based would prefer media content in Kiswahili language (ibid, 2021). Macharia (2019) agrees that vernacular radio stations and other media messages presented in the vernacular can easily resonate with their audience because they bring about an aspect of identity by referring to the local surroundings. Hannon et., al (2009) summarize the danger associated with the use of inappropriate language in health communication by stating that the use of language that cannot be comprehended among target groups can increase inequalities due to low literacy levels. Further, Antwi-Boateng, et.al (2023) agree that in rural areas, people listen to vernacular radio stations to overcome language challenges which limit them in terms of the news and other media content they are exposed to. This confirms the sentiment raised by **discussants 5** in both **excerpts 1** and **2** whereby the former appeals to their vernacular radio station to inform them on patients' rights. In addition, the latter appeals to inclusion of more content on patients' rights in news and other special programs. Lack of appropriate language use has prompted 'irrelevant' and 'unrelatable' messages on patients' rights.

Culture and religion

According to Madden (2022), cultural beliefs can lead to lack of openness in communication sessions where two or more cultures are involved. This agrees with the findings of this study, in **response 6**, a journalist highlighted that the women in the North of Kenya shied away from giving them information on contraceptives because their religion prohibits them. In addition, in **response 7** people in some communities associate some illnesses with curses and thus they fear talking about such diseases.

This portrays that at a community level, only culturally and religiously acceptable information can be shared with journalists or publicized. This affects the clarity of information shared by sources at the community level and later disseminated through the mass media to the mass audiences. In some instances, these sources can end up giving inaccurate information for fear of being cursed or to avoid being involved with culturally or religiously unfit stories. Waitzman et.al (2019) advise that to break the barriers associated with culture and religion in law and medicine, collaborative ways of communication between communities and the mass media have to be sought. Journalists have to understand religious and cultural backgrounds of their sources to remedy the situation. Radwan (2022) summarizes the influence of culture on communication by highlighting that culture influences how individuals comprehend themselves and others. The same culture has also affected the kind of content being relayed whereby some information is withheld by sources because it's 'culturally unfit' to be exposed. As highlighted by journalists in response **6** and **7**, cultural taboos and associated beliefs have continued to mar the information-sharing processes and patients' rights related information is not an exception.

Interference from Corporate Organizations

As exposed in **response 9**, journalists struggle to distinguish between public relations (PR) work and journalistic work. Weder et.al (2023) observe that the two disciplines are interdependent. However, it is notable that lately, PR is increasingly exerting a lot of influence on journalism (Worlds of Journalism, 2017). This factor has been brought about by increased close personal relationships between journalists and PR professionals, poor working conditions and job insecurity (Gomez et. al, 2015). The challenges highlighted are replicated in the Kenyan media context where most journalists have lost jobs since 2020 to date.

Thus, journalists in some cases fail to observe the newsroom conventions and succumb to PR (Obermaier et. al, 2015). The responses from journalist show their understanding of their role to the public especially when reporting issues involving organizations, but, they are also victims of the existing poor working conditions which have greatly affected their reportage on patients' rights issues which are in most cases overshadowed as objective journalism is downplayed for PR.

Newsroom and Government Bureaucracies

Newsroom and government bureaucracies are highlighted as challenges facing journalists in their dissemination of mass media messages on patients' rights as identified in **responses 2 and 4 in excerpt 3**. Bureaucracy refers to a controlling or management system which provides rules, regulations and protocols that have to be strictly followed by all officials employed in a given organization or company. According to Idike et.al (2019), these systems, and bureaucracies have associated negative outcomes such as a surge at work due to many restrictions. Further, Ekwenife et.al (2020) cautions that bureaucrats are adamant to change even when the stringent protocols and rules can hamper the process concerned. In the newsroom, the bureaucratic function is affected by the many editors who delay and even block content on patients' rights from being disseminated. Ekwunife et.al (2020) highlight that bureaucracy affects the type of news published whereby original news details can be altered or even suppressed by the editors, especially if the contents are not palatable to the superiors of an organization even when the story is truthful.

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

Further, politicians not only withhold facts from reaching the public through journalists as expressed in **response 4**, but can also influence what is published. Olaniran and Williams (2020) emphasize that politicians tend to control media content especially if the media is state-controlled. Further, Reporters Without Borders (2021) add that political class influence both government and privately owned media houses for fear of jeopardizing their work. The control by politicians and editor's decision could water down the stories shared on patients' rights affecting the public impact the stories demanded initially.

In addition, government interference can affect journalist's efforts to empower the general public on matters of patients' rights. For instance, in both **responses 2 and 4**, there is a high level of hopelessness registered by journalists. The two highlight why a story may fail to be published and the hurdles associated with finding facts from government departments on particular stories sometimes compel journalists to give up on such a story. This in turn justifies why very few persons have been reached with information on patients' rights. Moreover, the fact that most bureaucrats are not flexible to change (Ekwenife et.al, 2020) poses a challenge to journalists working on patients' rights reporting which falls onto a new form of journalism referred to as human rights journalism, which is the type of journalism aimed at preserving the dignity of human beings irrespective of their background and many other personal identity variables.

Hostility, Attacks and Intimidation

Attack on Journalists is another barrier that should not be ignored when disseminating messages on patients' rights. As explained in **responses 1 and 8**, the attack on journalists can be either emotional or psychological through feedback received on the stories they file or physical through hostility meted out on them from the news source as reported by various media entities. In **response 1**, the journalist highlights that whenever they cover topics that seem to be very sensitive in the assessment of mass media audiences as highlighted in the case where the journalist supported use of

contraceptives among adolescents, the mass audience attacked he through abusive and unpleasant feedback. In **response 8** journalists are physically attacked and even threatened by sources who would want to protect the information on an incident from spilling to the public through the mass media. According to reports shared on the Committee to Protect Journalists website, the number of cases of journalist's attacks and killings have doubled over all over the globe.

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

The high cost of Mass Media

The high cost of media use has resulted in less or even disuse of mass media by policymakers in the dissemination of information on patients' rights. This has left policymakers with the option of increasing the use of interpersonal channels. As reported in **response11** in **excerpt 4** above, the mass media is too costly and thus health policy experts opt for interpersonal communication avenues which seem to be less costly. This finding agrees with Hongcharu (2024) who states that mass media's absolute costs have always been high, forcing intended mass media users to seek alternatives whose costs could be lower to reach their targeted audiences. The limited media use could be attributed to lack of confidence in the mass media, unlike the blame on high cost. According to the Media Innovation Centre (2021), the media in some instances has presented misleading adverts and the immediate consequence is that potential advertisers use alternatives to mass media. This has caused decreased profits across commercial media (Bonuke, 2016). However, the drop in profits can further be attributed to the increased competition brought about by digital platforms and the adoption of terrestrial digital broadcasting as well as the effects brought about by COVID 19 in 2020 (Cardarelli, 2020). This finding on the high cost of communicating through the mass media affects the income generated as alternative communication avenues are resolved to adding this to the list of the causes of reduced income. Consequently, it contributes to low literacy levels because limited information is communicated by organization participating in awareness campaigns on patients' rights.

Ignorance of the general public

According to Dorniok (2013), ignorance is simply defined as a lack of knowledge. Absence of knowledge can be experienced at a personal level (individual ignorance), deliberately created ignorance (cultivated ignorance) and delimited ignorance brought about by ecological factors also known as permanent ignorance (Ibid, 2013). Inan (2019) concurs that amid knowledge there exists ignorance, there is no level of knowledge that can eliminate ignorance in totality, and thus, there is ignorance of some degree that a person exhibits in almost everything.

In this research article, ignorance is not only depicted by focus group discussants whose responses revealed lack of knowledge on patients' rights but has also been brought out in **response 21** whereby a journalist explains that in some instances the communities that they engage lack awareness on basic aspects. Thus, they are compelled to carry out sensitization first before they get information from such sources. This explanation spells out ignorance on public issues. The low knowledge levels on patients' rights are contributed to by the mass media due to limited coverage from rural areas. In turn, this has affected health literacy levels of the audience whereby patients are ready to forego their rights (Nevhutalu, 2016). This is revealed by **discussant 4** in **Excerpt 2** who explains that patients living with non-communicable diseases such as diabetes, and high blood pressure among others, are ready to compromise the violation of their rights for care from medical practitioners. This shows that the mass media audience in Mt. Elgon area experience limited exposure to mass media messages on patients' rights and this has resulted in thin or even no knowledge on patients' rights. This further has a great consequence on the dignity of these patients as well as the uptake of their responsibilities as patients in a treatment process leading to patient harm.

Inaccessibility of rural areas

In this study, the challenge of inaccessibility is brought about by the poor infrastructure and the failure of journalists to cover stories on issues affecting rural dwellers regularly. **Discussant 1** and **2** in **excerpt 2** reveal that content covered on

patients' rights from the rural areas is minimal. This is because journalists are seen in rural areas when something grave has occurred or in the company of politicians. This confirms why the level of knowledge on patients' rights is higher in urban areas as opposed to rural areas. Moreover, lack of infrastructure also renders these rural areas inaccessible as depicted by **response3**. These findings agree with Ibagere (2020) who states that there is limited access to rural areas by journalists due to poor infrastructure and consequently, there is little information obtained from these areas. Inaccessibility can be attributed to lack of direct and indirect engagement of mass media audience with journalists. As depicted in **excerpt 1, discussant 1** says that the only time they engage with journalists is when murder has been committed in their community or when a prominent political figure is visiting or undertaking an activity in the community. **Discussant 2** in the same excerpt states that pregnant women are the most abused in their local health facilities but they lack the means to connect with journalists to expose such acts.

This shows that mass media practitioners lack lines through which they can engage their audience to attract them to their content in addition to establishing their information needs. Thus, much of the mass media content is irrelevant and unsuitable for most rural dwellers. These findings depict a case of media shadowing in media reporting in various ways. First, the media has shadowed the geographical area focusing on what happens in big towns in their coverage leaving out what happens in the rural areas. Media has also shadowed coverage of patients' rights instead it has focused on sporadic news happenings (O'Neil and O'Connor, 2008). In addition, Gagnon et.al, (2019) posit that the media need to engage their mass audience either offline or online to attract them to their content and establish their expectations. While the online audience can be engaged through digital platforms, the offline audience can be engaged through community forums and community broadcasting through on-location production. In rural areas, considering the low internet connectivity and accessibility due to infrastructural and economic factors, they can be engaged offline (Otieno and Anyuor, 2024). This means that the mass media practitioners should strive to get the views and feedback from their audience through community centred avenues to enhance their messages on patients' rights.

The challenges identified are explained in the agenda setting theory of the mass media which knowledges the dynamic nature of the mass media environment whose changes are greatly affecting mass media's ability to change or create a favourable public agenda on its audience (Naser, 2020). The challenges reflect a complex and strained relationship between the mainstream media and its audience. It shows that the ability of the mass media to create public agenda is not only dependent on one genre of content, news, but rather varied formats need to be employed. In addition, the offensive role of the mass media is rapidly being replaced by the defensive one as highlighted.

Conclusion

The mass media message dissemination process on patients' rights is affected by both internal and external factors as well as individual and collective issues emanating from the sources of information on patients' rights such as health policy experts who choose alternatives forms of communication to mass media. Journalists also fail to address patients' rights issues due to fear of negative feedback, intimidation from sources and editorial issues. This has always curtailed the amount of information available on patients' rights affecting literacy levels among the public audience. Further the mass media audience fail to understand the messages due to complex language use. In addition, issues happening among rural communities fail to attract media attention due to unavailability of journalist. All these factors will continue to hamper the knowledge levels on patients' rights among the mass audience if not addressed by the mass media and the health policy experts and other information sources to improve knowledge levels among rural mass media audiences on patients' rights.

Recommendation

Mass media practitioners need to address audience-related challenges by working close to them deliver content that the audience can easily relate to. This implies that the mass media should play a more interpretative role in patient rights among target communities as opposed to merely informing.

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Ethical pledge

The researchers confirm that the all data collected was responsibly handled and accurately documented without manipulation of any kind or bias.

Competing interest

The authors affirm that this research was conducted without impartially competing interests of any kind financially, professionally and personally that may have influenced the outcome of biased results or interpretation.

Author's contribution

The researchers are the sole authors of this article.

Disclaimer

The views expressed in this research article are those of the author and do not necessarily reflect the official policy or position of any affiliated agencies of the authors or the journal itself.

Ethical consideration

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