


# A Critical Investigation of Parents' Self-efficacy on Polio Messages: Political Hegemony and Digressive Role of Pakistani Television in Sindh, Pakistan

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# A Critical Investigation of Parents' Self-efficacy on Polio Messages: Political Hegemony and Digressive Role of Pakistani Television in Sindh, Pakistan

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## DECLARATION

The thesis has not been accepted for any degree and is not concurrently submitted in candidature for any other degree.

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## DEDICATION

To Amma, Baba and my eldest daughter, Haneen, with love and admiration.

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## ABSTRACT

The persistent plight of polio health disease in Pakistan and its appalling treatment on television has challenged the credibility and reliability of the television institution among Pakistani citizens. Mass media polio campaigns started many years ago in Pakistan, yet polio remains a serious health threat to child development in the country. Parents' understandings of their children's health status and its perceptions can be triggered by televised health messages. However, few researchers have examined this issue by means of critical paradigm in relation to the lower middle class parents in Pakistan. Therefore, the aim of this study is to examine the lower middle class parents' perceptions, and their engagement to televised polio messages as a resource of attitude change in the Jamshoro district of Sindh province, Pakistan. This research takes issue with the socio-cultural dynamics, and political leadership affecting parents' perceptions in the study area. Indeed, perception cannot stand in the void rather it is shaped by socio-political setting of any country. This thesis argues that television as an institution in Pakistan focused on their economic benefits does not enhance parents' self-efficacy to adopt a knowledge based-outlook for attitude change in the polio eradication initiative. Besides, literatures on health only examined newspaper's coverage of health issues through content analysis technique. The methodological approach to this research employs a critical inquiry that enables this study to investigate parents' interpretations of televised polio messages with qualitative analysis through 35 in-depth interviews. Therefore, this research engrosses an investigation and critical reading of televised health messages in the realm of culture, religion, power and political hegemony. This research also observes as how these televised polio messages portray gender roles and discriminate fathers' and mothers' health position in a family affecting mothers' empowerment in child health care. The conceptual framework used to

investigate these dynamics is drawn from self-efficacy and collective efficacy of leadership under the umbrella of social cognitive theory (SCT). However, this thesis intends that self-efficacy does not exist as a single identity to adopt a change in parents' perceptions due to political hegemony over televised health messages. But a combination of self-efficacy and collective efficacy of socio-cultural leadership can bring positivity in the ideas of Jamshoro parents' cognitive attitudes. Therefore, the study proposes that "collectivism" in the light of collective efficacy of society, culture and religion is a core of Pakistani civilisation and a social morality for effective health outcomes in the polio eradication from Pakistan. This thesis also argues that gender roles in Pakistani patriarchal society oppress and discourage mothers' appraisal, and empowerment in televised polio images. This whole mechanism of mothers' oppression is a disadvantage to their cognitive perceptions that lowers and robs mothers' decisive power, self-esteem and social position in a family in relation to the child vaccination decisions in Pakistan. Yet, improved television content can facilitate parents to overcome socio-political and gender inequality issues for better health outcomes in Pakistan.

**Keywords:** Television messages, parents' perceptions, polio, political hegemony, self-efficacy

***Kajian Kritikal Efikasi Kendiri Ibu Bapa Tentang Mesej Polio: Hegemoni Politik dan Peranan Menyimpang Televisyen Pakistan di Sindh, Pakistan***

## *ABSTRAK*

*Wabak polio yang berlarutan di Pakistan dan liputan media yang ditunjukkan dalam televisyen telah mencabar kredibiliti dan kewibawaan institusi televisyen dalam kalangan rakyat Pakistan. Kempen menangani polio melalui media masa telah lama bermula sejak beberapa tahun yang lalu di Pakistan, namun polio kekal menjadi salah satu ancaman kesihatan yang serius kepada perkembangan kanak-kanak di Pakistan. Persepsi dan pemahaman ibu bapa tentang taraf kesihatan anak-anak mereka boleh dipengaruhi oleh mesej kesihatan yang disiarkan melalui televisyen. Walau bagaimanapun, tidak ramai penyelidik telah mengkaji isu ini melalui paradigma kritikal dalam kalangan ibu bapa kelas pertengahan rendah di Pakistan. Oleh itu, tujuan kajian ini adalah untuk mengkaji persepsi ibu bapa kelas pertengahan rendah, dan penerimaan mereka kepada mesej polio dalam televisyen sebagai pencetus perubahan sikap di wilayah Jamshoro, Sindh, Pakistan. Kajian ini mengambil kira isu dinamik sosiobudaya, dan kepemimpinan politik yang mempengaruhi persepsi masyarakat di kawasan kajian. Persepsi tidak boleh berdiri sendiri kerana ia dibentuk oleh persekitaran sosiopolitik di mana-mana negara. Tesis ini berhujah bahawa televisyen merupakan sebuah institusi di Pakistan yang lebih mementingkan faedah ekonomi mereka berbanding mempertingkatkan keberkesanan diri ibu bapa untuk mengamalkan pandangan berasaskan ilmu dalam proses perubahan sikap dalam inisiatif pembasmian polio. Di samping itu, literatur tentang mesej kesihatan hanya dikaji melalui isu-isu kesihatan dalam liputan akhbar melalui teknik analisis kandungan. Pendekatan metodologi kajian ini menggunakan soalan yang kritikal bertujuan untuk mengkaji pemahaman ibubapa tentang mesej polio dalam televisyen dengan analisis kualitatif melalui temubual mendalam. Oleh itu, kajian ini dilaksanakan*

*secara kritikal tentang mesej-mesej kesihatan dalam televisyen dalam bidang kebudayaan, agama, kuasa dan hegemoni politik. Kajian ini juga melihat bagaimana peranan gender disiarkan melalui mesej polio dan mendiskriminasi kedudukan kesihatan ibu bapa dalam keluarga yang telah memberi kesan kepada pemerkasaan para ibu dalam penjagaan kesihatan kanak-kanak mereka. Kerangka konseptual yang digunakan untuk menyiasat dinamik ini diambil dari efikasi diri dan efikasi kepemimpinan kolektif di bawah naungan teori kognitif sosial (Social Cognitive Theory atau SCT). Walau bagaimanapun, tesis ini tidak melihat keberkesanan diri sebagai satu identiti tunggal untuk menerima perubahan dalam persepsi kerana pengaruh hegemoni politik ke atas mesej kesihatan televisyen. Sebaliknya, gabungan efikasi diri dan keberkesanan kolektif kepemimpinan sosio-budaya dapat membawa kesan positif kepada sikap kognitif ibu bapa di Jamshoro. Oleh itu, kajian ini mencadangkan bahawa kolektivisme berasaskan keberkesanan kolektif masyarakat, budaya dan agama adalah teras kepada tamadun Pakistan dan moral sosial dan diperlukan dalam hal pembasmian polio dari Pakistan. Tesis ini juga berhujah bahawa peranan gender dalam masyarakat kebapaan Pakistan menindas dan menghalang penilaian ibu, dan pemerkasaan dalam imej polio dalam televisyen. Mekanisme ini adalah penindasan kepada para ibu dan sangat merugikan kepada persepsi kognitif mereka kerana mekanisme ini merendahkan dan mengambil kuasa penentu ibu, harga diri dan kedudukan sosial dalam keluarga berhubung dengan keputusan untuk mengimunisasi kanak-kanak di Pakistan. Namun, kandungan televisyen yang lebih baik boleh memudahkan ibu bapa untuk mengatasi masalah sosiopolitik dan isu-isu ketidaksamaan antara gender bagi mendapatkan hasil kesihatan yang lebih baik di Pakistan.*

***Kata kunci:*** *Mesej televisyen, persepsi ibu bapa, polio, hegemoni politik, efikasi diri*

## TABLE OF CONTENTS

**Page**

**DECLARATION** ..... i

**DEDICATION** ..... ii

**ACKNOWLEDGEMENT** ..... iii

**ABSTRACT** ..... vi

***ABSTRAK*** ..... viii

**TABLE OF CONTENTS** ..... x

**LIST OF TABLES** ..... xvi

**LIST OF FIGURES** ..... xvii

**CHAPTER 1: INTRODUCTION** ..... 1

1.1 Pakistan: A Historical Overview ..... 5

1.2 Health Structure in Pakistan ..... 6

1.3 Media Coverage of Health Issues in Pakistan ..... 9

1.4 Selection of Private Channels for this Study ..... 13

1.5 Statement of Problem ..... 15

1.6 Research Questions ..... 22

1.7 Research Objectives ..... 22

1.8 Significance/Scope of Study ..... 23

1.9 Structure of the Thesis ..... 24

1.10 Conclusion ..... 26

**CHAPTER 2: LITERATURE REVIEW, CONCEPT AND THEORY** ..... 27

2.1 Media Intervention and Health Perspective ..... 28

2.1.1 Parents' Perceptions and Televised Polio Messages ..... 32

2.2 Political Hegemony and Televised Health Messages ..... 37

2.2.1 Political Commitment in Televised Polio Messages ..... 42

2.2.2 Parents' Perspectives and Socio-Cultural Factors Involved in Polio ..... 47

2.3 Disparities among Roles of Fathers and Mothers and Mothers' Oppression in Polio Messages ..... 50

2.4 Concept ..... 54

2.4.1 Use of the 'Perception Concept' ..... 54

2.5 Theory ..... 57

2.5.1 Umbrella of Social Cognitive Theory ..... 57

2.6 SCT Theoretical Concepts ..... 59

2.6.1 Self-Efficacy ..... 59

2.6.2 Collective Efficacy ..... 67

2.7 Self-Efficacy, Gender Roles and Mothers' Oppression ..... 70

2.8 Social Cognitive Theory in Mass Media and Health Promotion ..... 73

2.9 Critiques on Social Cognitive Theory ..... 75

2.10 Conceptual Framework ..... 77

2.10.1 Self-Efficacy ..... 77

2.10.2 Self-Efficacy and Four Sources ..... 78

2.10.3 Collective Efficacy and Socio-Cultural Leadership ..... 80

2.10.4 Self-Efficacy, Gender Roles and Mothers' Oppression ..... 81

2.11 Conclusion ..... 83

**CHAPTER 3: METHODOLOGY** ..... 86

3.1 Epistemological Position ..... 87

3.2 Research Approach ..... 89

3.3 Research Design ..... 90

3.3.1 In-depth Interviews ..... 90

3.3.2 Setting the Interviews ..... 93

3.4 Research Site Overview ..... 95

3.5 Why Lower Middle Class ..... 99

3.6 Population and Sampling for In-Depth Interviews ..... 102

3.6.1 Sample Frame/ Size for In-Depth Interviews ..... 103

3.7 Language ..... 104

3.8 Data Analysis ..... 106

3.8.1 Data Analysis Procedure for In-Depth Interviews ..... 106

3.9 Reliability ..... 112

3.9.1 Reliability Verification in Present Study ..... 113

3.10 Validity ..... 117

3.11 Ethical Considerations ..... 118

3.12 Insider and Outsider ..... 119

3.13 Conclusion ..... 121

**CHAPTER 4: TELEVISION ENGAGEMENT: THE EFFECTS OF TELEVISED POLIO MESSAGES ON PARENTS' SELF-EFFICACY** ..... 123

4.1 Demography of Research Participants ..... 124

4.1.1 Parents' Vital Statistics and Socio-Economic Outline ..... 125

4.1.2 Geographic Division of Research Participants from Jamshoro ..... 125

4.1.3 Gender and Age Composition ..... 126

4.1.4 Religion ..... 128

4.1.5 Employment and Education ..... 128

4.1.6 Time Period of Stay in Jamshoro ..... 130

4.2 Parent's Engagement with Television ..... 134

4.3 Health Discourse in Pakistan ..... 134

4.4 Low Level of Trust between Public and Private Television Channels ..... 140

4.5 Television in Pakistan: Resource of Provision for Polio Information ..... 145

4.6 Poor Knowledge of Polio ..... 152

4.7 Conclusion ..... 159

**CHAPTER 5: MIND-SETS AND HEALTH OUTCOMES: SELF-EFFICACY SOURCES AND CONTRIBUTING FACTORS ON PARENTS' POLIO DECISIONS** ..... 161

5.1 Edification/Learning from Society ..... 162

5.2 Content Information and Parents' Experiences ..... 164

5.3 Social Support ..... 168

5.3.1 Low Salary and Self-Efficacy ..... 171

5.4 Stress/Anxiety ..... 171

5.5 Conclusion ..... 173

**CHAPTER 6: COLLECTIVE EFFICACY AND LEADERSHIP: POLITICAL HIJACKING AND SOCIAL-CULTURAL CONSTITUENTS IN POLIO MESSAGES** ..... 175

6.1 Collective Efficacy: Authoritative Political Leadership and Health ..... 178

6.2 Influence of Socio-Religious Leadership and Parents' Polio Decisions ..... 183

6.3 Hegemony of Political Leadership and its Relationship with Televised Polio Messages ..... 192

6.4 Politicisation of Polio Messages in the Realm of Islam ..... 197

6.5 Conclusion ..... 203

**CHAPTER 7: GENDER ROLES AND MOTHERS' OPPRESSION WITHIN FRAME OF SELF-EFFICACY** ..... 206

7.1 Televised Polio Messages in the Light of Gender Representation ..... 207

7.2 Mothers' Role in Televised Polio Messages: Oppressed Representation ..... 213

7.3 Televised Messages: Gender Relations and Impact of Suppression on Mothers' Access to Polio Information ..... 220

7.4 Attribution of Mothers to Mould Fathers' Attitudes in Polio Messages ..... 226

7.5 Conclusion ..... 232

**CHAPTER 8: CONCLUSION** ..... 235

8.1 Key Findings ..... 237

8.1.1 Combination of Self-Efficacy and Collective Efficacy of Socio-Cultural Leadership ..... 239

8.1.2 Four Components of Self-Efficacy ..... 240

8.1.3 Collective Efficacy and Socio-Cultural Leadership ..... 243

8.1.4 Self-Efficacy and Gender Roles ..... 243

8.2 Contribution to Knowledge ..... 245

8.2.1 Theoretical Contribution ..... 245

8.2.2 Contribution: Critical Perspective on Television ..... 247

8.3 Practical Implications ..... 249

8.3.1 Implications for Television Officials ..... 249

8.3.2 Implications for Health Policy Makers ..... 250

8.4 Limitations of the Study ..... 251

8.4.1 Sampling Size ..... 252

8.5 Generalisabilty of Results ..... 252

8.5.1 Generalisability of the Study ..... 252

8.6 Implications for Future Studies ..... 253

8.7 Final Thoughts ..... 255

**REFERENCES** ..... 258

**APPENDICES** ..... 297

## LIST OF TABLES

**Page**


Table 1.1 Number of Polio Cases ..... 16

Table 3.1 Table Showing Area of the Population under Study ..... 102

Table 3.2 Example of a Code with all its Related Parts from all the Interviews ..... 111

Table 3.3 Percentage of Parents' Beliefs regarding Health in Pakistan ..... 112

Table 4.1 Composition of Research Participants by Age ..... 127

Table 4.2 Classification of Education among Research Participants ..... 129

Table 4.3 Research Participants' Categorisation of Residency in Jamshoro ..... 130

Table 4.4 Daily Time Spent Viewing Television ..... 132

Table 4.5 Configuration of Parents' Opinions Regarding Health in Pakistan ..... 136

Table 4.6 Preferences of Television Channels among Parents in Sindh Province ..... 141

Table 4.7 Source of Inspiration among Televised Polio Messages ..... 148

## LIST OF FIGURES

**Page**


Figure 2.1 Adopted as Triadic Reciprocal Causation in the Casual Model of Social Cognitive Theory by Bandura (2001) ..... 76

Figure 2.2 Conceptual Framework Adapted from Social Cognitive Theory (2002)..... 84

Figure 3.1 Map of Sindh University Colony, Jamshoro..... 97

Figure 3.2 Map of Liaquat University of Medical and Health Sciences (LUMHS) Colony, Jamshoro..... 97

Figure 3.3 Map of Mehran University of Engineering and Technology (MUET) Colony, Jamshoro..... 98

Figure 3.4 Location of all three Universities' Colonies ..... 99

Figure 3.5 Maykut and Morehouse's Constant Comparative Approach (1994) .....108

Figure 3.6 Microsoft Snapshot: An Illustration of General Rule of Inclusion for In-Depth Interview Text..... 110

Figure 6.1 Diagram Representing Collective Efficacy of Political and Socio-Cultural Leadership..... 203

# CHAPTER 1

## INTRODUCTION

Parents are the primary agents of learning and motivation in the realm of health education. They contribute to the development of a community and child's health. Substantial studies have been conducted around the world, highlighting relationship between parents and child health (Opel et al., 2013; Aslam & Kingdon, 2012; Leask et al., 2012). But in a traditional setting of a Pakistani family, the role of parents in upbringing a child is unheeding by most of the parents. The fathers are generally busy in earning money while mothers are engaged in fulfilling their household activities. Likewise, Aslam and Kingdon (2012) also deposit that parental responsibility towards child health is very poor and surprising in Pakistan due to lack of education and proper awareness.

Parents' participation in childhood immunisation can contribute to the promotion of health awareness programmes in any country. Imran et al. (2018) also stressed the participation of Pakistani parents in immunisation activities for the progress in achieving the growth in vaccination ratio. Therefore, in order to increase parents' involvement in child health care, good knowledge of immunisation is essential. In recent years, polio vaccination campaigns are the latest tactics applied in order to change Pakistani health behaviours (Basharat & Shaikh, 2017). However, Pakistan is still one of the foremost countries to hold the twofold burden of infectious and non-infectious diseases. Therefore, Global Polio Eradicative and EndGame Strategic Plan 2013-2018 urges the nations globally to improve routine immunisation among its people (World Health Organization, 2017).

Health education programmes in Pakistan started during the year 1990 through the collaboration with international health institutions. However, health being the most imperative socio-economic sector was not considered as a matter of concern in relation to public spending to provide a better health for its citizens (Murtaza, Mustafa & Awan, 2015) affecting child health at large. It is because Pakistan is ranked at the lowest amid 5% nations that spend less expenditure over health (World Bank, 2013). The health indicators of the country show an alarming situation in the global world in relation to the infectious diseases. Pakistan unfortunately is also fighting with many preventable and childhood contagious diseases. These adversities are responsible for two thirds of the burden of health calamities in the country, including polio disease (Hyder & Morrow, 2000). Therefore, in this case, child mortality rate under 5years of age in the country is also high that counts for 94 deaths/1000 live births due to infectious diseases (Lalji & Kamal, 2010). These numbers of deaths put serious challenges to Pakistan for its contribution to the global health in order to combat with the economic and social burdens of life.

Polio disease is characterised as the disability, financial and physical burden in the eyes of people existing in Pakistan. This phenomenon is observed among all fragments of Pakistani society mainly lower middle class due to improper utilisation of health knowledge. However, one of the major causes of missing the polio drops or vaccination is the result of a handicapped child. A paralysed or disabled affected polio child's existence in Pakistani society lies as a dysfunctional family. Polio has greater effects on family institution and their ways of lives. Parents do not expose their children to society as they feel ashamed of their disabled children (Lalvani, 2011). In a Pakistani patriarchal social configuration, a son is always considered a *Waris*, meaning he is the person who will carry the lineage of the family. Therefore, on the one hand, fathers who termed their sons to be

the financial care takers of their families in Pakistani society (Ashfaq et al., 2016) in their old age loses a hope of better living. While mothers, on the other hand, show anger to the male child as she cannot cope up with her routine responsibilities in a regular way.

Additionally, if the handicapped child is a girl in Pakistan, it is even more difficult and emotional for parents as they do not find any marriage proposals for them. Thus, in Pakistan, the central and primary duty of parents is to get their daughters married as soon as possible once they are young. This tendency of early marriages prevails among all four provinces of Pakistan, however, its ratio is higher in the Sindh province of Pakistan (UNICEF, 2015). Otherwise, the social environment does not allow the females to live a peaceful life and they are victimised and distressed. Thus, in Pakistani families, a boy child is always preferred over girls (Tarar, 2012).

Mothers' participation in child health care and immunisation has been identified by health practitioners and scholars as an emerging source of upholding positive health practices among child health measures specifically in terms of decision-making process. However, in a cultural-religious background like Pakistan, despite of the fact that mothers are the guardians of the children in their day-to-day activities, (Sathar & Kazi, 2000) the male heads are the indicators of dominancy in health-related decisions. This can be specifically observed in the low-educated families in Pakistani region holding little exposure to mass media and social surroundings. Though, Masood and Sahar (2014) also identified that fathers' involvement in Pakistani families regarding child's daily routine and health care is minimal. Even then, mothers occupy limited freedom in holding their child's health decisions. Hence, mother's inappropriate knowledge, lack of awareness, low education and inferior esteem in a social setup of developing nations weakens women empowerment and participation in health campaigns (Osamor & Grady, 2016). In this

scenario, it becomes crucial for the health planners to disseminate appropriate information and understanding among mothers to be the active participants in awareness messages to reduce male chauvinism and encourage mothers' empowerment through televised health messages. Therefore, Vonasek et al. (2016) claimed mothers' awareness, attitudes and participation as the major components in positive health outcomes of a child in low-income countries of the world.

Television health messages always boost up and refresh the knowledge of targeted infectious diseases and health at large to a wider audience. Wakefield, Loken and Hornick (2010) defined that the vaccination ratio in Bangladesh grew in number because of mass media exposure on a national level. The government of Pakistan pointed that communication strategy in the national plan of polio eradication 2015-2016 designed mass media campaigns of polio eradication only to inform parents about polio disease, the vaccine itself or its safety. It is argued that the campaign deficit the necessity of cultural norms and beliefs that are related to polio acceptance or participation of parents due to traditional milieu. Moreover, there was also a lack of integrity on establishing a righteous relationship between political machinery and parents. Therefore, Wakefield et al. (2010) also articulated that sturdy strategies and supervision on media material is therefore vital in bringing unconventional changes among mass health behaviours.

Accordingly, this project investigates parents' perceptions of polio televised messages among lower middle class families in Sindh province of Pakistan. It aims at exploring parents' capabilities of consuming these messages for the adoption or rejection of polio vaccinations. Additionally, this research project focuses and describes the socio-political barriers that are essential traits among parents' polio vaccination decisions. Moreover, this study seeks to discover gender oppression and discrimination in polio

messages and its influence in polio decision-making roles in a family. Using critical perspective to this existing study, the researcher attempts to explore the intertwined discourses of culture, power and supremacy to configure the means that reflect political hegemony over television health messages.

### 1.1 Pakistan: A Historical Overview

According to the Pakistan Bureau of Statistics Division, Census 2017, Pakistan's current population is 207.774 million. Pakistan holds the easternmost division of the Indus valley formed on the basis of two-nation theory in the year 1947. It consist of the ideology that Hindus and Muslims are two separate countries. Therefore, Muslims should occupy a separate nation where Islam can be practiced and Muslims' identity and socio-political rights can be preserved. Pakistan is a country of diverse ethnical background having strong connection with culture and traditions. It has the median age of 22. Therefore, it is stated that 68.4% Pakistanis are below the age of 30 years. (Ministry of Climate Change, 2015). The literacy rate in Pakistan in accordance to 2012 census is 56% that includes both male and female in urban and rural areas (Rehman et al., 2015). This 56% shows poor performance of the country in education as a main contributor to development and economy. Therefore, it has been stated that Pakistan is among the few topmost developing countries with less opportunities and access to education and health (Alam, 2017).

Pakistan is categorised at 146$^{th}$ position out of 187 countries concerning human development that indicates its lowest mark highlighting slow progress in education, food, health and law and order situation of the country (Salik et al., 2015). Studies suggest that different opinion leaders as social, political or economical play an active role in health initiative (Warigon et al., 2016; Gilson, 2016; Khan et al., 2015). But socio-political

growth in Pakistani landscape has always ignored health since its independence. Pakistan established its National Health Policy in 2010 that intended to decrease disease burden in order to improve basic health care facilities (Salik et al., 2015). However, the hoist in climate acute and flood risks in Pakistan may further put public at risk due to less health care facilities.

## 1.2 Health Structure in Pakistan

Pakistan has a heterogeneous public and private health care system (Akram & Khan, 2007). The health structure in Pakistan works under the federal ministry which is further divided into provincial and district health departments. But back in 2011, the federal ministry under the 18$^{th}$ amendment was devolved into provinces (World Health Organization, WHO, 2015). Hence, it was the only country to function its health indicators excluding the capital health institution. Hence, soon in 2013 after the bombardment of infectious diseases emerging in the region, the federal health institution was re-installed in 2013. Despite this, Pakistan's health structure reflects organisational elusiveness because of the distribution of health facilities to federal and provincial governments (Islam, 2002).

Public health distribution of the state operates as a cohesive health composite that is governed beneath different constituencies of the district (Khan, 2016). The primary health services in Pakistan are provided by Basic Health Units (BHU) and Rural Health Centers (RHC). While, the secondary health care is the responsibility of Tehsil Head Quarters (THQs) and District Head Quarters Hospitals (DHQs) assisted by the care from medical training hospitals and are mostly present in urban areas (Kurji, Premani & Mithani, 2016). Tertiary health care is responsible to provide specialist facilities under the administrative authority of provinces to public and usually present in capital cities or major districts of

Pakistan (Lorenz, Khalid & Akhtar, 2011). However, tertiary health care is the most expensive public health care in the country than primary and secondary health care. It is projected that Pakistan expends 85% of its resources over tertiary hospitals that is utilised by only 15% of its citizens (Islam, 2002). Whereas, only 15% is allocated over primary health services and it is consumed by 85% of the people (World Bank, as cited in Islam, 2002). However, all these health facilities are quite limited in its scope and therefore, Pakistani health structure is still incoherent. The reasons can be poor governance, lack of access to health care, poor health quality, untrained staff and improper health planning (Kurji et al., 2016). This inadequate health system of the country results in lower consumption of public health facilities by the public at large. Therefore, Pakistani citizens prefer to go to private doctors and spend a huge amount of money, thus increasing people's expenditures and making them more deprived (Nishtar et al., 2013).

The private health care system is being consumed by most of the citizens in Pakistan. The ratio is even higher in Sindh province (WHO, 2015). Thus, only 23% employ the public health care services in the region (Islam, 2002). In many developing nations, private health system has been adopted due to the poor management of the government in fulfilling the basic health requirements of its citizens (Shaikh et al., 2010). Therefore, people's contentment over the health system in Pakistan also continued to be the same for many years (Shaikh et al., 2010). Various research studies on Pakistan's health system have identified a number of elements responsible for the lack of trust and confidence of its citizens over government (Kurji et al., 2016; Bhutta & Hafeez, 2015; Akram & Khan, 2007). However, the most common factor documented in these studies is the abuse of power involved in health departments. In this regard, Islam (2002) asserted that corruption and transparency are the two domains Pakistan has failed to realise since history, in

connection to economical, developmental, health and political system to ensure good governance (Islam, 2002).

Pakistan Economic Survey (2016) documented that the current expenditure on health is US$ 37 per capita, which is lesser than World Health Organization's (WHO) recommended average as US$ 42 per capita. The overall health budget allocated in the year 2016 shows a rise of 17.5% above last year. However, this increase and allocation of budget are not used for the social development in order to enhance the quality of life of its people (Ather & Sherin, 2014). Thus, the public health officials' principle concern is to gratify their own associations and links with other entities for their economic and political power interests. The employment in the development sector is generally given to those personnel who have self-personal links with the high profile personalities of the state (Kurji, Premani & Mithani, 2016). Moreover, it is argued that at ground level, doctors are the personnel responsible for controlling the exploitation of power and authority in any region. It is because the kernel of doctor-patient liaison lies on the basis of trust in attaining constructive health outcomes. Hence, corruption has destroyed the faith of the public in the health care delivery system in India (Chattopadhyay, 2013). However, in practice, doctors' command over decisions is negligible in Pakistan. The control is in the hands of government which due to its poor management has lost the conviction over health institutions of Pakistan (Kurji, et al., 2016).

Additionally, as per official statistics on immunisation in Pakistan 2006-2007, 97% of the immunisation in the country is offered by NEPI (National Expanded Programme on Immunization) while the private sector is accounted for a 3% service in the region (as cited in Owais et al., 2013). Regardless, of all this health expenditure spent and vaccination activities designated towards polio, the country is suffering from the chronic disease.

According to Bill and Melinda Gates Foundation, directives to eradicate polio are continually at risk. The efforts in the three polio endemic countries, including Pakistan to reach unvaccinated children are often hampered by security risks along with geographic and cultural barriers. Hameed (2007) explained that around 24,000 children were not vaccinated in the country because of the religious claims declared by the religious clerics which stressed that the children who die of polio are martyrs. Thus, Pakistan also puts enormous efforts to initiate health education in the state. However, the state is struggling with various complications due to low literacy and cultural traits (Mumtaz et al., 2014).

Aside from the misconceptions and lack of awareness of polio campaigns among the people, the security situation in Sindh province of Pakistan (where this study lies) is highly critical for polio immunisation activities. Various newspapers and news channels reported that vaccination teams along with female workers have been targeted in the Sindh region during December 2012 polio campaigns. Thus, this puts a question mark on the families of the vaccination teams to allow their females to carry polio activities. Further, the elders or male members of the families in the Sindh region due to restricted cultural backdrop (Khatwani, 2016) feel uncomfortable of men being provided door-to-door polio vaccines to their children in their absence as they go out in the morning to earn for their families.

### 1.3 Media Coverage of Health Issues in Pakistan

Television plays a very significant role in shaping up the minds of parents. As Gerbner et al. (2002) in cultivation theory also put that television has the power to form attitudes of the people in line with their own lives. Hence, this effectiveness of television is prominent and increasing with the passage of time in Pakistan. It is said that even in the rural areas, where lower middle class is striving to meet with their daily lives, the majority of it owns a

small television set in their households. However, the role of Pakistani media under critical and trepidation social circumstances in the country has been persuasive. But its part in the development sector, particularly health has been ignored at a larger level.

Today, media is a central part of people's lives. It has persuasive and pervasive roles to play as a catalyst between people and public health education (Curry, 2005). Media and health communication are the new emerging themes in developing countries which can mould the attitudes of people in society. Hashmat (2012) indicated that media can be the tangible tool in health awareness and promotion of child and mother's health in Pakistan**.** Thus, knowledge of targeted audience needs to be assessed during health campaigns for adaptation in health outcomes. Information is a significant cognitive constituent in the course of influencing health attitudes that can be fulfilled through media execution of health messages (Zhang et al., 2015; Randolph & Viswanath, 2004). It is due to the fact that norms, values and social institutions in one's life have a greater impact upon them. Moreover, media's influence over health issues has been widely acknowledged in research studies. Mahr (2013) stated that India is an exemplary figure to the polio endemic countries for the attainment of successful mass media vaccination campaigns in the battle against polio.

However, Curry (2005) viewed that policy makers often do not realise the significance and strength of the media that can alter people's beliefs in connection to health issues. It is because media houses do not seek themselves to be a role model in changing public health system. One of the reasons of this inadequate role of media is due to the fact that media organisations perform under certain coercions (Eijaz, 2012). These constraints can be social, cultural and political, (Eijaz, 2012) depending upon the ideologies of organisation and government. This example can be best suitable in the case like Pakistan.

Pakistani electronic media, particularly private television channels operate under private ownership. But due to economic purposes, government's heteronomy over media content and television messages halted media impartiality for its survival (Mezzera & Sial, 2010). Media content in the country is enormously hijacked by political actors. Television channels provide an image of their activities mostly in the form of political news, its analysis and talk shows (Mezzera & Sial, 2010). It is because firstly, all private channels in Pakistan almost depend on advertising for their revenues and economic survival. These channels are commercially pivoted and exhibit content based on higher ratings (Mezzera & Sial, 2010). Secondly, the state and policy makers in Pakistan have an effective control over media institutions through the indirect means of advertising grants. Therefore, several media houses in Pakistan make efficient efforts to oblige government requests of favouring them by providing positive coverage (Yusuf, 2013). Moreover, the growth in Pakistani broadcast media is proliferation of government financial assistance to media houses. This monetary help is observed in the form of estate properties, plots, foreign tours, business contracts or some other expensive gifts, illegitimately in order to support and favour governmental policies (Yusuf, 2013).

Private channels of the country are dominated by the political scenario of the country and offer a variety of coverage to political issues in its political socialistaion rather than developmental issues (Yousaf, 2012). The media propagation of the health sector in Pakistan has always been discouraging and limited to the dissemination of news about the diseases prevailing at the meantime. It does not provide the first-hand-knowledge to deal with such existing health problems nor highlights the issue in detail. Malik and Wasey (2013) postulated that electronic media only covers the health sector with negative images which does not uplift people's perceptions to participate in health awareness programmes.

Therefore, to achieve the WHO global initiative to eradicate polio in Pakistan is only possible when parents also contribute and apprehend the importance of polio media messages throughout the country. But there are some limitations in the implementation of this target. One of the most important entanglements in the region about parents is the knowledge of perceiving the polio vaccine as haram (non-Islamic) for Muslims. Further, parents do not allow the polio vaccination teams to step into their houses as they do not trust their identity as a health worker. Thus, Yasin (2016) pointed that people's doubts over the polio issue and instability has further worsened the situation in Pakistan. Thus, television's propagation of health issues through its messages needs to be executed properly to be an active part in eliminating the global battle of polio in the region.

In this regard, Abimbola, Malik and Mansoor (2013) cited that polio eradication activities should be considered and emphasised to be a part of routine health services rather than publicising the door-to-door service as a national agenda through the media. Additionally, Abimbola et al. (2013) argued that such publicity helps the investigative agencies to practice these vaccination campaigns for their own purposes. This can be embodied with the case when US investigative agencies used false hepatitis B vaccination campaigns in order to chase Osama Bin Laden in Pakistan that presented a negative image of polio awareness messages in the eyes of public (Khowaja et al., 2012). Therefore, it is crucial for television medium as well as the policy makers to disseminate effective media messages to parents, which can guide them in obtaining right decisions for the immunisation of their children.

This on-going study consequently counts the consumption of parents in context with television messages of polio campaigns. It is because parent's perceptions and their rigid attitudes towards polio can be filtered, if television broadcasts influential messages having

a political free autonomous structure. Thus, the thesis also explores the ground realities of acceptance and rejection of mothers and fathers to polio vaccination mainly the parents of Sindh. The thesis, then also discusses about the sovereignty of fathers and mothers' oppression in televised polio messages in relation to their children's vaccination decisions. The field of research is health communication and is limited to parents' perceptions of television messages.

### 1.4 Selection of Private Channels for this Study

Under the ordinance of 2002, Pakistan Electronic Regulatory Authority (PEMRA) issued license to private television channels for the first time in the country (Riaz, 2015). PEMRA is an autonomous body functioning in Pakistan and aims to provide information, education and entertainment to improve the quality of life of its people in every developmental issue. Thus, till 2002, Pakistan had only one official television network called Pakistan Television (PTV) consisting of different regional channels. Hence, PTV is owned by the government of Pakistan. It replicates government policies and its ideology is to support and highlight government's motives. The coverage of PTV is nationwide to those possessing a television set. While the reach to private channels consists of a cable or satellite connection consisting of 85 private TV channels which includes 20 news channels (Yusuf & Schoemaker, 2013; Mezzera & Sial, 2010). It is stated that the year 2008 provided a boost to satellite television channels and 30 television channels were launched in the country under its authority (Yusuf & Schoemaker, 2013).

The private television channels were established in order to educate the masses. It also aimed at improving the knowledge of the people in Pakistan as religion, current affairs, science, social and developmental sector etc. (PEMRA, 2016). However, the horizon of private television channels is vast in Pakistan. These channels are much freer

than the government owned media in the country. In 2008, a BBC survey reported that Pakistan official television news channel decreased its viewership due to the emergence of private channels (as cited in Yusuf, 2013). Three private channels selected for this study include Geo TV, ARY Network and Express TV among several channels for investigation of research objectives. These three private channels are owned by independent and dominant media groups in print media and enjoy the bulk of advertising revenues.

However, after the emergency imposed by army government in 2007, GEO television network went off-air for few months because of intriguing viewers by taking anti-government standpoint on the situation (Ricchiardi, 2012). Since, 2008, licensing process of private television channels in Pakistan has also been manipulated by the largest ruling party at the provincial level despite of the fact that only PEMRA is responsible for allowing licenses to the channels, the state's interference is apparent. GEO television network since 2008 has also not been provided license due to their criticising over the policies of the ruling party (Yusuf, 2013). Similarly, cable operators in Pakistan are also pressurised by the state government to block the channels that are anti-government. In this regard, transmission of ARY network was also blocked for showing negative images of President of Pakistan in the year 2010 (Yusuf & Schoemaker, 2013). These both incidents reveal the media landscape in Pakistan with indirect control and manipulation of government and political parties to strengthen their own power in the name of liberalised media.

Further, among all other news channels, GEO, ARY and Express have achieved their own single identity and are the top three most popular channels in terms of television ratings in 2015. GEO TV has the maximum share of viewership with an average reach of approximately 31% as designed by electronic measures in Pakistan followed by Express

News as 11% and ARY News with 14% respectively (Same'e et al., 2014 ; Yusuf, 2013). In relation to all above statistics and conditions, it is extremely interesting and imperative to study that how parents perceive these channels for their source of information on polio and health in general.

## 1.5 Statement of Problem

Immunisation can fight against the death rates caused by infectious diseases as measles, tetanus, cough, pneumonia and polio. World Health Organization (WHO, 2017) facts on immunisation coverage estimated that every year 2 to 3 million deaths are controlled by immunisation. Moreover, the figure of 1.5 million can also be reduced by ameliorating the world immunisation health outcomes (WHO, 2017). It is because non-vaccinated children can produce profound health challenges to the nation, damaging country's control over health diseases. In this regard, Murtaza et al. (2015) asserted that non-immunisation is a matter of concern for Pakistan as it exhibits the inefficacy of immunisation awareness campaigns in the nation. Pakistan initiated its immunisation programme in 1978 (WHO, 2017), but even then country's progress is steady and slow out bursting measles and polio in previous years.

Polio is a crippling and potentially fatal infectious disease. It is a highly infectious viral disease that attacks the nervous system (Ghafoor & Sheikh, 2016). Pakistan is the major contribution and reservoir of polio diseases globally (Kanwal et al., 2016). Global Polio Eradication Initiative (GPEI) was commenced in 1988 by WHO and the aim to declare a world polio-free was not accomplished till 2000 (Toole, 2016). Instead of the rapid progress in the coming years, polio cases were reported even more in 2010 (Toole, 2016) as 1352 in total worldwide (WHO, 2015). This gave the evidence of polio existence in more than 20 countries including Pakistan. All other polio endemic countries succeeded

in the battle against polio excluding Pakistan, Nigeria and Afghanistan till 2016 (Yasin, 2016). Thus, as the Global Polio Eradication Initiative (GEPI, 2014) projected that on the one hand, around $2 billion every year are allocated for the global eradication of polio. While on the other hand, estimated US $2.5 million were being consumed in Pakistan alone to focus on the elimination of polio for the year 2013. Even then, it is said that the incapability of the government to overcome this enduring disease intensified the morbidity and mortality rates among the children under 15 which constitutes 45% of the total population in the state.

**Table 1.1:** Number of Polio Cases

| Number of Polio cases in World | Number of Polio cases in Pakistan | Number of Polio cases in Sindh |
|---|---|---|
| 1999=7141 | 1999=558 | 1999=53 |
| 2010=1349 | 2010=144 | 2010=27 |
| 2012=202 | 2012=58 | 2012=4 |
| 2013=416 | 2013=93 | 2013=10 |
| 2014=359 | 2014=306 | 2014=30 |
| 2015=70 | 2015= 51 | 2015=4 |
| 2016=35 | 2016=19 | 2016=13 |

**Source:** Adapted from Global Polio Surveillance Data (2016) and End Polio Pakistan Summary on Polio, 2016

According to Table 1.1, Pakistan accounted 558 polio cases in 1999 which decreased to 28 in 2005 giving hope towards eliminating polio from the region (Kanwal et al., 2016). But in the coming years, this figure despite of lowering down, shifted up and down continuously that resulted a threat to the international concern of the polio eradication plan. Further, the rise of 144 polio cases during 2010 in the country because of natural disasters imposed damage to the country's public health infrastructure mostly affecting basic health units and medical dispensaries. The province of Sindh, Pakistan suffered most proportional damage with 11.7% of total health facilities damaged or destroyed. Shabir (2013) reported that 515 health services in the country were affected due to the 2010 floods from the total

number of 9721 health resources. Whereas, out of which, 2957 were located in flood-affected zones of Pakistan. Moreover, it was estimated that eradicating polio from the world can save $1.5 billion in the immunisation expenditures (Turner, as cited in Closser, 2010). However, in the year 2014, Pakistan observed a drastic rise of 306 cases accounting 85% of the total global burden of polio cases (UNICEF, 2015). Thus, these fluctuating statistics of polio posit alarming concerns over the factors and obstacles involved in decreasing the financial burden of global health which explicates the essentiality of the research problem to be studied. Moreover, these statistics of 306 polio cases in Pakistan is against the aim of WHO which wants to create free polio country.

In respect to the above scenario, developing countries witnessed many developmental-health programmes and communication media campaigns to address the challenges of communicable diseases counting polio around the globe and as well in Pakistan. Polio endemic countries as India and Bangladesh heavily relied upon their media for polio outbreak control (WHO, 2017; John & Vashishtha, 2013). In this context, scholars regardless of the growing popularity of the internet still count television as the most influential and useful form of information on health issues (Burzynska et al., 2015). Therefore, to leap down the polio disease in Pakistan, National Immunisation days started in the year 1992 and are being conducted every second month to enhance awareness through television messages.

However, Zia (2013) asserted that it is distressful to observe as despite of heavy amount being consumed on these advertising polio media campaigns in Pakistan, it still deteriorates to develop reactive and responsive audiences during polio activities. Audience research viewership on television, however, deals with a variety of techniques to persuade a number of people for enormous feedback (Mytton, 2007). This response, in turn, is also

influenced by one's own knowledge. Thus, Jeffres and Perloff also proposed that "experience of a relevant event improves public retention of information provided by the media" (as cited in Saint-Victor & Omer, 2013, p. 3). Thus, televised polio messages in Pakistan are not on a regular basis rather these are telecasted during only mopping-up campaigns. It is therefore said that persistent state interference has led media analysts and members of the public to conclude that public service programming is seriously lacking (Yusuf, 2013). Thus, Pakistan's established institutions are always encircled by a range of controversies mostly related to ethnical and political turmoil.

Pakistani society is constituted with a range of ethnic groups representing different school of thoughts, beliefs and languages spoken among them. Therefore, parents' mind-sets in Pakistani society are the reflection of their traditions and beliefs (Khatwani, 2016) as it is the constitution of the lower middle class families in Pakistan. These culturally associated people in the developing states are of the rigid behaviours in the acceptance of the vaccination or immunisation campaigns (Hussain et al., 2016). This is sometimes because of the negative viewpoints of the social surroundings from their opinion leaders and sometimes they believe to adopt the traditional methods of the treatments. Thus, vaccination is the key to success in polio elimination in Pakistan, but this immunisation is also facing huge indistinct parents' perceptions that make hard to convince them about the efficacy of polio immunisation in the country (Ghafoor & Sheikh, 2016).

In addition, the International Monitoring Board (IBM) of the World Health Organization (WHO, 2014) report on polio in Pakistan clearly accounted that Pakistan is the only country to exhibit a slow response to worldwide free polio initiative. It blames the governance of the polio eradication program in the state. It also argued that the promises to eradicate polio from Pakistan made by top level officials are not seen in actions to be

practically implemented in the region. In this way, World Health Organization (WHO) also imposed travel bans in the country because Pakistan is the initiator of the polio exporter in the world, estimating $1.15 billion of additional allowance from international organisations and donors separately for the eruption of polio cases (Wilder-Smith et al., 2015). This also creates a conflict between international health donors' programs of the world polio free by the government of Pakistan.

Moreover, due to the heavy rain falls and floods, the province of Sindh always suffers as the polio campaigns are halted in the upper part of Sindh province, which was also observed during 2010 and 2011 respectively (Khan & Qazi, 2013; Shah et al., 2011). But even then, it did not seem on behalf of the provincial government to provide and offer extra efforts in the assurance of the vaccination of children in the region. Though, the polio eradication plan has been functioned every year with the new amendments from the state, but despite of progress in controlling the outbreak, the number of polio cases are being rising all over Pakistan mainly Sindh province.

The exposure of television among its people in the Sindh region is presumably accessible. But the media in low-income regions as Pakistan is politicised under political leaders' heteronomy over television channels. Political leaders have enjoyed this phase of recent media where a full range of political programmes are being telecasted (Yusuf, 2013). In respect to this state, Hussain expressed, (as cited in Yusuf, 2013) "the media is the Pakistani politician's soapbox" (p. 65). This condition has given rise to impartiality in media content. Because television channels specifically private channels for producing huge revenues through government and advertising, offer less coverage to public service messages (Yusuf, 2013) despite of being famous among the masses.

However, people's decisions are affected by a number of factors, including cognitive practices (Wester et al., 2008) and the culture they are confronted on their daily basis. Hansen termed culture as a "way of life" (as cited in Shen, 2010, p. 152). This mode of existence is shaped and depends largely upon effective knowledge and information discourse (Adams, 2010). Pakistani electronic media have always ignored polio elimination through effective television messages in the country. This can be witnessed from this given source of information. Wain et al. (2016) stated that for non-communicable diseases, the management and awareness of health facilities by the policy makers and media professionals is scarce among the Pakistani population. Thus, mismanagement and ignorance of proper promotional polio activities in Pakistani television channels upswing the doubts of parents' decisions in vaccinating their children.

Therefore, this thesis investigates whether these television media messages utilise its significance to persuade parents in shaping up their health decisions. In the light of the traditional background of Pakistani society, this thesis additionally discusses the social, political, religious and cultural factors that foster the health attitudes of parents in Sindh province of Pakistan. Hence, Owais et al. (2013) pointed out that polio media campaigns do not target to investigate knowledge, attitudes and practices of the local people and their social settings in Pakistan. Therefore, this current work provides a pragmatic and comprehensive knowledge that illustrates a linkage between parents and their approach towards televised polio information in Sindh, Pakistan, specifically. Further, the prominence of equal representation of gender roles in televised polio images among parents in child health is also one of the key variables to be studied broadly in this research to know its findings in the field.

Moreover, as far as to researcher's best of knowledge, there is no scholarly literature available in Sindh province of Pakistan that has critically under taken this context to assess parents' perceptions and understanding of televised polio messages by pinpointing the monopoly of the political institutions over television industry. Previous studies mainly illustrated the factors affecting parents' refusals for the intake of polio vaccinations. Additionally, these researches primarily focused polio vaccine as a disease. These earlier studies did not explicate parents' viewing and exploring of polio television messages and components related to its acceptance or rejection. However, the idea of exploring three private television news stations in this study is the essence of popularity these channels hold among its viewers. Yet, Yusuf and Schoemaker (2013) postulated private channels are freer than government owned stations.

In this above specified situation, it becomes relatively imperative to exercise and examine the disposition of self-conceived notions in the line of social cognitive theory. These notions are further determined to disclose collective efficacy of socio-political challenges related with parents' decisions of polio vaccination under the consideration of polio televised messages. However, here in this study, there lies a conflict of interest between governmental policies and its implications for targeted television polio campaigns with the mind-set of parents and attitude modification. In this regard, Bandura (2002) termed mass media as an influencing medium to arouse and aware people towards a new adoption in health perspective.

All above narratives and justifications arises few significant questions to be answered in this research study. For instance, do these channels broadcast enough health programmes? In what way these channels inspire parents' attitude change in terms of polio vaccination? Are these private channels, creating a clash between cultural and social

beliefs of parents with television polio messages? Do these televised polio messages empower mothers in taking health decisions for their children? Do these messages, persuade mothers to convince their male partners for polio vaccination? Thus, this thesis investigates the answers to these few questions to apprehend parents' attitude towards these polio television messages.

## 1.6 Research Questions

In order to investigate the complexity of socio-cultural background of parents' contradiction with televised polio messages, the following questions were confronted in this research.

i. How parents perceive and utilise health and televised polio messages?
ii. How socio-political determinants influence parents' perceptions in achieving a free-polio environment in Sindh province of Pakistan?
iii. To what extent television messages are designed to persuade both fathers and mothers to equally participate in polio immunisation decisions?

## 1.7 Research Objectives

The purpose of the study is to examine the way parents perceive televised polio messages as a source for attitude change. The entanglement of socio-political setting of Pakistan and the way polio campaigns are portrayed have a significant effect on polio vaccination among lower middle class parents in the Jamshoro district of Sindh, province. Thus, the main objectives of this research are listed here under:

i. To determine parents' views on health and televised polio messages.

ii. To critically evaluate the influence of socio-political factors on parents' perceptions in order to establish free polio Sindh province.

iii. To assess the impact of televised polio messages on fathers' and mothers' involvement in polio vaccination decisions.

## 1.8 Significance/Scope of Study

The study is designed to aim at finding out the necessary ways to come out of polio after analysing parents' concerns and issues related to their misperceptions and misunderstandings regarding polio vaccination messages. The research in general presents the findings and problems of parents for the refusal of polio vaccination programs on television. The study represents the lack of apprehension of parents for their children's health and makes suggestions where necessary in order to contribute to the global initiative for eradication of polio from Pakistan.

In particular, for researchers, investigation of polio messages may hold the outlook of contributing to an understanding of polio content and its designing and problems faced by parents in consuming and taking polio decisions. In this line, few researches (e.g. Sultan, 2008; Bello, 2015) summarised that exploration of health messages can complement and extend the cognitive understanding of people for the disease. Thus, it also contributes to deep insight of the disease and obstacles to overcome for the policy makers.

For policy makers, this study may improve their policy making process and its implications in practical way. It has the prospective to provide useful and deep information for designing more comprehensive and encouraging practices of influencing parents in order to vaccinate their children. It can also facilitate and developed the similar strategies

and outline suggested in this study for fighting with other communicable diseases around the world especially in developing nations including Pakistan.

## 1.9 Structure of the Thesis

This thesis is structured in five sections that include nine chapters. Section one is based on chapter one that has explained the preliminary of the study. Based on the background of the study, the research aims and objectives of the present study were provided. This chapter ended with significance/scope of research. The rest of the thesis consists of four sections.

Chapter 2: This chapter consists of two sections. The first section of this chapter reviews the literature available on televised health messages in research arena and as well as in Pakistan. This first section is further divided into three sub-sections in accordance to the objectives outlined in chapter one and each sub-section of this chapter highlights previous literatures available on the significance of polio messages, socio-political factors and gender roles that affects decision-making process in health.

The second section of chapter two provides a thorough insight in explaining the theory that has been critically examined in this research. This study has used self-efficacy and collective efficacy in the light of social cognitive theory. This chapter also explains and reflects the research concerning self and collective efficacy in health domain. Chapter three also deals with the conceptual framework developed by the researcher based on the literature gaps identified in Chapter two.

Chapter 3: This chapter reflects researcher's experience in the field followed by data collected during this process. Chapter three addresses the research methods and technique applied for data collection to answer the research questions emerged at the end of Chapter one. The researcher further led the study to discuss the process of conducting interviews followed by population, sampling and research site.

Chapter 4, 5, 6 and 7: These three chapters represent the findings based on research objectives. Chapter four and five explains the experiences of research participants regarding their consumption of television and health programmes describing four sources of self-efficacy and its usage in the current study. These two chapters are the answers to research objective one. Chapter six and seven deals with the collective efficacy of socio-political environment of the country and gender roles in polio messages concerning research objective two and three respectively. These above two mentioned chapters aims at describing government's ignorance to health along with relationship of gender roles and mothers' oppression in televised health messages that affects parents' self-efficacy in the child polio vaccination process.

Chapter 8: This chapter is the last chapter of the dissertation called conclusion. Conclusion is based on findings. This chapter highlights the key findings on the basis of theory along with the support of other researchers' findings on televised polio messages regarding parents' perceptions. There is a special focus in this part of the thesis, which is the contribution to knowledge by researcher. This chapter also gives research implications along with limitations. This chapter completes with offering suggestions for future studies that is explained in detail.

## 1.10 Conclusion

This first chapter has introduced researcher's discourse to study parents' perceptions about health and polio disease with its involvement of television messages in Pakistan. This research has been driven from the domain of parents' mind-sets and child health. However, television has been used as a means of interpreting parents' behaviours in the context of polio messages. This chapter also illustrated the existence of health system in the country, the scenario of television and its practicality in term of its operation. This backdrop of the study, then results in defining research questions, objectives and the study scope at the end of this chapter. The end is further followed by outlining the structure of this thesis with the description of all chapters.

# CHAPTER 2

## LITERATURE REVIEW, CONCEPT AND THEORY

This chapter presents a glance at the literature concerning socio-political factors influencing parents' perceptions on televised polio messages and outlines the theoretical pinning for the research. This chapter has two sections. The first section of this chapter provides a link and significance between health and polio televised messages for shaping parents' mind-sets. The first section has three aims. The first aim signifies as how parents view televised polio messages, and guides the factors involved in their perceptions of attitude change. The second aim of this chapter is to explain the interchange phenomena of televised health messages and the socio-political factors in free and hegemonised media landscape. This landscape deals with two spectrums. First spectrum deals with identifying political constituents that foster hindrance in the construction of effective health televised messages. The second spectrum refers in examining the previous literatures that offers an insight to the politicisation of health diseases and awareness messages in Pakistan with respect to political leadership, which further leads the study to outline literature gap to be investigated in this present research. The third aim of this chapter explores the roles of fathers and mothers in health messages highlighting mothers' oppression and its influence on parents' mind-sets, social recognition and empowerment in the child health care process of vaccination.

The second section of literature review chapter examines the way scholars have theorised self-efficacy and its four sources with public involvement as a resource of attitude change under the umbrella of social cognitive theory. This section started with defining the social cognitive theory with emphasis on attitudes and perceptions affecting

mind-sets of people. As the study processed, the chapter offers an insight on self-efficacy and its implementation and arguments of adopting this theoretical construct in this study. The second section of this chapter has two spectrums. This first spectrum then is extended to the use of collective efficacy with socio-political leadership context as an essential element delineated in this thesis. Collective efficacy and leadership make use of people's perceptions to gain a better understanding of new health habits with combined efforts as an organisation. This spectrum further takes reader to explore a gap in social cognitive theory and gender roles with the self-efficacy notion. This discrimination of gender roles in health messages with its critical examination with self-efficacy is further explained in detail. This spectrum ends with the reflection of the critiques on social cognitive theory (SCT).

The second spectrum of section two enfolds the conceptual framework developed from the theoretical constructs and its significance in the television medium. The areas of gaps are identified as a combination of self-efficacy and collective efficacy of socio-cultural leadership, modification in sources of self-efficacy and gender roles with self-efficacy in health communication. This section exhibits its implications in the context of polio health communication in Pakistan. This discussion of finding gaps and utilising in the analyses chapter takes place till the end with structuring the conceptual diagram applying SCT.

## 2.1 Media Intervention and Health Perspective

Media in recent studies have proved to be a chief agent in affecting health behaviours and perceptions of people in vaccination campaigns (Leask, Hooker & King, 2010). The communication and education role of the media can be proved to be appealing for the parents of the lower-income regions in many circumstances. Radha (2016) evaluated the

Information, Education and Information (IEC) tactic among school students in India as a knowledge share in immunisation campaigns. Her results indicated knowledge to be a fundamental knowledge proportion in IEC strategy among rural and urban areas for future implications in India. Likewise, Joseph et al. (2011) through his cross-sectional survey method reported that people's awareness about polio disease was good and they found the media to be the most influential source of information among them in Pune city of India.

The above literatures indicated that immunisation programmes need to focus more on education and communication role to provide more awareness to people. The authors also highlighted that this awareness can be given through the media to reach the masses. In the line of above connection, a systematic review was conducted by Wakefield, Loken and Hornik (2010) on the use of the mass media campaigns to change health behaviours. They stated that mass media no doubt is a useful tool and can have a positive impact on health behaviours. Further, Wakefield et al. (2010) suggested that in order to create an impact upon a large segment of audience through the mass media, a combined effort is needed that considers cultural norms, huge investment in a longer-term and proper planning of intended designed media messages. Moreover, the intervention of media communication in the promotion of vaccination campaigns has contributed in the global eradication of polio, but still there are the challenges in its implementation in Pakistan. Obregon et al. (2009) puts as, the health challenge of reaching to the hard-to-reach population has increased the demand of the better communication drives and policies in Pakistan.

Sultan (2008) also classified electronic media to be the most prominent medium in the dissemination of polio vaccination awareness campaigns in Khyber Pakhtunkhwa province, Pakistan. He examined the effects of electronic media among higher and lower

socio-economic segments in polio immunisation campaigns by using analytical survey technique. The research discovered the relationship between the socio-economic factors related to the effectiveness of media. Hence, this study lacks to identify parents' influence on media messages in terms of their acceptance or refusal of polio vaccination. It also does not explore the qualitative findings in terms of perceptions of parents not towards the influence of electronic media itself, but also about the television polio messages. This research has left a space for future researchers to identify the social and political factors related to parents' adoption or rejection of polio vaccination. As Lakshminarayanan (2011) declared that governmental powers in any country perform a vital role in the success of any public health programme. However, the governmental role in immunisation services, especially polio has not been fully explored in any research carried out in Pakistan.

A detailed scholarly work was accomplished by Lwoga & Matovelo (2005) in Tanzania by using a mix method of quantitative and qualitative approaches. It aimed to dig out the data regarding the diffusion of information on health issues among two private television stations. The study observed that television was the most popular medium in the country. It was found that around 48% of residents were gratified about the provision of television health programming. While the other remaining portion of people intensified private channels' content unsatisfactory meeting their needs of health information. It also revealed that television channels provided more coverage to news and entertainment issues for financial purpose.

Applying these findings in Pakistani media paradigm, one cannot overlook the views and concerns hoisted by Yusuf (2013) in a report where she has elaborated the relationship of media outlets and government attitudes in Pakistan. Yusuf (2013) explained that the

government of Pakistan unofficially supports those private media outlets that favour their policies through their advertising funds causing more coverage to news and their issues. She further mapped out that the explosion of private television channels in 2002 in the country exaggerated the ratings race among channels that distorted the authenticity of television channels. Moreover, this process gave hype to sensationalism in Pakistani media and provided greater coverage to entertainment rather than developmental programming. Thus, this whole range of proclamations also invites the researcher to investigate the health content of private Pakistani television channels and their impact on parents' mind-sets of changing or adopting new health behaviours in relation to polio.

Moreover, the above mentioned or previous studies comprising role of mass media or television in moulding people's health behaviours are very limited in the research arena around the world. Most evidence has been generated from studies in high-income countries because of the greatest number of campaigns conducted in those regions, providing substantial research capacity (Wakefield, Loken & Hornik, 2010). It was also concluded that future researches on media campaigns must expand the research by including message designing, decisive and influential information, detail about the use of theory, explanation of mass media channels, audience' perspectives and intensity of the campaign for in-depth media effects on its viewers (Naugle & Hornik, 2014).

Therefore, this existing research unfolds the knowledge gap by focusing on televised polio messages with the frameworks of self-efficacy and collective efficacy of social cognitive theory in this thesis. In this way, it can provide a presumably balanced scenario of applying SCT to identify as how these two frameworks affects and influence parents' efficacy to adopt televised messages and vaccinate their children. In this way, a reasonable approach to the issue of polio campaigns will also be available as guidance in the Sindh

region where polio cases are increasing in comparison to previous years as stated by the expanded Programme on Immunization (EPI) Sindh (2014 as cited in Medical News, 2014).

### 2.1.1 Parents' Perceptions and Televised Polio Messages

Mass media is the essential and influential tool in public health paradigm. Oschonogor proposed that "development media messages, if structured and sustained over a long period of time will ensure a smooth transition of mass media agenda to public agenda" (as cited in Onyeizu & Binta , 2014, p. 83). It has been said that television is the basic foundation of providing the knowledge about health within media to the citizens (Egger et al., 1993). However, the receptive apprehension of every individual differs from each other depending upon their knowledge, opinions and culture. Hall (1973) in his model of encoding-decoding stated that the sender encodes the message in accordance with his own views and ideas. Further, the same message is comprehended by the decoder within his own understanding regardless of the intended meaning. Hall divided the types of audience reception into three categories as dominant hegemonic position (active audience), negotiated position and oppositional position (passive audience).

According to Hall (1973), in dominant-hegemonic position, the audiences are passive. They decode the meaning the way it has been interpreted by the dominant position, say as television or any news or current affairs programme. The sender and receiver are working for the similar target so the meaning is best apprehended in this position of audiences. However, in this case, some miscommunication may occur due to issues of power between the dominant class and non-elites. The negotiated position is the one where decoders or audience recognises the part of the message that is in

correspondence to their social beliefs and reject others. The third one as the oppositional positioning is where the receiver decodes the message in the manner it was intended by the sender. However, this decoding of receiver is completely in the line of his own societal and cultural beliefs.

Research on parents' views about televised messages specifically, is a relatively new topic in health communication research. There is a small number of studies carried out on newspaper coverage of immunisation issues, but even those are reviews or content analysis of the amount of health coverage provided to health issues. For instance, Onyeizu and Binta (2014) did a content analysis to examine the coverage of health issues in two of the leading newspapers in Nigeria between 24-months of time duration. Their findings revealed that there were very less space and position provided to health stories. These health issues that were given space were mostly direct news stories rather than discussions.

Onyeizu and Binta (2014) reported that HIV issue among all other health diseases was provided more news space in those newspapers. Firstly, this research draws attention mainly on the number of news stories covered on the health issue in general. It does not highlight the problems related to health issues and immunisation in developing nations. Whereas, the new stories are taken from the official documents and reports and they are not based on the real findings and data in the research field. This research is performed in the print medium. Moreover, Onyeizu and Binta (2014) described that the health news in their study was the result of government's data. Therefore, it lifts a lot of concerns over its credibility among developing nations due to their weak political attire in the requisites of television messages in the field, within existing socio-political system.

There is also another study carried out on the projection of health issues in newspapers. Ashoorkhani et al. (2012) examined the quality of health news published in newspapers and the elements affecting its circulation in developing nations. This research was performed in Iran and it used quantitative and qualitative methods to investigate the findings. To test the scientific quality of the sources of journalists for publishing news, six months Persian newspapers (which included 410 health related articles) were taken for content analysis. For qualitative data, the research investigated circulation, selection and diffusion of health news by conducting in-depth interviews from working professional journalists. Thus, this research selected Persian language health news published in Iran making the data limited and viable for a selected number of people who can understand the language. Firstly, this study lacks the investigation of people's perceptions about the quality of health messages. Secondly, the language component stands out in the present study as a knowledge contribution in health and communication field by documenting this present research in English language to provide research benefits for a large number of people.

In the above context, Dahlstrom (2014) also suggested that for a layman-audience, communication scholars need to describe the logistic scientific communication through discussions or storytelling to make it more effective. Further, media message of health behaviours can drop down if they are not adequately designed and tailored in accordance to the nature and characteristics of its audience (Wakefield et al., 2010). Thus, therefore, this present research knowledge mentions the viable intrusion of lower-middle class audience segmentation in setting up the background of parents' perceptions of health and polio in Pakistani frame of reference.

However, there is hardly any study conducted on this issue of television polio messages specifically in the academic world and in Pakistan as well. As far as researcher's knowledge, mostly, all the studies carried on health or polio immunisation in the field of public health generally demonstrates the effectiveness or necessity of the vaccine, information about the disease or its effectiveness through the media. For instance, public health researchers have revealed that television series can help parents to expand their knowledge of the threats and preventive elements for child better health (Sanders et al., 2000). This study is quantitative in nature and focused more on presenting a particular 20-episode serial within a certain time period. It examined parent-child interaction and parents' opinions on consuming this series as a source of attitude change with their cognitive attitudes.

Thus, attitude change in any health programme or media messages is the combination of collective efforts by public and government (Bandura, 2004). Hence, a single individual with self-governance in a third world country like Pakistan undergoes a variety of societal and political constraints that conceives a typical belief about health in his cognitive perception. So here in this study, it is appealing to evaluate the relationship of television health messages with the political, cultural and religious setup like Pakistan.

Okidu (2013) in his study confirmed the planned roles that newspapers in Nigeria play to support the policy makers and community-based agenda for HIV/AIDS treatment and care approved by the state. His study showed an immense amount of coverage on HIV/AIDS and reflected as how newspapers give rise to contextual issues as their highest strategy in reporting. However, his study proposed that the devastating emergence of new cases of HIV/AIDS cannot be only subjected to diminish reporting of newspapers for contextual fundamentals. Thus, it is really important to understand the means of

information practice while designing the health messages for mass media (Mazor et al., 2010).

Here, in the present study, the researcher's argument is that for diverse and outrageous health results for preventive diseases, parents' need to enrich with clear and adequate knowledge to decide and adopt new health behaviours among lower middle class Pakistanis. So on the one stance, this study explores television's presentation of messages and parents' knowledge of communicable disease as polio for deciding the health outcomes of their children. On the other point, parents are being facing strained and tensed situation in Pakistan, where lack of focus and importance is given to the lower middle class living in urban or rural areas who are always striving to meet the basic necessities of life. Therefore, this research includes lower middle class parents having different ethnicities of one district that gives the specific findings while making the data more vast and complex.

Moreover, the media health campaigns in the region do not have a strong impact on audiences, which is the case with political campaigns. United Nations Children's Fund (UNICEF, 2012), annual report on Pakistan health indicators stated that there was a profound media campaign in the year 2012 which covered around 100 million people through television for polio vaccination in Pakistan. But the role of parents and government towards children and health promotional campaigns in the region has still a long way to proceed (Hussain et al., 2016). Further, the Pakistani government has undergone a contentious step to arrest parents for denying polio vaccination, but its practical implications and the negative parent's perceptions hoist stern questions (Hussain et al. 2016).

## 2.2 Political Hegemony and Televised Health Messages

The health is a public notion and not personal so social practices that impede health needs a change rather than only changing individuals' habits (Bandura, 2004). Therefore, here the problem is not about "policy prescriptions" because health programmes consist of sound public initiatives for the betterment of society, but it lacks the discerning and perceptive efforts of collective individuals to achieve intended outcomes from health diseases (Bandura, 2004, p. 159). Bandura (2004) stressed on combined efforts of individuals in a society to adopt a change in health practices rather than depending upon the governmental agencies to protect health hazards. His research did not attempt to realise the inevitability of social and political institutions and leadership that largely plays a crucial role in formulating health policies that affects people's mind-sets. Political leadership has the power to improve public health beliefs and attitudes on a larger scale in communication campaigns (Karan et al., 2017). Now here, the researcher argues that a health message in a developing nation as Pakistani society is based on the social system that is largely shaped and implemented within the political institutions. It has been said that although Pakistani television media enjoys relative freedom of expressions through a legislative body of Pakistani electronic media regulatory authority (PEMRA), but are confronted with political coercions. Therefore, it is taking Pakistani citizens "for a ride" in the name of democracy and independent media (Mezzea & Sial, 2010, p. 18).

It is because firstly, safety of journalists is a serious challenge when it comes to the coverage of sensitive issues as politics, government corruption, religious extremism or army as it has threatening repercussions on journalists' lives and media houses either from the state, the government in power or military forces (Michaelsen, 2011; Mezzera & Sial, 2010). Secondly, Michaelsen (2011) also expressed that the utmost numbers of members in

PEMRA group are government spokespersons, and there is little representation of civil society and media officials. Therefore, Pakistani media practitioners label this media freedom as "freedom by default" that attributes to the freedom with its shortcomings and challenges in retaining a rule of law (Asian Media Barometer, 2009, p. 13). With all these justifications, this research contends that health message in Pakistani television channels is filtered through certain powerful government and religious elites, enact processes to filter effective and independent televised health messages. Therefore, there are obvious chances for the manipulation of messages. Thus, this manipulation can politicise the basic purpose of educating and informing the public at large. In this way, the information delivery process of health messages is not directly connected between television medium and the people of Pakistan.

Policy makers can directly shape the media content, but at the same time, they can direct public attitudes based on their policies (Happer & Philo, 2013). In Pakistan, on the one hand, television polio messages are claimed to be effective consisting of complete information for the public utility without political hassles. It is because the policy makers are criticised by private television channels for their policies and misuse of power in various departments of health supported by opposition parties (Rasul & Proffitt , 2013; Ricchiardi, 2012). On the other hand, the television channels are indirectly controlled by the state and influential powers that financially helps the media houses (Yusuf & Schoemaker, 2013). Thus, this phenomenon restricts people's perceptions and mind-sets for social change (Happer & Philo, 2013) because the messages are politicised by the state on which people's trust is limited.

Political rifts between the policy makers and opposition leaders of the country can doubt the credibility of the health message. It can further create obstruct in people's

attitudes about adoption of health perceptions. This idea can be supported by two research studies carried out in Nigeria. Ghinai et al. (2013) reported that changes in political structure between northern and federal powers was one of the main causes of boycotts of polio vaccination in Nigeria during the year 2011. Nigeria was politically divided between leaders of northern and southern Nigeria due to disputes over some Islamic laws as northern Nigeria consists of majority of Muslims. So the most important positions and jobs regarding polio initiative were under the control of the Federal Ministry of Health representing southern powerful political groups. This situation compelled the leaders of northern Nigeria to boycott polio vaccination programmes in two states of Nigeria by calling it as fake and biased. Hence, Ghinai (2013) concluded that this boycott further gave rumours to the accountability of polio eradicative plan in Nigeria.

Similarly, Oku et al. (2017) in his qualitative study accounted that childhood immunisation coverage intended to be sturdier in some states of Nigeria due to the greater political mandate or national and international attention. They pointed out that political leaders were more interested in showing the visible developments as the infrastructure of roads and availability of schools to public rather than increasing childhood immunisation in the country. Oku et al. (2017) further postulated that there was a less political will about the communication interventions as posters, television announcements or radio messages so the mass media was not properly utilised and messages were delayed.

In Pakistani context, Nishtar (2010) also found that though the polio eradicative program in Pakistan is highly funded, but its delivery through the local government is questioned due to their malpractice. His research explored that the facilities are provided to people for charging them fees that otherwise meant to be free. This scarcity of management is due to the fact that policy makers are not qualified so health policies and

programmes are not evaluated and implemented for the future in the country (Kurji, Premani & Mithani, 2016). Thus, on the basis of all above discussed literature, it is found that political powers have a great influence and role to play in health messages especially in a country like Pakistan. People's faith over these political actors is quite less because of the factors discussed above. Therefore, when Pakistanis view polio messages, they are not reading the denotative and the actual meaning of what they see on television. Rather, they associate the representation of polio messages with health that has been highly politicised. Thus, the present literature mainly focuses on the television paradigm and parents' views on representation of immunisation messages specifically polio.

However, mass media are essential and influential tool in the public health domain, but there has always been a contradiction of thoughts between the health journalists and health professionals. Rachul et al. (2011) declared that the federal policy makers' implications of influenza to be used for high-risk groups in all provinces of Canada and its newspaper coverage raised fears among parents during the year 2009. Rachul et al. (2011) reported that the federal ministry allowed provincial governments to take their own actions in determining high-risk groups for vaccination which was later recommendable for every citizen. But this newspaper reporting of discrepancy among regional administrations resulted doubts and affected vaccination rates in the country. Rachul et al. (2011) further highlighted that the overall newspaper coverage was more positive in reporting the necessity of the vaccine in Canada. Thus, the scholars accounted that even little reporting misleading the safety of the vaccine doubted parents' decisions about immunisation.

Similarly, Ren et al. (2014) postulated that Chinese newspapers work under the dominance of governmental institutions compared to British media. Therefore, there was hardly any criticism in Chinese newspapers for the "main stream position" regarding

measles vaccination, despite of its safety related rumours propagated over the internet (p. 372). Ren et al. (2014) asserted that British newspapers were autonomous and focused more on professionalism and audience preferences. Therefore, they presented the measles' safety controversy from government, health specialists' and parents' point of views. In China, health professionals' vision was mediated through governmental policies and then represented in Chinese newspapers.

Hence, in Pakistan on the one hand, health journalists lack proper knowledge and training to produce a good piece of writing because they have a shortage of funds. On the other hand, they compete with senior journalists for the space in newspapers as the health beats are given to junior journalists (Eijaz, 2016). The author elaborated that private media today is in the position to influence relationships among country institutions. But "this power is mainly embedded in the media's intertwined functions of news framing and political agenda-setting" (p. 2). Therefore, Eijaz (2016) framed that private television being a new and young medium in Pakistan has fallen into the system of sensationalism where for commercial viability, media houses presents the news without accuracy and verification. The author concluded that private television channels cater political communication and terrorism issues at the forefront. Health being the "soft beat" and deficient sensationalism does not occupy a larger space in television channels' coverage (Eijaz, 2016, p. 3).

Raza, Sultan and Jan (2012) also proposed that private news through their breaking news culture for the need of hype and attention of viewers presents the stories through sensationalism. They questioned the news content practice in the state. The authors pointed that the "private news channels cover family conflicts, domestic violence, riots, and unrest by sidelining some important issues of the audience's interests" (p. 545). In the same

exceeding manner, (Michaelsen, 2011; Khan, 2009) evaluated the hegemony of the media industry in Pakistan and proposed that state power is the most deciding factor of the media content in television channels. Both these mentioned research studies stressed that in order for the occupying greater number of advertisements for financial gains, media owners present the ideology of government in power and dominant corporate groups of the society. Hence, all these literature discussed under heading of 2.2 especially in Pakistan posits a picture of political influence and state's power over media content.

As a result, this existing research asserts that Pakistani television media is politically dominated by state and promotes the issues related to state, power and the judiciary at large. It politicise the debates and importance to the developmental and health issues in the country (Riaz, 2015). Therefore, it raises a question as how does television in Pakistan can be independent enough to spread their ideas related to health and polio without the interference of government and their vested political interests? This argument can be supported by Ahmed (2014) in a way that he analysed media representation of minority ethnic group's representation over private television channels in Pakistan. He conversed that television channels in Pakistan provide little coverage to minority groups and supports the dominant class who has power and finance to support media economically. However, Ahmed (2014) did not take into account people's learning or their understanding of television messages. His study also did not investigate the impact of media in moulding people's attitudes for a positive outcome in their lives.

### 2.2.1 Political Commitment in Televised Polio Messages

"Polio in Pakistan has become a nightmare for Pakistani health officials and for the global eradication programme" (Maurice, 2014, p. 940). A health policy of any country is the

reflection of its political configuration (Walt & Gilson, 1994). Therefore, the role of the state in a society is very crucial in terms of public health including immunisation. The global immunisation programme is confronted with various issues concerning polio eradication. Thus, political hassles, rumours about vaccine uncertainty and refusals are few of the causes that global polio programme embark with the polio endemic countries (Khan, 2015).

Various researches have pointed out the political barriers to the adoption of the vaccination. For instance, according to Nnenna et al. (2013) immunisation exposure and polio elimination in Nigeria is the most cost-effective public health intrusion in the country. But immunisation services are continuing to weaken in the country, due to various religious, economical and political factors. Similarly, Dalhatu, Ghani and Vesyel (2015) held a systematic review of the literature published from 2010-2014 focusing more on the knowledge, attitude and community based articles on polio which was comprised of 14 articles. Their main finding was mothers' awareness and education to be the most priority for acceptance of polio vaccination in Nigeria. Therefore, Dalhatu et al. (2015) stressed government to pay significance towards education. However, only 1.5% mothers doubted about the vaccine due to the political rumours propagated on media that uplifted the conspiracies related to the vaccine in this study.

Likewise, Oku et al. (2017) argued that communication interventions were underfunded in the routine immunisation campaigns in Nigeria. This difference in improper funding was a major hurdle in vaccination campaigns. Therefore, there was a lack of community or donor involvement into the matter as they thought it was the responsibility of the government to allocate adequate funding. The researchers viewed that the local governmental bodies were dependent upon the federal ministry for the budget and

it also resulted into a big issue. Federal ministry failed to own the immunisation programmes and allocated funds only in the northern states of the country that enjoyed most funding. Oku et al. (2017) also mentioned that there was a hidden agenda behind all this practice of the political rifts among the southern and northern political parties.

Thus, the evolution of media in Greece is interconnected with political elites that symbolises Greek history (Leandros, 2010). He viewed that on the one hand, due to the concept of media pluralism that embraces a number of media outlets, Greek media selectively criticises political corruption of certain political parties and overlook others. On the other hand, Leandros (2010) argued that political elites control the media through issuing of television licenses and prosecution of rules and regulations to technically handle media outlets. Hence, a similar situation is also seen in Pakistan, where the media is free, but the umbilical cord between television and state in power for interconnecting political, personal and monetary benefits is a hindrance for television barons in spreading effective information and serving the society at large. Moreover, the political system in the country is volatile. People's magnitude of trust and confidence in their government is low. The reasons for this are: corruption, insecurity, terrorism, poverty etc. (Yosuf & Nauman, 2015).

However, the relationship between the state of Pakistan and media is quite sensitive. Mezzera and Sial (2010) stated that private television channels in Pakistan, on the one hand are allowed freely to criticise the government but it is never permitted to criticise military at all. On the other hand, the state has limited the powers of media through benefits-based system. Most of the television channels have been censured strongly to mishandle their freedom for specific political agendas or television ratings. Thus, news programmes on television caters governmental affairs on an hour-to-hour basis

highlighting conflicts in the state affairs for dramatisation (International Media Support, 2009). Similarly, Eijaz et al. (2012) argued that news on television are the "mouth piece" of elite class and ignores the people in the minority (p. 20). Therefore, considering all defined circumstances, it is valuable to determine the political factors that affect parents' mind-sets while consuming the messages telecasted on television about polio in Sindh province of Pakistan.

Substantial political commitment to the health practices can expand the immunisation campaigns in Pakistan to a broader level (Mangrio et al., 2006) with the help of free media (Khan & Heuvel, 2007). In this domain, this health study conducted by Khan and Heuvel (2007) in which they analysed that a free media is a necessary component of good governance. However, they stated that Pakistani media only reports state's certified health subjects and do not promote other imperative health issues. They also reported that health professionals working in the public sector do not hold themselves as accountable for any action performed. This results in the misuse of their profession and power by taking bribes. Thus, sale of equipments in public health care units, bribery and misuse of resources as the elements of corruption were also reported by few other studies (Waxman, 2003; Rehman et al., 2004).

Consequently, a study was determined by Khowaja et al. (2012) in Karachi, Sindh province of Pakistan evaluated that the parents of the Pashtun ethnic group had more doubts and refusals of polio vaccination. A mixed method of qualitative and quantitative was designed with the highest risk Pashtun community who migrated from the Khyber Pakhtunkhwa province of Sindh. The data revealed political misinterpretations and religious misconceptions that parents perceived about the safety of the vaccine. The

authors interpreted that parents believed the vaccination programme was state-run planning and they distrust the state. It was because of the background that reinforced parents' misconceptions about polio vaccine from media reports. Television channels reported about the door-door polio campaign that it was operated by United States Central Intelligence to find out Osama Bin Laden through the blood samples of his family members as also stated earlier. The campaign was ruled by a Pashtun physician who was associated with the tribal area of Khyber Agency and was earlier associated with the polio campaign. Thus, these media propagation of false news created doubts among the Pashtuns and they considered these campaigns as government based agendas. The study of Khowaja et al. (2012) also revealed that these media coverage increased the number of refusals. Thus, there were no efforts from the state or from other officials, to come in front through the media power and promote the polio vaccination campaign as it was observed in Nigeria.

Warigon et al. (2016) asserted that the journalists association and their drive of disseminating positive news, bulletins, programmes, interviews of religious and political leaders helped in increasing the polio vaccination rates among the caregivers in Nigeria. World Health Organization (WHO) along with the partnership of Nigerian government in 2002 initiated journalists' group to decrease the misconceptions related to the vaccine through media messages. The motive behind was to rectify media's earlier coverage regarding religious leaders' statements about the contamination of vaccines that made parents to reject the polio vaccination. This journalist's drive was the force afterwards to increase the awareness. Thus, despite of media's commercial aspect, free airtime was provided to the journalists' content of polio. These journalists also through collective efficacy in the form of a group of journalists encouraged local governments to run their

polio routine campaign and recorded interviews from policy makers. Thus, journalists also reported these local ministry efforts in media reports. Therefore, the year 2015 observed increase in vaccination rates due to this journalists' association purpose of polio immunisation motivation. However, these above mentioned scholarly studies do not investigate parents' trust and state's political dominance over televised health messages affecting television reliability and thus, resulting in lower polio vaccination coverage in Pakistan.

### 2.2.2 Parents' Perspectives and Socio-Cultural Factors Involved in Polio

Culture is a "system of interrelated values active enough to influence and condition perception, judgement, communication and behaviour in a given society" (Marzui, 1986, p. 239). Therefore, social and cultural traditions have proved to be the major obstacles to persuasive targeted health care involvement because of its strong association among people's cognitive perceptions. Socio-cultural norms and values comprise a significant role in health awareness programmes, but this area is mostly neglected in designing and enacting health policies (Lee & Sadana, 2011). As a result, these social and cultural needs influence the society to resist new innovations, trends and concepts which may cause a hindrance in the social paradigm and development of any country.

Ogunjuyigbe (2004) enlightened that though in today's global world, major childhood illnesses are being examined through various medical technologies. But the mortality rate among children in African countries is by virtue of their firmed and strict traditional beliefs rather than real facts and data related to health approaches. Bisht and Coutinho (2000) also conducted an anthropological qualitative assessment in four rural districts of India, for analysing the social and cultural determinants of measles disease.

They pointed that in these communities, majority of mothers relied on the vaccinations only in the case if a child is threatened by a disease that is unpreventable through traditional healing. The controlling of measles through home-made remedies included the application of goats' milk on the body, drinking "Lassi" (a cold drink made from yoghurt) or avoiding spicy foods.

Consequently, these myths and misconceptions can affect the immunisation of the children at large. Etokidem et al. (2014) in one of the studies recommended that it should be Nigeria's primary goal to address and implement certain measures on urgent basis to abolish these myths and misconceptions. A qualitative approach was used for the study. Focus group discussion sessions were held among respondents in Calabar, Nigeria. The findings of the study suggested that some of the respondents believed that immunisation is caused by wizards and witches and can make people sick. While the solution of their diseases is positioned in the traditional means by worshiping someone in the spiritual world and pay the money.

The above study also elaborated that during the year 2003, immunisation services were stopped in Nigeria because parents believed that it caused HIV among children that turned the country into the polio virus exporter. Thus, the findings of the study lie at the basis of immunisation services as whole and mainly stressed mothers' voices rather than parents in an exploratory manner, leaving a wide breach for other researchers to investigate parents' perceptions with critical paradigm by exposing the maltreatment of policies with socio-political factors. It is contended that polio disease and its fluctuating figures in three endemic countries, including Pakistan has become a serious challenge for WHO to accomplish its goal of a polio free world till 2018 (GPEI, 2013). Therefore, it creates an important literature gap to be explored by other researchers. The present research decided

to examine traditional myths and misconceptions related to polio messages. This investigation gives a new dimension to existing study in discovering the constituents that make television polio messages vulnerable for parents. It is because there is no research conducted in Pakistan that has actually cited myths and misconceptions in connection to immunisation and polio depicted on television with a critical perspective.

Hence, as previously elaborated, social researches prove that the majority of the participants believed that the vaccination was potent for their children. But their knowledge and awareness of vaccination was limited which emerged into those negative impressions and norms. The same is the case with Pakistani society. Pakistan is miscellaneous in ethnicities, castes and religion that reflect a heterogeneous culturist society (Shehzad, 2011). However, health beliefs are the unique perspectives of individuals within a culture. Therefore, Hussain et al. (2016) asserted that parents' cultural norms connected to polio immunisation are one of the main obstacles and hesitancy for its denial. They analysed the challenges that Pakistan is battling towards health in particular, polio. Hussain et al. (2016) reviewed that among traditional families in the country, mothers are not allowed to come in front of the male polio workers. So this is also one of the cultural issues confronting parents' decisions.

Hussain et al. (2016) also cited religious concerns over the efficacy of polio vaccination distrust and fear of the vaccine among parents in Pakistan. They mentioned that parents also refused to accept the vaccine as they distressed that it can fumigate children with monkey or pig-acquired materials forbidden for Muslims. Likewise, concerning immunisation mentioned that a person's health status is decided by God therefore, there is no need for medication (Chatterjeee & O' Keefe, 2010). While in many

studies an inverse relationship can be seen between the two variables of religion and safety of health (Koenig 2012; Weaver & Koenig, 2001). However, these above two mentioned studies pointed out that religion can play a significant role in promoting a virtuous social status and better care of one's health.

In one of the qualitative studies carried out in the Netherlands, Ruijs et al. (2012) observed how health professionals dealt parents' religious objections to polio vaccination. The researchers argued that parents who were religiously inclined to Christianity believed that any disease to human body is a gift of God and destiny. While some supposed that the human body itself is a gift and God has created mankind with good health. Thus, Ruijs et al. (2012) conducted interviews with health professionals and found that parents were convinced through religious discussions of sufficient communication skills to accept the vaccination. Otherwise, parents refused to pay attention in health professionals' decisions when they were provided the medical information to deal with the vaccination process.

## 2.3 Disparities among Roles of Fathers and Mothers and Mothers' Oppression in Polio Messages

In order to understand the concept of gender roles, it is important to know the meaning of the term "gender". According to Gender Mainstreaming Implementation Framework or GMIF (United Nations Educational, Scientific and Cultural Organization, UNESCO, 2003), gender refers to socially constructed characteristics assigned to humans and unlike sex which a person is born with, are taught. Gender roles are the roles which men and women are expected to follow based on their sex within defined societal norms and values (Blackstone, 2003). This definition is suitable in this present research that defines the roles of fathers and mothers in televised messages representing a typical traditional society of

gender discrimination. These gender roles are further identified to describe mothers' oppression in televised images as an important aspect that affects mothers' empowerment in child health care of polio immunisation. However, gender norms, roles and relations influence people's vulnerability to different health conditions and diseases. These norms further have an impact on people's accessibility to health, medical services, healthy decisions and health outcomes (Vlassoff, 2007).

Here, it is necessary to review the previous literatures that identify gender differences in immunisation and mother's sovereignty to set a backdrop of the decision-making process among parents. Hilber et al. (2010) conducted a systematic qualitative research by taking case studies from different regions of India on immunisation and gender. The researchers identified that in certain circumstances, mothers do not take their children for vaccination because of the distress from their men. While, in other cases, they are afraid to be blamed if any, disease diagnoses among the children. Hilber et al. (2010) also determined that the failure of the immunisation programmes is the father's dominance as the mother's share, access and decision power to health is limited or minimal in contrast to fathers among developing nations. Thus, Ejaz and Ara (2011) also argued that Muslim women as compared to non-Muslim women are more autonomous in their decisions in the context of health and education due to the gender roles set by the society where men are superior in comparison to women.

Merten et al. (2015) also identified mothers' inequality and fathers' inclination in health initiatives and immunisation programmes that result in increasing childhood mortality. The researchers through ethnographic systematic review concluded that all the literatures in low-to-middle income countries observed gender discrimination among the roles of fathers and mothers reflecting mothers' oppression that in turn, affected child

health outcomes. Therefore, Merten et al. (2015) proposed immunisation programmes must be designed in order to combat gender differences among men and women where women should be facilitated through alleviation to decrease unvaccinated children in immunisation coverage.

Fathers are always being more respected and superior in a traditional society as Pakistan and the role of mothers in such regions is always restrained only to the domestic household and is under the control of men (Ali et al., 2013). Therefore, in low-income countries, gender discrimination has always been a debatable issue. In this regard, Jayachandran (2015) studied that man in terms of health care, personal empowerment and other fields of life are more favoured in rich nations than poor countries. Similarly, in most cases, mothers in Pakistani society without husband's prior permission cannot take their children's health decisions and their social position is deprived. But this gender discrimination is more controlled by traditional norms and values (Bukhari & Ramzan, 2013). So this dependency of mothers over their male partners is one of the essential barriers in the effectiveness of any polio immunisation programme in Pakistan (Khan, Zaheer & Shafique, 2017).

However, most of the research studies on the gender roles of men and women in media highlights and expose mothers' under suppressed positions (Parkavi, 2016; Collins, 2011; Hether & Murphy, 2010). Hether and Murphy (2010) elaborated that the appearance of women in television health issues is denoted as under-suppressed roles of sub-ordinate than men. They identified that less than 40% of characters in health stories related to fictional television programming were women, but their roles were presented as sick persons or caregivers only. Hether and Murphy (2010) also asserted that televised health stories which were related to disease, prevention or treatment and contained useful

information depicted women's low appearance in their main characters. Similarly, Collins (2011) explained that women in media are always symbolised as invisible, weak, house wives, care takers and incompetent while men as serious, confident and high-status. His research further elaborated that women on television are always considered as objects of fashion, attraction and respectful to others especially men. Thus, this whole mechanism of women portrayals in televised images undermines women's oppression and presents gender stereotypes that are embraced by the culture of gender discrimination. In this regard, Parkavi (2016) also mentioned that the mass media in India are more concerned of women's skin, beauty or fashion rather than focusing on the issues related to their health. Parkavi (2016) further postulated that media can play an integral part in increasing women's health status among the communities to avoid gender discrimination.

According to a study on the opportunities for women in India, Sundaram et al. (2014) indicated that, it is an awareness that can transform the role of Indian women from a traditional housewife suppressed under the cultural taboos to a devoted woman in all the fields of social, religious and political lives. They further explained that despite being educated women in rural areas of district Madurai, Tamil Nadu, India were unaware of empowerment because of the social and economical restrictions. Thus, Sundaram et al. (2014) stressed that awareness and education can further raise women's status and position in a society avoiding gender disparity.

Under all above circumstances, a woman's role is more valuable and acceptable in health as well as in child immunisation around the globe. However, in Pakistan, mothers are suppressed and considered inferior than men because of the norms and rules set for them in a patriarchal culture and not by law or religion. Therefore, Jung, Lin and Viswanath (2015) stated that media can be a driving tool in reducing health disparities for

children in low-income countries with lesser socio-economic backdrops. Above studies on gender roles in media identified gender discrimination in televised images, but did not study the effects and influences of gender inequality on women's perceptions and its relationship with their empowerment status.

Further, all discussed previous researches carried on the issue of gender roles in health or other immunisation programmes explored the importance of paternal supremacy and stressed mothers' participation for successful immunisation ratio. But there is no study that describes gender roles and mothers' oppression in televised messages about health diseases that decreases mothers' empowerment in child health care. In this regard, this existing research proposes that television in low-income countries as Pakistan, ignores the role and empowerment of mothers in immunisation. Further, Pakistan being the patriarchal civilisation diminishes women's decision-making power in the country that affects health care decisions. Therefore, this small portion of the current study can be helpful in filling the knowledge gap of mothers' involvement and influence in polio messages in the Sindh region of Pakistan for improved health perceptions regarding polio vaccination among lower middle class parents.

## 2.4 Concept

### 2.4.1 Use of the 'Perception Concept'

It is equally significant to comprehend "perception concept" in line with social cognitive theory to be critically examined in this research study pertaining parents' perceptions of televised health messages. Perception has a direct relationship with parents' experiences and realism of the social reality in this thesis. But the researcher ought to elaborate perception as a personal determinant leading the understanding of humans (parents in this

study) as how they understand the world and take their decisions accordingly. Johnson (1994) provided a general definition for the term, “an understanding of the world constructed form information obtained by means of the senses” (p. 476). In the similar domain, “perception is both the responses of the senses to external stimuli and purposeful activity in which certain phenomena are clearly registered while others recede in the shade or are blocked out” (Tuan, 1990, p. 4). These both definitions offers the meanings that people adopts certain activities or attitudes in the form of retention while rejects other trends and practices by restricting their understanding of situations.

Therefore, if the above concept of perception is applied in health behaviours, it is widely observed that people’s perceptions involve a number of cognitive social factors. These social constituents help them apply different health behaviours depending upon the socio-cultural reality of life (Bharmal et al., 2015). Thus, social cognitive theory of Bandura (1989) explained that people’s cognition, behaviour and other personal factors are interrelated with each other. Bandura (2004) also described that people’s behaviours are largely influenced by the social milieus. In these social settings, media links people with community and social networks to provide guidance and social support for behavioural change (Bandura, 2001). Bandura (2001) explicated the utilisation and reinforcement of behaviours in promoting the prevention of health diseases through the media. Whereas on the one hand, perception and behaviours are two different concepts studied in human agency. On the second hand, Bandura (2001) did not elaborate the significance of socio-political support in perceiving a health change. His research also did not attempt to explore the conditions in which behaviour reinforcement can be generated in audiences’ perceptions. How those behaviours in televised messages shape people’s perceptions and mind-sets? Whether people’s perceptions are under their control or there is other external

forces that overrule the media? Or what are the effects of those external forces on perceptions? All these questions are attempted in this current research to examine and expand the theory further with perception concept. However, self-efficacy and collective efficacy concepts of social cognitive theory and its relationship with a literature gap of socio-political factors are described in detail along with the conceptual framework in chapter two of this thesis.

Further, Kaleta et al. (2009) investigated that socio-environmental and behaviourial factors are useful in determining individuals' health status of being healthy or unhealthy. Their research analysed factors as income, age, leisure-time and physical activity that reinforces individuals' own perceptions in health status. Similarly, Kraus, Park and Tan (2017) examined one's economic position as social class to be associated with one's perceptions of poor health that in turn creates health disparities among nations and cultures. Here, the present research argues that political, social, culture and religious factors are imperative in identifying people's perceptions of health outcomes through televised health messages regarding preventive diseases for a change in attitude. It is because the interplay dynamics between the television institution and socio-political factors in Pakistan put serious questions on parents' perceptions to accept polio awareness messages as a way in reducing polio cases from the region. In this regard, Puglisi and Snyder (2011) asserted that media barons are likely to filter messages from certain political groups than others because of their partiality towards certain political groups. It is more obvious and outward among private channels because of their greater commercial gains and benefits (Baum & Groeling, 2008). Therefore, it is argued that the accuracy and validity of health information on mass media also vary due to socio-political ideas consumed by the society (Eveland & Cooper, 2013). However, evaluation of socio-

political factors through the critical lens that largely influences individual perceptions resulting higher and lower self-participation in health awareness messages is a contribution to the existing literature knowledge conducted on perception and health.

## 2.5 Theory

### 2.5.1 Umbrella of Social Cognitive Theory

Self-efficacy and collective efficacy are the two contradictory paradigms that are introduced under the umbrella called social cognitive theory for unfolding this existing study. It is generally entitled as SCT in academic research. SCT explains the attitudes of individuals and focuses on the reciprocal mechanism of interaction between individuals and environments. In the health domain, it discusses about the social learning of health behaviours among people. Social cognitive theory, earlier known as Social Learning Theory was stemmed from the research of Miller and Dollard in 1941 which mainly discussed the learning of human behaviours within their surroundings. But it was later improvised by psychologist Albert Bandura in 1986 by introducing the functions of the cognitive psychology of social environment and observational learning. Its origin is in the field of social psychology, but has its influence of media effects and is commonly studied in mass communication or the mass media paradigm of health communication.

Bandura (1997) illustrated that this concept of socio-psychology was framed in order to help individuals to learn, communicate and influence symbolically from their observations, experience and social ambiances. Social cognitive theory is a model of triadic reciprocity for the elaboration of human agency. Hence, behaviour, cognition, personal and other environmental factors exists as interrelating determinants that affects

each other in society. Bandura (1986) argued that people are enriched with various abilities that operate within this socio-structural phenomena and it influences their behaviours. These are:

- Symbolising Capacity. The capability of a person to use symbols to experiences and then to process these symbols into meanings for their own learning and actions in the future. These experiences are also used by people to communicate with each other which physically may be not together.
- Self-regulatory Capacity. People judge their own behaviours without depending on other external factors for support and approval. Self-monitoring, feedback, goal-setting and self-support all these features fall into this category.
- Self-Reflective Capability. The capability to observe one's own actions and behaviours to understand its sufficiency.
- Vicarious Capability. People also observe and learn from other people's actions, behaviours or attitudes. For instance, this learning of behaviours can also be performed through mass media.

However, in this research study, SCT is used in health communication awareness programmes as McAlister, Perry and Parcel (2008) established that social cognitive theory can be applied to preventive diseases for a social change in a society. While Bandura (2004) found that the promotion of public health in this reciprocal framework is the outcome of physical and social settings that influence health behaviours and health outcomes. SCT has been used in the five main patterns in health promotion. One of the key patterns of Bandura's theory of social cognition is self-efficacy which has been explored in the academic research world with reference to health. This pattern has an impact on the

rationality and behaviours of individuals which they adopt, accept, reject and sometimes are convinced to take action to acquire a public health message in practice

## 2.6 SCT Theoretical Concepts

### 2.6.1 Self-Efficacy

Bandura (1986) described self-efficacy in the words as, "people's judgment of their capabilities to organise and execute courses of action required to attain designated types of performance" (p. 391). In the preface of the concept of self-efficacy, it has been defined by various scholars in their own ways (Atkins, 2010; Pajares, 1996). However, one core and common aspect among all definitions is the idea of self-regulation and self-perception of one's own abilities in performing a certain task. The self-efficacy principle is underpinned on the supposition that psychological practices, in whatever shapes they are, offer as a means of developing and reinforcing prospects of personal efficacy (Bandura, 1977). Self-efficacy retains that all procedures of psychological variations operate within the means of changing one's own sense of personal efficacy (Bandura, 1977). It means that if people are less likely to alter their own beliefs of generating desired outcomes and obviate damaging ones by their own deeds, there are greater chances that they will have miniature incentives to face the difficult times. "Whatever other factors may operate as guides and motivators, they are rooted in the core belief that one has the power to produce effects by one's action" (Bandura, 2001, p. 10).

Self-efficacy and its application in health field can be defined as one's confidence and power to control health behaviours and its applications. Bandura (2005) affirmed that information is the key for development in society and people's self-motivation is the foundation of adoption or rejection of certain health habits. Meyerowitz and Chaiken

(1987) in this regard, believed that if health communication programmes cultivates self-efficacy, it is likely to alter society's health attitudes into healthy practices. Additionally, Karatepe et al. (2007) maintained that self-efficacy is an individual motivational process. It has various motivational factors. For instance, Agha (2003) stressed that branded messages on radio and television for the usage of fertility products is related to couple's self-efficacy. The higher the self-efficacy, lesser will be the difficulty in purchasing fertility products. Hence, it can be opined that in this study, if a parent is self-confident, he is more likely to consider the information he receives from television messages of polio.

Therefore, it has been claimed that it is individual's own motivation and drive that is the core factor in the alteration of their health habits and in the rehabilitation process of health perceptions (Bandura, 1997). However, even in the case where individuals realise that their health attitudes are devastating, their health accomplishes little triumph in restraining their behaviours unless they are self-efficacious of their abilities or has the power to defy situational or emotional barriers (Silva & Lautert, 2010). Bandura in SCT and all studies in relation to self-efficacy alleges self-regulation and self-motivation to resist obstacles in attaining a goal. But it is contended that self-efficacy cannot be achieved independently in situations that are outside the control of individuals. However, Murray and Frenk (2000) inverted an idea that people must be sovereign and deference while taking individuals' health decisions. People cannot be blamed and punished for the actions that are ruled by some other influential powers (Bjornsson & Persson, 2012).

In this case, Persson (2013) postulated the idea that legislative authorities are responsible for people's ailing health rather than the individuals themselves. It is because he explained when people ought to perform few actions, they are followed with certain motives and aspirations that results with other inclinations, principles and assumptions of

their social environment. Thus, individuals' supremacy over their decisions is limited and an accusation over their responsibility to ill health, therefore, becomes obscure. Hence, Persson (2013) termed the policy makers as one of the essential components beyond people's control and affects their attitudes and behaviours during health outcomes.

Here, it is contended that on the one side, Bandura (1997) in his theoretical framework stated that people's cognitive change is correlated with the observational learning and social realities of life. But he did not distinguish in detail the social realities of life as the environment, government or the way people experienced their lives or media? As in his SCT approach (2001; 1997), Bandura has discussed the refinement in mind-sets via observational learning, media and social surroundings. However, he did not attempt to highlight state power or their supremacy over people's health decisions and its consequences upon their lives with reference to collective efficacy in leadership domain. On the other side, Persson (2013) also did not attempt to explain governmental or policy makers' heteronomy over media content.

Control of government over media channels restricts people to design and evaluate programmes to change health attitudes. Siraj (2009) concluded that electronic media in Pakistan is more restrained towards big cities and famous personalities. He argued that the content on private television channels is more about politics, political figures, governmental and high officials' stories, conflicts and controversies. Hence, international efforts of polio elimination in Pakistan extremely rely upon Pakistan's initiative of extracting the socio-cultural and political obstacles curtailing the polio coverage, frail health system and awareness among the masses (Basharat & Shaikh, 2017). In relation to this estimation, Fiske and Taylor (1991) evaluated that people's behaviours are processed

and affected through the intervention of their observational learning and realities of their social lives in particular.

Moreover, Bandura (1977) in this respect asserted that the perception of self-efficacy is affected by different predictors. The most imperative contributor to self-efficacy according to Bandura (1977) is the task accomplishment. But task or performance accomplishment cannot stand as a single entity, but number of socio-cultural elements can influence self-efficacy. The research is needed on social cognitive theory to include cultural constructs besides behavioural and cognitive constructs for the efficiency of health promotional programmes (Zlatanovic, 2015).

Hence, on the basis of the second objective of socio-political hindrances in parents' perceptions of polio messages, the oppositional learning discussed in 2.2.1 section about the reception audience can be applied here in this study. From the background and discussed literature in chapter two, it looks as the people in Pakistan decode the sender message (television polio message). But the foundation of this apprehension is laid upon their attitudes and opinions of socio-cultural settings. So the concept of self-efficacy (1986) as the major constituent of social cognitive theory (SCT) alone cannot be applied in Pakistani context of health promotion through the media audience reception. Neither parent is autonomous in his/her decisions nor is the Pakistani media independent in its coverage of health. Therefore, to attain better health outcomes with one's own (individual) determination through self-efficacy is not possible.

In this scenario, it is useful and informative to use collective efficacy of socio-political leadership in order to explore collective efficacy with critical perspective, identifying government's rule and autonomy in order to observe and evaluate as how the television channels in Pakistan works to promote polio activities for its eradication.

Further, Sood, Shefner-Rogers and Skinner (2014) reviewed publications on health campaigns in developing states and assumed that there was a dearth of theoretical configurations in these research studies. According to Sood et al. (2014), health communication experts generally presumed that theoretical ideologies are the basic indicators of a distinctive communication programme. Therefore, the results of this study are analysed with relation to SCT theoretical concepts and political hegemony notion for a holistic and realistic picture of the problem along with its socio-cultural antecedents.

Self-efficacy involves four components for accomplishing an individual self-efficacy. 1. Vicarious experiences 2. Enactive mastery experiences 3. Verbal and social persuasion 4. Psychological and affective affects (Bandura, 1997). Bandura (1997) classified vicarious experience as the compelling component of self-efficacy. Vicarious experiences means when a person sees someone performing the same task as him and he is successful, it gives him self-confidence that he can also achieve success if he does the same. Similarly, if a person fails to accomplish the task, it lowers his self-efficacy. The extent to which a viewer recognises the example or model, it increases his efficacy from the observer (Bandura, 1997). The more strongly the viewer recognises himself similar to the model, stronger is his influence on self-efficacy (Hoy & Burke-Spero, 2005). For example, Lee (2010) suggested that a rebellious individual who consumes alcohol and when views self-efficacy statements in humorous anti-alcohol abuse advertisements, his rebellious behaviours may change as per media actions. This may be related to an appropriate model, but again, it is a supposition and vicarious experiences are “context” connected (Dimopoulou, 2016, p. 54).

Parents with less empowerment in multi-ethnic and active political community as in this study can be extremely multifarious at times. They may receive and cultivate their

attitudes in accordance with their selective preferred notions in polio messages. Madeni (2011) analysed that television dramas in Tanzania promoted health behaviours and knowledge of reproductive health among young boys and girls. His study indicated a slight difference in boys' and girls' attitudes in pre-test and post-test of these images. This study proposed that these school-based awareness programmes through dramas can progress people's source of information, but it is difficult to observe a change in people's behaviours. However, vicarious experiences may offer some support for parents from televised images in this research, but parents cannot necessarily envisage high self-efficacies.

Enactive mastery experiences another source of self-efficacy according to Bandura (1995) is the most imperative determinant of self-efficacy. These are the past outcomes or results of a person's performed capability. It is actually the outcomes and results of a person's past task that gives him the feedback of his capabilities. For example, past behaviours parallel to the future can raise people's self-efficacy that they can yet again successfully complete the future task. If this applied to the current study, it can be assumed that parents' previous experiences of accepting and considering television messages can remove all their doubts of the fears and risks about polio vaccination and can compel them towards immunisation. Bandura (1977) suggested that a person doubts his skills when his previously performed task has given him failure or setback obstacles, he can be disheartened easily even if he has previously achieved little success. The more media enhance people's self-beliefs through awareness campaigns, it is more likely they adopt new health practices (Bandura, 2001). Mastery experiences are mainly determined under physiological effects on health as stresses and depression (Schetter & Tanner, 2012;

Bandura, 1998). However, in media effects, a further research is needed in this area of knowledge.

Verbal or social persuasion self-regulates an individual that he can achieve positive results of his goal and has the potential to succeed. However, this social persuasion can raise person's confidence, but it is on a temporary basis. When a person performs an action, his own enhanced abilities boost him to be motivated towards a task and not the social persuasion (Weibell, 2011). Verbal or social persuasion can be positive or negative. Positive persuasion strengthens self-efficacy and authorises an individual while negative persuasion weakens perceived self-efficacy of a person (Pajares et al., 2009)

Bandura (1994) also articulated that the individual who is socially persuaded about his capability of adopting or rejecting a behaviour productively, he is more likely to activate greater efforts and sustain than who doubts their abilities when a problem exist. In this context, this study examines whether television messages depiction of opinion leaders, policy makers and doctors' voices can help people in increasing their self-efficacy to perceive and accept polio messages for acquiring active part in vaccinating their children? Moreover, it can be maintained that if mothers' voices are empowered in televised images, it can motivate mothers' self-efficacy and confidence, resulting an increase in their knowledge and social support from their husbands. Thus, when health messages are designed and prosecuted illustrating the risks associated with the disease, people with greater self-efficacy tends to alter their own behaviours whereas people with lower self-efficacy will be demoralised (Werrij et al., 2010; Van't Riet et al., 2008). In the same state of affairs, it can be presumed that if polio televised messages forecast threats or benefits associated with the disease may frame parents' self-efficacy beliefs.

The fourth influential source of self-efficacy is the psychological and affective states in one's personality. High emotional stimulation, usually weakens individual performance and reminds him, believing that he will be unsuccessful (Bandura, 1977). So the situations of stress and anxiety may have a negative impact on an individual's attitudes of his abilities. Self-efficacy is increased in a positive affective state and decreased in negative psychological state (Bandura, 1977). Thus, this research investigates whether parents' perceptions concerning socio-political conditions are in line with their emotional state as stress and anxiety or they resist these televised messages in order to adapt modification in their self-efficacies.

In these lines of definitions and descriptions for sources of self-efficacy, it is asserted that extensive research has been conducted on sources of self-efficacy. However, there is a scarcity of research knowledge that determines four sources of self-efficacy altogether. Firstly, it is because the prior researchers have applied one or two self-efficacy components as in their studies. Secondly, the previous scholarly work has examined these components as predictors. So little research has investigated as what component shapes self-efficacy attitudes of individuals in a given socio-political situation as a backdrop of their thought-process. Huh et al. (2014) applied four components of self-efficacy to examine as how these sources frame students' performance in a group (collective efficacy) and not as individuals. Moreover, it was accomplished in the area of education and students. Whereas, the existing study inspects the efficacy (perceptions) of these sources as individuals (parents) in the health communication realm within socio-political milieu.

Hence, in the circumstances and socio-political setting discussed in the literature review in the context of Pakistan, self-efficacy as a distinct unit cannot configure parents' health decisions. Social cognitive theory not only includes individual health behaviours

and learnings, but social, economical, environmental and political aspects have a significant role in health promotional campaigns on a collective basis (Bandura, 1997). To make an efficient public health system in a state, there is the need of joint efforts from individuals and organisations working in public and private sectors and government health services (Curry, 2005). In this regard, Bandura (2004) postulated that "socially oriented approaches seek to raise public awareness of health hazards, to educate and influence policy makers, to build community capacity to change health policies and practices, and to mobilise the collective citizen action needed to override vested political and economic interests that benefit from existing unhealthful practices" (p. 159). This statement expands SCT self-efficacy to collective efficacy (Bandura, 2004).

### 2.6.2 Collective Efficacy

Collective efficacy underlines the concept that people cannot subsist alone in society to contour their behaviours through their individual self-efficacy attitudes. Collective efficacy is the shared power that the collective efforts of individuals in a group can produce targeted outcomes (Bandura, 2000; 1997). Prior literatures concerning collective efficacy were used to determine neighbourhood and crime ratio and were mostly implemented to achieve team collective efficacy. Block and Block (2000) concluded that more is the social connectivity or collective efficacy among residents of neighbours with each other in a group, less will be the crime ratio in a community or neighbourhood. In the same manner, Carriere (2016) postulated that collective efficacy of individuals in a community is required for attaining the desired goals in neighbourhood which are not possible through individual household or capacity. Tasa et al. (2007) attempted that group members who receive appraisal within a team are more strongly motivated than members who gain feedback at individual level in a team.

Collective efficacy has been implemented in various organisational setups for impetus among managerial staff. It is also applied to measure teachers' efficacy. For example, Skaalvik and Skaalvik (2007) recognised that there should be an endeavour to increase teachers' efficacies through school progress and development (collective efficacy). Ronfeldt et al. (2015) believed that isolated teachers in a school are less likely to enhance students' self-efficacy as compared to the combined collaboration of all teachers who are more likely to motivate students towards education. These research works emphasised collective efficacy in the educational setup.

In the health spectrum, collective efficacy is the mutual trust that a combined effort from the social system is required to affect health promotion rather than changing one individual's attitudes (Bandura, 2004). Group efforts at individual and community levels can help people in approaching differently to health decisions in health preventive diseases (Bandura, 2002). A very little work has been explored over collective efficacy in its application in health field. Sabido (1981) related socio-cognitive principles through mass media to motivate people in reducing child bearing rates. This practice was performed in order to increase the eminence of women in the civilisations where women are less empowered in relation to their family size. Egenberg (2017) accounted that insufficient and disturbing leadership for patients as a team in hospital lowers collective efficacy of other doctors within the team. Likewise, Halbert et al. (2014) recommended that fruit and vegetable intake increased in enhancing collective efficacy among a sample of African Americans.

Here, the researcher's idea is that all above elaborated scholarly studies stemmed group efforts as collective efficacy within a team and not as a leader or organisation. These researches stated that a group's collective capability altogether can boost self-efficacy

attitudes of an individual. These studies did not framed social, cultural, religious and political organisations or settings as predictors of collective efficacy concept. Thus, no scholarly research has been carried out within collective efficacy and socio-political leadership to adopt a change in health perceptions of parents. Further, these mentioned studies of scholars do not inspect the perceptions and trust of parents in state dominancy of health and media content. Therefore, the existing research maintains to pinpoint the socio-political components as collective leadership that can hold a positive or negative relationship with parents' self-efficacy perceptions of adopting or rejecting a particular health outcome. Huh et al. (2014) suggested that collective efficacy can include a leader, department, organisation and even a nation.

Similarly, Bandura (1998) proposed that people should be provided some basic resources so that they can facilitate themselves for an individualistic approach (self-efficacy) towards social change. He, moreover, advocated that it is the dodging of social accountability by only advising people to achieve self-help without realising the need of collective efficacy. Here, the question arises as which sort of collective efficacy within the leadership realm in an organisation is affected on televised polio messages? Is this self-efficacy of parents empowered within the control of collective efficacy of socio-political leadership? However, researchers' argument is to seek the factors that are involved in achieving self-efficacy of parents in television messages within the collective efficacy of socio-political leadership.

Social support is one of the facets of collective efficacy at individual level (Sampson et al., 2002; Kawachi & Berkman, 2000). Social support can obtain forms of emotional and informational support. Informational support is the advice or medium through which one's thrust of knowledge is attained for a definite goal or need (Gerding, 2007). However, this

social support or social relationships can acquire various configurations depending upon the beliefs, values and sanctions in a certain group or within social organisations that are suitable for the needs of the group (Kawachi & Berkman, 2000). In the line of all above rationales, the present research aims to determine parents' engagement with the television medium for health and polio influencing their self-efficacy.

Moreover, Khan and Heuvel (2007) also examined that engaging media into the formulation of health policies will expand the understanding among the masses for health and other environmental subjects. But the above findings of different researches in Pakistan show that the concept of collective efficacy is not yet practically implemented in Pakistan with relation to the state and leadership. The reasons for this absence of collective efforts as mentioned in above discussed literatures specifically in Pakistan are: lack of people's trust over state policies for health and heteronomy of state over the media (Yusuf, 2013; Javaid, 2010). Thus, the recommendation of media involvement as a collective unit within the political involvement to change health attitudes in this prevailing research is a gap to be studied that is not fulfilled by other literatures.

Therefore, there is a dire need to examine the socio-political players as leadership framing self-efficacy of parents. Keeping the scenario in mind, SCT in this study helps in determining the collective efforts of people in terms of social and cultural background in the line of parents' health outcomes. It allows readers considering the role of state, health policies, culture, religion and society as an important aspect in the formation of parents' beliefs about the disease from television effects.

## 2.7 Self-Efficacy, Gender Roles and Mothers' Oppression

Social cognitive theory also delineates its perspective in gender developmental studies as how gender roles are perceived in the mechanisms of self-efficacy and self-regulations

(West, 2015; Martin et al., 2002; Bussey & Bandura, 1999). The mechanism through which mass media gender roles and performances are defined also leaves a great mark on people's opinions to act accordingly (Bussey & Bandura, 1999). Gender development and differentiation in social cognitive theory further classifies into three cognitive modes of adaptation. One of the most relevant modes that are suitable for the existing research is the behaviours of gender's actions and change in behaviours or gender conduct that depends upon people's attitudes of friends and society. This practice of gender progression has various forms in cognitive decision assembling of man or woman within the paradigm of societal stereotype (West, 2015).

Buseey and Bandura (1999) reflected the social construction of gender formation. They pointed that it is the society that differentiates the roles of man and woman and expects them to behave in a certain way and such practice is reinforced since the childhood. Epstein (1997) revealed that these gender stereotype attributes are much more connected to biological differences than the cultural conception excavated from biological endowment. His research much focused on the gender roles in term of biological design. Kumar and Lal (2006) used the notion of self-efficacy to point out the gender differences among males' and females' intelligence. Their research assessed that females are more intelligent than males. Spence et al. (2010) also demonstrated the gender efficacy among young adults in Canada in relation to physical activity and found a strong self-efficacy in boys as compared to girls.

These above researchers reflected the gender roles set by the society and the results undermine from those stereotype behaviours. For instance, Kumar and Lal (2006) supposed that males are more intelligent than females, but their work resulted differently in reference to genders. Extensive research has been elaborated in self-efficacy and gender

roles in academic performances and achievements (Huang, 2013). In media portrayals of gender conduct in aggression among adults, men are more aggressive than women (Milkey, 1994; Gerbner, 1972). However, Gerbner (1972) also proposed that reiterated behaviours of women's representation of being fearful and less empowered on television can reinforce public opinions subjecting women as inferior to men.

Firstly, the notion of SCT in gender determination as discussed earlier that men and women are ought to behave differently and perform their decisions as two separate genders due to the societal specified roles can be expanded with the concept of gender roles and mothers' oppression. This research ought to examine the framing of fathers' and mothers' roles and statuses in televised messages with specified conventional gender stereotype backdrop of Pakistani culture in a lower middle class society. This notion of research explains the influence of gender roles and mothers' oppression in televised messages on parents' beliefs of health decisions. This research fills the gap in the SCT theoretical concept of gender that how parents' self-efficacies are strongly associated with empowerment regarding polio decisions with the reference to social determinants. In the light of SCT gender concept, this research also determines as how television portrays fathers' and mothers' health attitudes and conducts in their polio messages? Or do television persuades them to behave in accordance to the television depiction of fathers' domination and mothers' low status in polio immunisation activities? Or do polio televised messages believe in equal representation of both genders in increasing parents' self-efficacy? Or is through any means television messages help parents realise mothers' freedom in child health behaviours?

Secondly, previous researches distinguished investigating the outcomes of efficacy among men and women as discussed earlier, but the present research emphasis on the

health outcomes of decision-making process and its influence on societal gender roles among parents. This research is also exclusive in gender media conducts of health messages identifying the factors that unfolds parents' empowerment and decision-making process of adopting or resisting a particular health attitude in televised messages.

## 2.8 Social Cognitive Theory in Mass Media and Health Promotion

Media effects on health promotion have been encouraging in the recent past after its heavy exposure into people's routine lives. People tend to change health attitudes if appropriate information is being provided to them constantly through television programmes or health promotional activities. According to Puska et al. (1987), a series of television talk shows were broadcasted in Finland for six months to change health behaviours of participants by inviting health experts. Participants showed a meaningful shift in their mind-sets after viewing those television series. Thus, observational learning from role models, opinion leaders in the social cognitive functioning of individuals show promising and supporting consequences of perceived attitudes.

In the above context, Freimuth, Linnan, and Potter (2000) postulated that social cognitive approach can be experimented to aware people about threats of chronic or preventive diseases. Similarly, Flora, Maibach and Maccoby (1989) pointed that awareness is the first individual product in health promotion through which media can generate its greater effects. But an enormous amount of recent research work shows that several media, despite of spending a higher sum of money on health promotion campaigns fail to appeal the targeted audience. It is because of the absence of accurate information, identification of desired audience, designing and placement of messages and a closer look at the failure of previous media campaigns.

People are exposed to new behaviours and can halt the hindrances, once they have a variety of knowledge and modelled behaviours of their peers and environmental settings (Bandura, 1999). Until people's social realities are not linked and reinforced by media messages, they do not generate adequate effects or change in attitude (Ball-Rokeach & DeFleur, 1976). Therefore, these settings regulate individual control over self-efficacy in order to achieve a desired health objective. The current project is determined to study in detail as what outcomes and consequences the local media in specific to television channels have brought up in the self-efficacy and mind-sets of parents for the eradication of polio in the lower middle class families. This theory primarily signifies the impact of socio-political environment with the attitude change.

Political and health setting in Pakistan is hostile enough to bring a slight change in the mind-sets of people. People strive hard just to meet with their daily needs. Government and opposition in the country are more interested in their own power invested interests and building their own images. Moreover, this political chaos destabilises the diversity of media content. Pakistan has no distinct media-mongul though, but Pakistani media are controlled by few dominant media houses (Ricchiardi, 2012). In accordance to the official figures stated by Pakistan Economic Survey 2015-2016 (2017), Pakistan's population is around 199.71 million and only 0.45% of GDP is utilised in the health paradigm which enlarges serious challenges to decrease the mortality rates in the country. Therefore, Memon and Raza (2014) expressed that a certain political will is obligated by the officials in Pakistan to bring down the number of polio cases to zero.

However, this condition also develops a state of conflict as a research gap between the theoretical constructs of the theory and its application in the region as Pakistan. Moreover, the socio-political backdrop of the country has disturbed television industry and

lowered self-efficacy of parents in re-shaping their attitudes of eradicating the polio virus from Pakistan to achieve a target of world free polio. Henslin (2012) approached that parents are the first socialisation indicators in a child's life. Therefore, it becomes useful and crucial in persuading parents through television messages to understand the relationship and their degree of power in determining good health of their children in this current research work with a free and independent television medium and collective efficacy of socio-political leaders.

## 2.9 Critiques on Social Cognitive Theory

SCT here is evaluated form the socio-psychological perspective and has been very popular in health education studies, but even though the criticism follows the model. One of the most important criticisms was raised by McAlister et al. (2008), who postulated that it is too explanatory and broad in nature which does not allow the theory or behaviours to be tested individually on a broader scale. The new trends of psychological behaviours were not fully utilised in finding and meeting the enlarging health risks for threats in preventive diseases.

Bandura (1986) indicated that SCT like other health frameworks cannot be comprehensively measured as it is extensive and seeks to cover all human behaviours. Additionally, Moritz et al. (as cited in Alister, 2008) established that determination of the construct of behaviours in SCT is almost inadequate because of the emergence of self-efficacy determinant in each social cognitive paradigm of human psychology.

Despite of criticism, SCT is highly appreciable in examining the attitudes and behaviours and its relationship with social surroundings. According to, Pajares et al. (2009) social cognitive theory is the most impressive and powerful theory to be used in social

psychology to shape the behaviours of people. Likewise, Pajares et al. (2009) rated SCT to be the most relevant theory of media observational learning for behaviours in relation to media effects for many upcoming years. Hence, social researchers in qualitative studies heavily rely upon theories as these provide them a framework to highlight diverse aspects of the problems and issues in analysing their findings (Reeves et al., 2008). Health related theories include the human psychology, which can be seen in sociology, psychology and anthropology disciplines as they are connected with the human activities. SCT is also one of the mass communication theories that propagate attitudes and mind-sets of people and is appropriate in preventable diseases for the awareness and education purposes. Figure 2.1 shows the model of social cognitive theory developed by Bandura (2011).

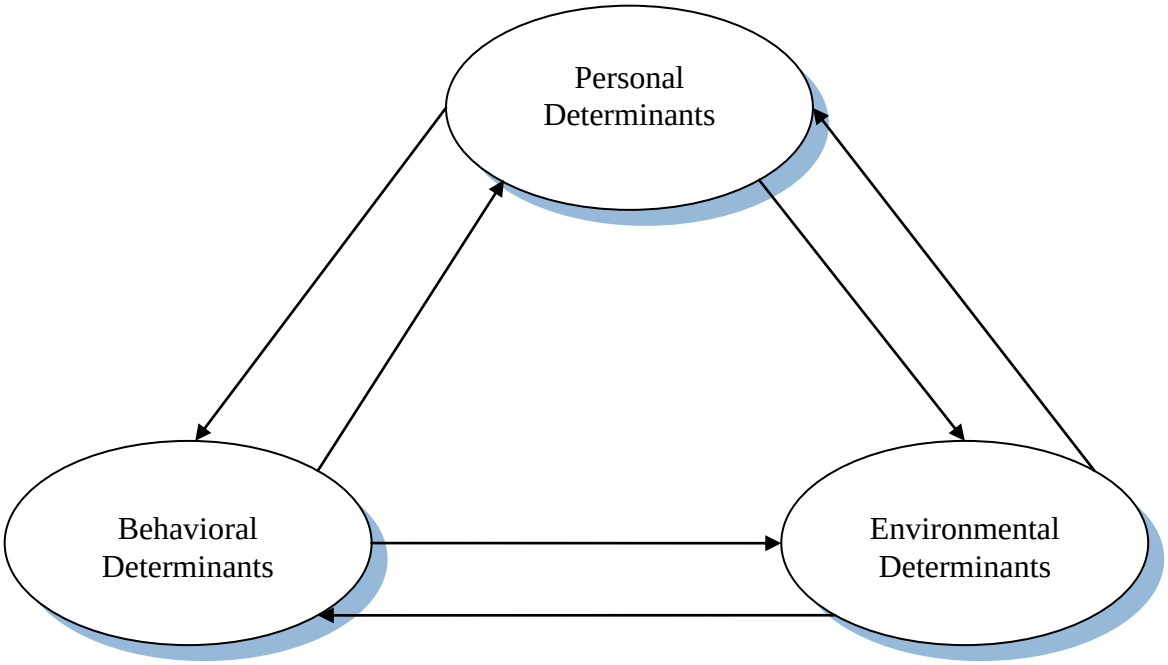



**Figure 2.1:** Adopted as Triadic Reciprocal Causation in the Casual Model of Social Cognitive Theory by Bandura (2001)

## 2.10 Conceptual Framework

The conceptual framework is divided into four areas to be explored in this study in accordance with the research objectives.

### 2.10.1 Self-Efficacy

Self-efficacy is the prominent attribute of SCT and has been elaborated in detail with examples and literatures in academic research and also in this thesis within a theoretical framework. According to many previous studies, collective efficacy facets may probably be related to self-efficacy (Sudha et al., 2016; Gunzel-Jensen et al., 2016; Thaker, 2012). However, very little work has been carried out by using self-efficacy and collective efficacy together. Therefore, this research will open new areas for future researchers to use this relationship in mass media research for better understanding of audiences. Dimpoulou (2016) also conducted research on self-efficacy and collective efficacy of teachers, but his research was keenly interested in the collective efforts of individuals as teachers to monitor a change in teachers' behaviours collectively. This present research investigates self-efficacy as well as collective efficacy with equal portion in this thesis to investigate and elaborate the influence of collective efficacy of social, cultural and political leadership on the self - efficacy notion.

Dimpoulou (2016) also proposed that in future this collective unit or combination of self-efficacy and collective efficacy can be discovered on a larger scale on the leadership responsibilities and its impact on teachers' self-efficacy. He also suggested that other teachers' efficacies over an individual teacher's efficacy would raise collective efficacy. Parents' viewpoints over observing other parents in polio images and pictures on television and the increase in their collective efficacy is also analysed in this research work. This

study also investigates television and policy makers' responsibilities and approach (collective efficacy) in designing messages and its influence on parents' attitudes and perceptions (self-efficacy). Thus, here researcher in particular observes the relationship and imperativeness of self-efficacy with collective efficacy of leadership. For instance, researcher intends to identify parents' own standard of motivation and then the state or television efforts to eliminate polio from Pakistan.

### 2.10.2 Self-Efficacy and Four Sources

The four components of self-efficacy are explained in the theoretical framework in detail. There is a huge amount of research conducted in one or the other source of self-efficacy in the academic arena. Previous incidents amplify the efficacy process while opposite is the case when frequent failures are observed by people (Bandura, 1977). Garlin and McGuiggan (2002) also mentioned that past experiences in consumer behaviour is not always a good indicator. People are not always correct in considering their abilities to assess the brand and make comparisons. The reasons are the continuous change and new dynamics involved in branding and marketing. If same applied during this prevailing research, it can be assumed that parents after considering their past experiences of media content on polio or other immunisation might not rely upon television messages. The situation can also be at the other end as if they assume that television channels due to their credibility may have re-shaped their approach to persuade parents towards polio.

Applying Bandura's theory of self-efficacy (1986) to examine parents' perceptions of television polio messages, the researcher presents four determinants to expand the theory in the field of media and health. The researcher also discussed earlier in the literature review chapter that the four sources of self-efficacy are not elaborated nor

studied in media studies. Pajares et al. (2009) research work evident that studies on media effects did not test SCT directly, but referred as a structure that may elaborate "effects of patterns of media depictions" (p. 11). However, this present research aims to investigate SCT directly through parents' perceptions with the backdrop of socio-cultural environment. In this research setting, mastery experiences would comprise of television content of polio and health based on parents' viewpoints as content information and parents' experiences. Vicarious experiences denote factors to convince parents about consuming messages as socio-cultural influence. Verbal persuasion includes encouragement by policy makers, doctors, other parents or mothers in televised messages and it is named as counsellor/social support. The last one psychological and affective affects can be identified with parents' anxiety or emotional arousal to affect their self-efficacy. These four influences, at last, analyses about the consequences or its results on parents' self-efficacy in the sixth chapter of this thesis draft.

Moreover, the researcher explicates that legislative heteronomy over television polio activities limit media houses to expand and promote parent's participation, which mostly media health campaigns lack over the years. Thus, other literature on health and polio in particular has not counted social stigmas and parents' participation under their scrutiny of research work using SCT's theoretical constructs in detail. Hence, Fredrickson et al. (2004) postulated that sponsors and officials in immunisation should be alert and informed about the factors responsible for affecting parents' decision making process about vaccination. Therefore, this piece of research dissertation gives explanatory notions in exploring the social, political and religious obscurities apprehended by television messages on the part of parents.

### 2.10.3 Collective Efficacy and Socio-Cultural Leadership

Collective efficacy has been observed as a positive outcome in health care (e.g. Chung et al., 2009; McAlister et al., 2008). Bandura (1998) in this regard quoted that "a comprehensive approach to health must provide people with the knowledge, skills and sense of collective efficacy to mount social and policy initiatives that affect human health" (p. 22). These social or policy initiatives are the efforts of policy makers in a country to improve health. Leadership can be a motivating factor in achieving effective health campaign. Strong leadership is a key factor in the implementation of health programmes for changing health behaviours (Frieden, 2014). Political and social leadership in Pakistan is dominant in every field, including health and media. Media professionals are not sovereign in constructing polio content over television in the country. Control of government over media channels restricts people to design and evaluate programmes to change health attitudes. However, the trust of the citizens of Pakistan in their state is minimal. "Misuse of entrusted power for private benefits is unfortunately endemic in Pakistan" (Javaid, 2010, p. 123).

In the above scenario, this social and cultural leadership, hence can boost parents' efficacy to perceive polio messages more positively and participate in erecting the polio from the country. When people feel that they have the support and capacity to overcome the obstacles, higher efficacy in behaviours can be achieved (Pajares et al., 2009). Thus, individuals' supremacy over their decisions in the context of Pakistan is limited. Therefore, accusations over individuals' responsibility to ill health become obscure. With all above discussions, the researcher argues that socio-cultural leadership with collective efficacy need to be studied in order to discover and evaluate the variables affecting parents' decisions of consumption of polio messages and vaccination.

As discussed in the literature that collective efficacy is mostly used with leadership qualities in organisational settings or it has been used to investigate students' outcomes. In the health domain, collective efficacy was also tested with group performances of individuals. Chung et al. (2009) evaluated that people with immense collective efficacy are more likely to participate in the community to work against prevalent depression. However, in this existing setting of research, collective is used as a team and leadership policies rather than collective efficacy as a group performance. This area of gap is further explained that was investigated during the field and is analysed in the coming chapters.

### 2.10.4 Self-Efficacy, Gender Roles and Mothers' Oppression

Researchers suggest that generally, empowerment of woman is thought to be improving her life and providing better health conditions (Salazar et al., 2004). In low-income countries as Pakistan, self-efficacy of a woman in particular does not solely depends upon her beliefs and capabilities of predicting behaviour and change her health attitudes. However, perceived social support reflects people's thought about provided support and motivation (Shahry, 2016). Pakistani women before considering their household decisions consider the social support of their husbands and in-laws. Prior researches demonstrated that women who live with their in-laws, their decision-making power is under control of their in-laws (Kabeer, 2001). Pakistani culture restricts the mobility of women and their roles as compared to men are inferior and are supposed to be loyal to their husbands (Ali, Ahmad & Batool, 2016).

Literatures indicate that work has been carried out in self-efficacy with gender differences as outcomes of the situations. For instance, most scholars carried their work on identifying the better outcomes resulted in genders. Tenaw (2013) demonstrated self-efficacy among male and female students regarding analytical chemistry and academic

achievements among students. Likewise, Wilson et al. (2007) examined the career choices in entrepreneurship among male and female students of high-school. These studies were more interested in finding out the gender outcomes in academic subjects or career choices. However, there is a dearth of literature available in relation to gender roles, its discrimination and mothers' oppression in health communication messages. For instance, Tol et al. (2015) emphasised on diabetic patient empowerment to increase self-efficacy. The current research setting is interested to locate gender disparity and health with a self - efficacy notion in televised messages. The available researches on gender and self-efficacy emphasised on the autonomy of fathers to increase self-efficacy in achieving success and intended health targets in developing nations. However, mothers' higher social status in health outcomes and empowerment to improve health perceptions of people for achieving higher self-efficacy is very less explored especially in Pakistan.

Shahry et al. (2016) stressed on social support for higher perceived self-efficacy to unwanted pregnant women. This study compared self-efficacy with two groups of women, i.e. wanted and unwanted pregnant women. Shahry et al. (2016) emphasised on support of family members and a parental role in self-efficacy. This study did not include the effects of gender stereotyping and men's domination with self-efficacy as how man's autonomy underpass mothers' greater role in positive health outcomes. Like in this present study, gender roles in terms of mothers' appraisal can support parents' self-efficacy, particularly mothers to take their child polio decisions. Thus, all mentioned scholarly studies can be extended by discovering the self-efficacy of parents with gender oppression in the consumption of polio health messages with present socio-cultural factors prevailing in Pakistani patriarchal society. This work can be a valuable contribution in the field of media and health communication in the context of gender roles.

Earlier studies, mostly raised and highlighted fathers' sovereignty in health decisions. But there are few studies that actually investigated the role of mothers in developing nations as an important component in the field of health. There is current and emerging debate on engaging women and mothers in health media awareness programmes for useful and valuable health goals (Long et al., 2013; Dakof et al., 2010). Therefore, the researcher here intends to assert her point of view that if mothers are more depicted in polio programmes on television, it can help parents to raise their self-efficacies individually. It can motivate mothers to communicate freely with their husbands about the vaccination or other health decisions of their children. Further, this modelling of perceived representation of mothers on television will also trigger off parents in their community towards collective efforts of eradicating polio from Pakistan. The dotted lines in the below Figure 2.2 illustrates the extension and contribution of this present research to social cognitive theory model of Bandura (2002).

## 2.11 Conclusion

In essence, the first section of this second chapter highlighted the use of perception with social cognitive theory in understanding parents' perceptions of health attitudes. This first section explored the relationship of health and televised awareness messages and its impact on parents' mind-sets for adoption and rejection of polio vaccination programmes. This section also pinpointed governmental efforts and their interference in television content by providing an eye to other knowledge literature. The first section chapter also discussed previous literatures related to social, cultural, political and religious factors affecting parents' perceptions along with media effectiveness of immunisation campaigns. This section then discussed the representation of gender roles and their social status in health and televised messages.

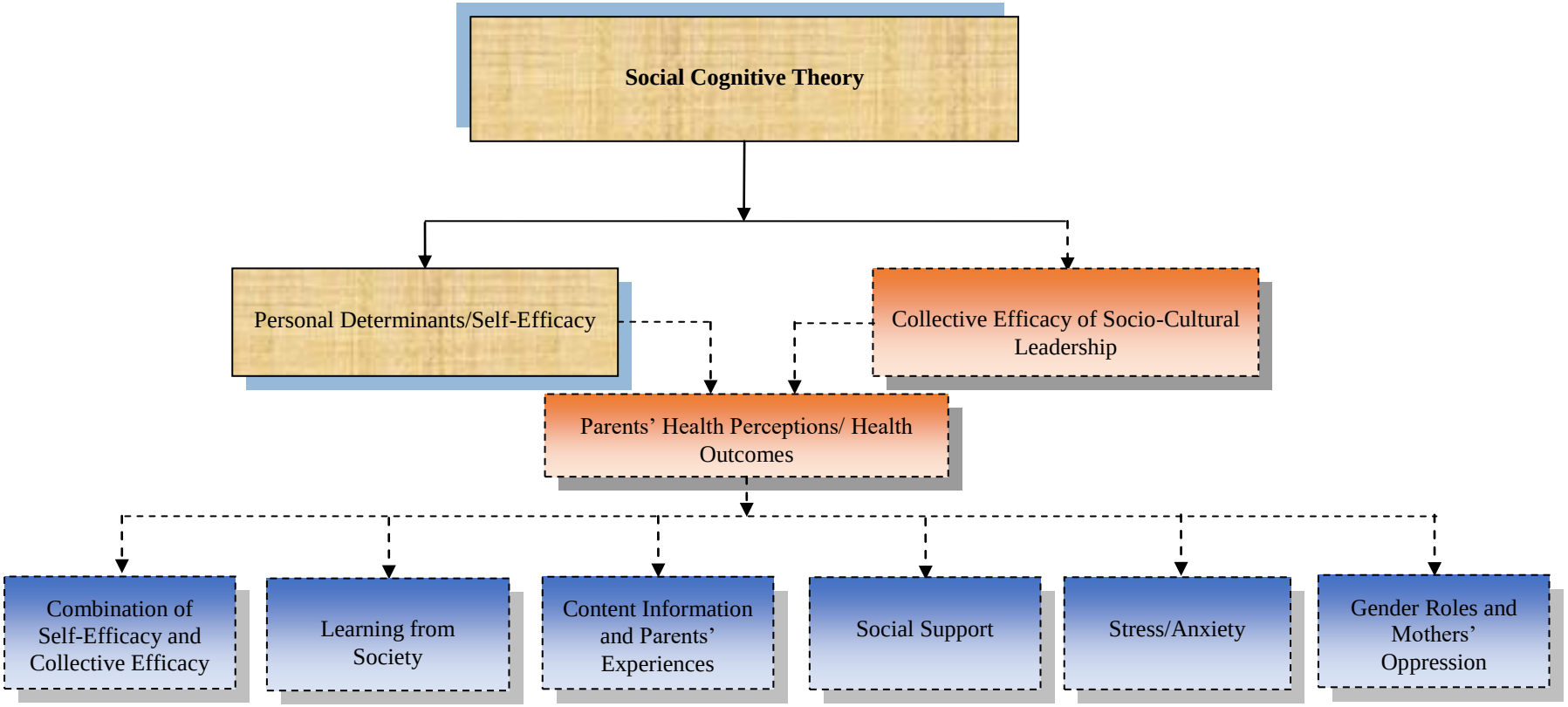



**Figure 2.2:** Conceptual Framework Adapted from Social Cognitive Theory (2002)

This section of the chapter pinpointed mothers' oppression in health and gender roles and its discrimination among parents that diminishes mothers' empowerment in health status. However, the survey of the literature has offered deep knowledge about the research gaps that needed to be explored in this research work for valuable academic contribution in health and communication studies. The second section of chapter two intricate the theoretical framework and its constructs followed with the conceptual framework on the basis of the theory and literature discussed in this chapter.

This second section enclosed a comprehensive picture of the theoretical framework of parents' perceptions and their understanding with polio disease. It reviewed the theoretical constructs as an analytical and critical tool to be employed in this research form. The key theoretical images also offer an insight to the theory and its utility and effects in health communication. Hence, on the basis of discerning understanding obtained from the literature reviews, firstly, the researcher highlighted theoretical gaps as a combination of self-efficacy and collective efficacy of socio-cultural leadership, four sources of self-efficacy and self-efficacy with gender roles and mothers' oppression in health televised messages to be investigated in this study. The researcher presented the areas to be expanded in theory with the support of other literatures and also indicated previous work on SCT theoretical dimensions. Secondly, the researcher constructed her own conceptual framework in words and proposed a figure based on the theoretical gaps and knowledge related to self-efficacy and collective efficacy. So, this conceptual framework guided the researcher to collect and analyse her data.

# CHAPTER 3

# METHODOLOGY

The previous chapter described the theoretical framework used as a guide in this study about parents' perceptions in connection with polio messages. Further, on the basis of theoretical gaps, conceptual framework was defined as a new direction to explore parents' views and television polio coverage in context to self-efficacy, collective efficacy of socio-cultural leadership, components of self-efficacy and self-efficacy with gender roles and gender oppression in televised messages. The purpose of this chapter is to explain the research design, tools and techniques employed in this study. Persistent with in-depth interviews, an attempt was made to describe the basis behind the selection of qualitative data. For this purpose, semi-structured interviews of 35 parents were conducted for in-depth analysis. This was the primary form of data collection. The worth of conducting in-depth interviews is the comprehensive indication that provides a space to learn and voice numerous thoughts, realms and meaning of certain actions, experiences or cultural activities (Boycee & Neale, 2006). It is the neutral conversational position rather than interactional one (Holstein & Gubrium, 2001).

The remaining part of this chapter highlights several features of the research methodology in detail. First, the critical paradigm used for this study is explained with justifications. Secondly, research population, and sampling or selection of sample size is explained. Thirdly, the procedures applied in data analysis are fully defined together with the elaboration of the concept of Maykut and Morehuse's constant comparative approach (1994) used in this study. Lastly, some reliability and ethical issues are reflected with the ending notes in this chapter.

## 3.1 Epistemological Position

All social academic researches commence a stance of the process researcher apprehends the social world from his/her standpoint and also the mechanism through which researcher's cultural and societal assumptions affects his research (Bryman 2004; Patton 2002). Therefore, Heylighen (1993) affirmed that epistemology ultimately is the result of the inquiry like "what distinguishes true (adequate) knowledge from false (inadequate) knowledge?" (p. 1). However, critical approach has been used for this study. Cohen et al. (2009) expressed critical epistemology as "what counts as knowledge is determined by the social and positional power of the advocates of that knowledge" (p. 29). The power and agents of health in society are the political or government advocates in any state that shape people's primary opinions and decide their consumption of health programmes. Thus, the foundation of critical approach is in historical pragmatism. Therefore, in this present paradigm, the reality of social world is influenced by its socio-political and gender principles (Scotland, 2012).

Lower middle class parents in Pakistani society are more resistant towards the polio messages due to its representation of polio on television. Polio messages on television show fathers' autonomy, but ignore mothers' roles in child health. However, the researcher earlier in the previous two chapters has mentioned the circumstances of the political scenario in health, polio in Pakistan and the general outlook on television in Pakistan in the context of its programming. The researcher also attempted to answer the questions of people using the private health care system instead of the public because of poor health system prevailing in the state (See the work of Shaikh et al., 2010; Islam, 2002 discussed in Chapter one). With the fact that polio being the national health programme and its

immunisation is free of cost, it has been the major cost-spending plan in Pakistan. Keeping all this into consideration, the researcher led her foundation to precede her thesis towards critical epistemology.

It is because as Wodak and Meyer (2008) also discussed that in critical theory perspective, people believe that those powerful people should be exposed because they misuse their power. The critical theorists are with the view that they are willing to bring a change in society, but some social restrictions suppressed their opinions and ought to make them trust upon their own enforced ideology. Further, critical tradition of research has also been used in communication and media studies research. It is defined by Sholle and Denski "as how individuals take up cultural texts differently, depending on their interests and positioning in various social and historical contexts" (as cited in Alvermann & Hagood, 2014, p. 194). So, in this study, the researcher's intention was not to test a hypothesis or theory, but rather determining parents' views and their own mind-sets towards health and polio in relation to television messages within the socio-political milieu.

The present research investigates parents' intention of adoption or rejection depending on their interests affected by socio-cultural settings. Thus, critical tradition's aim is to find out the answers of the questions as why and how a certain reality and event exists or to demonstrate the relationship between different events, opinions and practices (Jeppesen, 2005). Hence, on the one hand, here the researcher identifies the views of parents and their relationship between the consumption of television messages and their perceived reality of the actual world in terms of health and polio. Whereas, on the other side, in the end of the thesis, the researcher also aims to provide a solution to the problem or issue being studied and discussed in this study in the context of critical epistemological stance.

## 3.2 Research Approach

The inquiry of what generates an appropriate study has accelerated several approaches of inquiries in social sciences. Creswell (2005) pointed that choices about research methodology depends upon the nature, context and objectives of the study. The three significant approaches in research are quantitative, qualitative and mix-methods. A qualitative signifies data that is open-ended and non-numerical and requires exploring the meanings of the data from the individual's point of views (Williams, 2007). The researcher in current study also tends to analyse the findings through themes and not in numerical as in quantitative. The reason for selecting qualitative research is that the knowledge contribution of this research is more illustrative and requires inquiry about the phenomena being studied. As qualitative research is mainly an investigative approach that unfolds the apprehension of different concepts, thoughts and opinions deeply by undergoing into a problem (Jamshed, 2014). Further, the qualitative data is conducted in real settings than the artificial milieu (Clifton & Handy, 2003). Thus, this study was also taken in the real environment involving parents and setting the place for them to interact on the subject in order to collect their views.

Further, the perceptions cannot be calculated in numbers. Perception is an individual's basic cognitive acquaintance with his surroundings and environment (Efron, 1969) that needs a real setting to be explored in the field. Hence, the researcher in qualitative research design inclined to accumulate data in natural settings. As Denzin and Lincoln (2005) described, the researchers in qualitative research "attempting to make sense of, or interpret, phenomena in terms of the meanings of people bring to them" (p, 3). Thus, in qualitative studies, the data is gathered to understand the meaning of it from the individuals' perspective. Additionally, mostly all studies on polio immunisation and few

within media effects carries quantitative measures for investigating data. Therefore, this method of inspecting research explored composite meanings with direct contact from parents.

## 3.3 Research Design

The research design is the process the data is investigated and presented in this thesis. This section unfolds the narratives and stories of parents during fieldwork related to aim of the study to develop this doctoral thesis. The research design for this qualitative research carries single processing of data collection that represents the rich knowledge and information provided by research participants in this study. Hussey and Hussey (1997) contended that it is necessary for the researcher to formulate correct choices in order for the accomplishment of an appropriate research process. Therefore, in-depth interviews were selected and conducted for data collection in this research study suitable to observe and gather parents' insights and accounts related to their consumption of polio televised messages.

### 3.3.1 In-depth Interviews

To analyse the perceptions of parents towards television polio messages and the reasons connection to its adoption or rejection, semi-structured in-depth interviews of 35 research participants were carried out in this research. For semi-structured interviews, the researcher deeply discovered the feelings, perceptions and attitudes of the parent research participants. Therefore, this research project presents a wider interpretation of the parents' perspective on television's effects and its relation to the recognition or rejection of polio health messages.

A semi-structured interview allows the researcher to ask the same set of questions from all the research participants involved and provides a scope for distinctive and unpredicted tracks (Hesse-Biber & Leavy, 2006). The task of the researcher in this specific study was to be attentive and observing enough that the research participants does not lose the track of questions intended by the researcher. Thus, in this way, this sort of interview gives new dimensions to data by permitting a liberty to its research participants that is valuable for the researcher to incorporate into her work.

In-depth interview is also a useful procedure applied in media studies. These interviews provide an extensive perceptive of mass media consumption tendencies of specific number of individuals (Priest, 2010) and are part of all social science disciplines. However, the peculiarity of lived-experience is to determine "the way people live their lives, the issues they face, their experiences and how they see and make sense of the world are extremely varied and not necessarily evident to the researcher" (Morris, 2015, p. 3). In this case, during face-to-face communication with the research participants, the researcher came to know the rationale and the conditions about research participants' television consumption of certain programmes, their struggle with the socio-cultural environment, their attitudes about televisions' structure and gender oppression's influence on their lives. Thus, to explicate and discover parents' perceptions, especially in connection to television polio messages, its socio-cultural factors and gender equality of taking health decisions among lower middle class families, it was significant to conduct in-depth interviews Therefore, this technique of data collection was selected.

Gubrium and Holstein (2001) suggested that for an effective in-depth interview, the interviewer must be an active participant. He should understand the non-verbal dimensions of research participants and act accordingly during an interview. These non-verbal texts as

facial expressions, head nods, gestures and eye contact add meaning to the research participants and can provide some important information regarding the study (Gillham, 2000). Therefore, in this study, one of the research sites as Sindh University, Jamshoro is a researcher's mother university where she has studied and currently working as a lecturer. So this thing superficially was in her research participants' minds. In this regard, firstly, the researcher through research participant's verbal gestures realised that it was intimidating for them to give their views openly and frankly.

Secondly, in asking the questions related to health and polio, they felt a bit shy to express their opinions in front of the researcher as they thought principally their intention or views of those television health messages were not appropriate for their child. This was a necessary step at this moment for researcher to make research participants feel ease and sense them that the researcher was a part of their conversation in order to have sufficient information and rich data for her study. Thus, it reflected their environment as how they live and how societal norms and values have an impact upon their actions and perceptions for various tasks including television health messages.

Gubrium and Holstein (2001) believed that during an in-depth interview, extensive information can provide entrance to the experiences or the perception that defines people's lifestyle and social reality. While interviewing, researcher felt the cultural and religious influence on research participants' health behaviours. The research participants on some questions were embarrassed to share their way of thinking. As when the researcher asked them about the influence of political or religious ideology behind their beliefs and distrust on television messages, few fathers because of their political affiliation or as strong voters to a particular political or religious group showed hesitancy but then after telling the motives of research, they agreed to share their stories.

Similarly, mothers in the presence of their husbands due to their traditional backdrop felt uncomfortable to answer the questions in relation to their feelings of the decision-making process of vaccination and gender discrimination in polio messages. It is because, Pakistan women are traditionally conceived to work in homes and man is believed to be in the public realm (Zia, 2010). Therefore, women are quite hesitant in their personalities than man for having a conversation and communicating with a new member from outside their boundaries in Pakistani society in general. These all circumstances reflected socio-cultural frame of mind that stayed with research participants' sub-conscious in their consumption of media messages and health outcomes.

### 3.3.2 Setting the Interviews

Interviews with parents were largely collected at homes, just a few at a common place decided mutually between the researcher and research participants. In-depth interviews can either be conducted at the researcher's office or research participants' home, keeping in mind the ease and private space between both parties (Hesse-Biber & Leavy, 2006). As these interviews were collectively conducted from both parents individually at the same time, the permission of interviewing mothers was taken from their husbands. The mothers deem free while communicating in their own set up rather going to another new place. This was also comfortable on the side of husbands to see their wives being at homes during interviews due to their social setup.

Fathers were employed, whereas, mostly mothers were housewives. Few mothers were appointed under grade 4-5. Fathers' sources of income were the government jobs. They were employed in three different universities and were usually workers/staff appointed on the subordinate grades as 4-16 under Pakistan's recognised ranks in the

public sector. The percentage of working fathers only in government jobs were 89%. Thus, there were a small proportion of fathers who were associated with these three public sector universities, but also had small businesses or small shops to look after at evenings. The convenience of research participants was given top priority as to keep the interview conversation intact and in flow. Therefore, some interviews were conducted at morning times, noon and few at late evening hours as when fathers got free from their daily jobs and mothers from their house chores.

The timings of the interviews were also decided after consenting with parents. It is because as mentioned in this chapter that the fathers were going to offices at morning times. Mothers were housewives so their first choice was to serve meals to their husbands and in-laws. The time duration of the interview on an average was one hour. In-between the interview, there were also some laughter and jokes floated around in order to make the interviews appealing and interesting for the research participants. This part of the interview did not disturb or change the nature of the interview or its purpose, but it made parents, especially mothers more relatable to the researcher as gossiping, jokes, fun or having tea and snacks is the part of Pakistani culture in terms of a healthy conversation.

Semi-structured interviews were recorded on mobile phones and key information or the observations of the researcher were written in handbooks. It is very necessary on the researcher's side to take notes properly (Lofland & Lofland, 1995) and at the same time record interviews for its verbal record (Silverman, 2004). Later, the interviews were directly transferred from mobile to laptop for storage, safety and analysis. Both tape-recorders and writing notes have their own strengths in scientific research arena.

### 3.4 Research Site Overview

Three public universities' residential colonies as Sindh University, Mehran University of Engineering and Technology (MEUT) and Liaquat University of Medical and Health Sciences (LUMHS) were selected as research sites. These three universities are situated in the Jamshoro city in Jamshoro district. Jamshoro is one of the districts in Sindh province of Pakistan. Jamshoro is situated near Indus Valley and it is famous for its rich cultural heritage. The city is the transit point of all the means of economic goods towards interior Sindh or to other provinces of Pakistan. The residents living in Jamshoro are not native of this land. But the majority of population are migrated from different parts of the country especially Khyber Pakhtunkhuwa and upper part of Sindh province which recorded highest number of polio cases as also mentioned above in. Further, there is mix culture and holds diverse ethnicities, religious beliefs, faiths and opinion leaders due to which Jamshoro residents constitutes more rigid and strict attitudes towards polio immunisation. In addition, Jamshoro is the city possessing the largest university residential campus in the country and also known as the educational hub of the country. Therefore, the purpose was also to deeply assess the mind-sets of these parents as how they perceive television messages with strong religious and social backgrounds even after globalisation and migration to Jamshoro district for education and employment purposes.

Moreover, Sindh province of Pakistan is attributed as the most culturally miscellaneous regions among all provinces of Pakistan. It is because of the global transmitting of individuals into Sindh ensuing to the partition of Pakistan from India in 1947 and conjugal domestic relocation since 1947 (Kennedy, 1991). Most of the parents are commonly Sindhi speaking at Jamshoro district followed by the second highest comprising of Pashto language as their mother tongue. Pakhtuns have the highest

percentage of negative attitudes regarding polio messages. Closser et al. (2015) also suggested that in his study near Karachi, Sindh province, the highest ethnicity is from Pastuns and these people found to be more conservative in refusing polio campaigns due to their political concerns over vaccination.

There was one Balochi, Siraiki and Hindko ethnicities' parents interviewed as per data revealing number of different cultures in the present study. Whereas there were four Pushtu speaking and three parents belonged to Muhajir community whose regional language is same as official language, i.e. Urdu. The people living in Sindh province are generally termed as 'Sindhis' while Pashto as 'Pakhtun' or 'Pathan' and Baluchi are people who belongs to the language Balochi or whose origin is from Balochistan province of Pakistan.

In Sindh University colony, the mentioned various ethnicities are more popular than others. But the data of MEUT and LUMHS colonies gives another picture of the demographic characteristics. The first highest percentage of ethnicity is divided into two groups. Sindhi and Urdu speaking called 'Muhajirs' share equal share of parents, i.e. half of the parents from LUMHS and MEUT colonies represent Sindhis while half of the research participants are Muhajirs. In this relationship, Ahmar (1996) contended that Urdu or Muhajir population is a conglomeration with the origination of dissimilar Indian communities that reflects unlike cultures and clannishness. But the only aspect similar within them is that they belong to Urdu language and are the derivation of India.




**Figure 3.1**: Map of Sindh University Colony, Jamshoro




**Figure 3.2:** Map of Liaquat University of Medical and Health Sciences (LUMHS) Colony, Jamshoro




**Figure 3.3:** Map of Mehran University of Engineering and Technology (MUET) Colony, Jamshoro

The above mentioned Figures 3.1, 3.2 and 3.3 provide the locations of the three residential university colonies chosen for this study as research sites/areas. However, these three universities are an important source of income and employment for the people. The universities provide residential colonies for teaching and lower staff working in different disciplines to live there. Mostly, all the people residing in these colonies are not the natives of Jamshoro city, but have travelled from interior Sindh or rural areas for the sake of employment for many years and possess the characteristics of rigidness and strictness in their beliefs and attitudes due to the conventional environment. Moreover, these government servants selected as population representatives in this study design because of their exposure to government and private health care. They also show impartiality on the public health provision of the country due to the dishonest stature and the unwillingness of the government in country's welfare and development. Below Figure 3.4 is a cumulative picture displaying all three residential colonies in a map.




**Figure 3.4:** Location of all three Universities' Colonies

Further, the figures of polio in Sindh are showing fluctuating results every year (Ghafoor & Sheikh, 2016). Hence, the researcher is also a resident near Jamshoro city and is currently working in one of the universities mentioned above. This makes the researcher to be fully aware of the culture, people, media and health conditions of the province. Thus, considering all these conditions and circumstances, the researcher was interested in examining as how these people view television and its content specifically in terms of health and polio? Or how their mind-sets have been changed after coming to Jamshoro or still unconsciously they view and consume television polio messages within socio-cultural milieu.

## 3.5 Why Lower Middle Class

"The concept of middle class is one of the most inexplicable yet frequent used in the social sciences. It can be simply defined as a class which is between rich and poor" (Nayab,

2011, p. 1). Rich cannot be classified into the middle class as they possess the best opportunities to facilitate them in the best possible ways (Rose, 2016). He also proposed that poor and near-poor have few choices and depend upon government funded programmes to strive for their daily needs. However, the concept of the middle class is defined with different definitions by economic researchers. There is no rule of thumb or numbers to define a middle class definition as it is based on income, wealth, education and health. However, Easterly (2011) argues:

> "A higher share of income for the middle class and lower ethnic divisions are associated with higher income and higher growth, as well as with more education, better health, better infrastructure, better economic policies, less political instability, less civil war and ethnic minorities at risk, more social "modernization" and more democracy" (p. 317).

But Pakistani society is far behind all these components. Hence, the literacy rate in Pakistan is 57% as stated by the federal government of Pakistan and about 60% of the population per day lives below the poverty line (World Bank, 2013) which actually constitutes to the poor state of health.

Asian Development Bank (2010) report postulated that middle class are those who lives between 2$-4$ a day in developing nations including Pakistan. The report further explained that the middle class in developing nations spends much on health and education except Bhutan and Pakistan. It also specified that there is no bigger difference in amount spends between poor and lower middle class in health and education budget among the two mentioned countries. Banerjee and Duflo (2008) categorised the middle class population to hold salaried jobs than poor class society. They discussed that middle class population's

migration ratio due to their current jobs is much more, their family size is smaller and they hold at least university education. This extreme exception was only in the case of Pakistan that accounted larger family size and only 9% of individuals in the middle class to have university degrees. Thus, these all components and criteria described by Banerjee and Duflo (2008) fit into the structure and organisation of Pakistani lower middle class society.

This economic and social disadvantage of access to better life between rich and poor elicits health disparities among the countries and create social disharmony within the population. Therefore, the researcher was keen to demonstrate the experiences of lower middle class as being living with such realities and complexities of less health opportunities. So this study is intended to assess how television moulds behaviours of health among lower middle class parents? And how practically these parents still follow the old methods of traditional treatments to health diseases? Or do these socio-political leaders have influence on their lives that forces them to be a part of the bandwagon process and how these influential people operate media as far as health issue is concerned? Moreover, the geographical location selected for this study is the Jamshoro district where the majority of people are from the lower middle class and they possess rural backgrounds and characteristics in their nature as their origin city is not the Jamshoro district as also mentioned earlier.

Further, in Chapter 4 of demographic characteristics, the income, education and size of the family is given that explains the definition of lower middle class parents applied in this study. Hence, it becomes challenging for the health policy makers to plan strategies and programmes according to the social and economic status of rich and poor in making health decisions which can provide benefits to the people on equal grounds.

### 3.6 Population and Sampling for In-Depth Interviews

Population is a set of all elements (Gilbert, 2001). From the population, sample frames were taken in order to gather data that can be representative of the entire target population in this research setting. This study was carried out in three public universities' colonies of Jamshoro district, Sindh of Pakistan. Lower middle class parents having children under age of five years were included. Thus, the polio vaccination is given till five years of children. The total population of three universities' colonies is shown in Table 3.1.

**Table 3.1**: Table Showing Area of the Population under Study

| No. | Area | Housing Units | Populations |
|---|---|---|---|
| 1 | Sindh University Colony | 470 | 3000 |
| 2 | Mehran University of Engineering and Technology (MUET) Colony | 50 | 400 |
| 3 | Liaquat University of Medical and Health Sciences (LUMHS) Colony | 100 | 700 |
| | Total | 630 | 4100 |

The total numbers of houses or quarters allotted to the lower staff in these three universities are stated in the Table 3.1. The population mentioned in the Table 3.1 is an approximate figure provided by the councilor. The official census was conducted in 1998 in Pakistan, though in accordance to the constitution of Pakistan, the census should be conducted in the country after ten years. The census issue is very contagious in Pakistan, but the Supreme Court of Pakistan directed the government to conduct census immediately. So at present, the census exercise has been completed in the country in the year 2017 (REUTERS, 2017). However, results are yet to be announced by the Government of Pakistan. The main reason to limit this population in this study was time and research method that consisted of qualitative in nature. The size of the population was given by the local councilor of Jamshoro district. The local councilor was contacted with

the help of the registrars of mentioned universities. The registrar is the key authority of the university who has official records of the university and is a responsible person of the university affairs. After provided with the list of total houses in three colonies, parents were selected on the purposeful sampling basis.

Purposeful random sampling was selected in order to engage research participants in this qualitative study. In purposive random sampling, first the researcher searches the location for the primary research participants and then randomly the subjects or research participants are selected from the pool for in-depth discussion (Suri, 2011). The reason for choosing this sampling was to assure that research participants are parents who belong to the criteria of age 25-35 and have children under the age of five. So it was necessary for the purpose of more contribution, interest and rich information, these parents were ready to participate in this research as research participants. Further, after identifying these research participants with the help of the list provided by chairmen of colonies, these parents were chosen as samples for interviews and discussions.

Therefore, the purpose was also to deeply assess the mind-sets of these parents as how they perceive television messages with the strong religious or social backgrounds.

### 3.6.1 Sample Frame/ Size for In-Depth Interviews

The sample size commonly used in qualitative studies is smaller than in quantitative studies (Dworkin, 2012; Mason, 2010). Studies of qualitative nature require studying a phenomena or life experiences of participants. The researcher selected 60 research participants as her sample size for the present study before proceeding towards fieldwork for in-depth interviews. But however, the researcher realised the saturation point at 35 when the data or themes were repetitive and new ideas or views were not observed. So the

interviews were conducted till the saturation point occurred during fieldwork. Hence, most of the qualitative studies apply the concept of saturation (Glaser & Strauss, as cited in Mason, 2010). Saturation is the point or time when no new data or relevant details relating to your categories and codes are formed in the course of data collection (Charmaz, 2006).

The division of 35 interviews into three public universities' colonies of Jamshoro district was decided depending on the population size of the university, research participants' nature, characteristics and socio-culture settings. So from total, 15 interviews were conducted from the Sindh University colony (8 Fathers and 7 Mothers), 10 from Mehran University Colony and 10 from Liaquat University of Medical and Sciences (LUMHS) colony which included 5 fathers and 5 mothers respectively in both the latter universities colonies. Thus, the total numbers of fathers were 18 and mothers constituted with a number of 17 in total. The justification for one decreased number of mothers than fathers was the denial of one father to allow her female partner to share her views with the researcher. However, fathers are represented with alphabet 'A' and 'B' was identified as mothers' representation in the data analysis procedure. Bernard, (2000) recommended 30-60 interviews as a sample size while Charmaz (2006) asserted that sample size depends upon the nature, aim and purpose of the study and research design. So the foremost emphasis should be on the intuition of in depth interviews. Thus, as a main research method, in-depth interviews added useful information to this study.

### 3.7 Language

Urdu is the official language spoken and understood in the country on common grounds with everyone. But still there are number of people who do not speak the official language and uses their own provincial or regional language on a daily basis. Pakistani society or

people in general in any of the four provinces prefer it to communicate in their regional language rather than the official as Urdu. Secondly, there are multiple ethnicities living in one province, so people feel it is a proud moment for them to represent their culture and speak in their own native language. Moreover, people who do not speak their regional languages rather interact in Urdu, local people termed them as non-traditional and they sort of disown them from their company.

Local language spoken in Sindh province is a Sindhi. People to communicate with each other, use Sindhi as a common language. Thus, interviews were conducted in Sindhi language. The researcher belonging from same province was familiar with Sindhi. Therefore, the researcher used this language to facilitate herself to enter into the world of research participants for the purpose of study i.e. data collection. In this way, the language was helpful for the researcher in assembling a confidence, likeness among each other and a good understanding necessary for collecting information from parents.

Next, the Sindhi language was translated into English by the researcher for this thesis keeping into consideration the originality and richness of the process. Sindhi has also diverse dialects which vary between the northern and southern part of the province. So one of the challenges that the researcher faced was some of their proverbs used during discussions with parents. Mostly fathers during interactions used those proverbs in providing meaning to their intended stories or texts. This was a bit tricky for researcher to transcribe its meanings in hand-written notes where required. Thus, the researcher made sure to interpret those proverbs from research participants with their defined meanings. Hence, the quantity of usage of their proverbs was less and did not affect the nature of information.

## 3.8 Data Analysis

Data analysis in qualitative studies has been rich in its diversity because it involves more of the social instincts. Punch (2005) postulated that there are varieties of sources through which data can be analysed in multiple perspectives for qualitative research projects. This research content deal with the attitudes of parents, which were recorded, transcribed and understood by the researcher for deep interpretation approaches. In the line of data analysis, the handling of methods should be clear, systematic and transparent (Punch, 2005; Fossey et al., 2002). Therefore, it was made clear to interpret the thoughts and the specific terms used by the research participants with more attention and absorption without disturbing or exaggerating the original meanings.

### 3.8.1 Data Analysis Procedure for In-Depth Interviews

In-depth interviews (n= 35) also observed demographic information as sex, age, education, religion, income, working position and time duration of living in Jamshoro. The instrument for this qualitative research study as mentioned earlier is semi-structured interview guide. Thus, this instrument was self-constructed by the researcher on the basis of research study and problem statement. The main realm of questions involved five categories. Parents' consumption of media, parents' perception on televised health and polio messages, parents' views on socio-political factors and opinion leaders, parents' perceptions of gender oppression and decision-making in relation to television polio messages. The views were arranged on this origin of these above categories into Sindhi and then English language. The main categories of questions were further divided into various questions. Few questions have been given as below whereas, for further details regarding interview guide or interview protocol see appendix A.

**Research Objective (RO). 1.** To determine parents' views on health and televised polio messages.

The research objective no. 1 was further divided into following questions. For instance,

Q. 1. How many hours do you watch television daily?

a. One Hour b. Two Hours c. Three Hours d. Others (Specify)

Q. 2. What are your views on the health discourse in Pakistan (Please Explain)?

Q. 3. What is the drive or force which compels you to be encouraged through private televised polio messages and get your children vaccinated?

**RO. 2.** To critically evaluate the influence of socio-political factors on parents' perceptions in order to establish free polio Sindh province.

The research objective no. 2 was also further divided into following questions. For instance,

Q.1. What is your vision on the actions taken by government to eradicate polio from Pakistan or are these polio messages only publicise the polio issue in order to justify the international health agencies' concerns? Please share your views?

Q. 2. What is the role of opinion leaders in your lives in relation to your decisions of polio vaccinations?

Q.3 Are these religious and political leaders misuse polio messages for their own personal interests, if yes then explain?

**RO. 3.** To assess the impact of televised polio messages on fathers' and mothers' involvement in polio vaccination decisions.

Research objective no. 3 followed the below mentioned questions.

Q. 1. In your opinion, how both mother and father equally participate in the decision-making process of their children immunisation of polio in Pakistan?

Q. 2. Please, tell in detail how these private polio awareness messages cater mothers to aware parents in convincing their male spouse to immunise their children in a male-dominated society as Pakistan?

Q. 3 How do you see private television channels' polio messages in presenting mothers as symbols for attitude change in eliminating polio from Pakistan? Share your views?

However, the researcher adopted the comparative method of Maykut and Morehouse (1994) to analyse the data for in-depth interviews as shown in Figure 3.5.

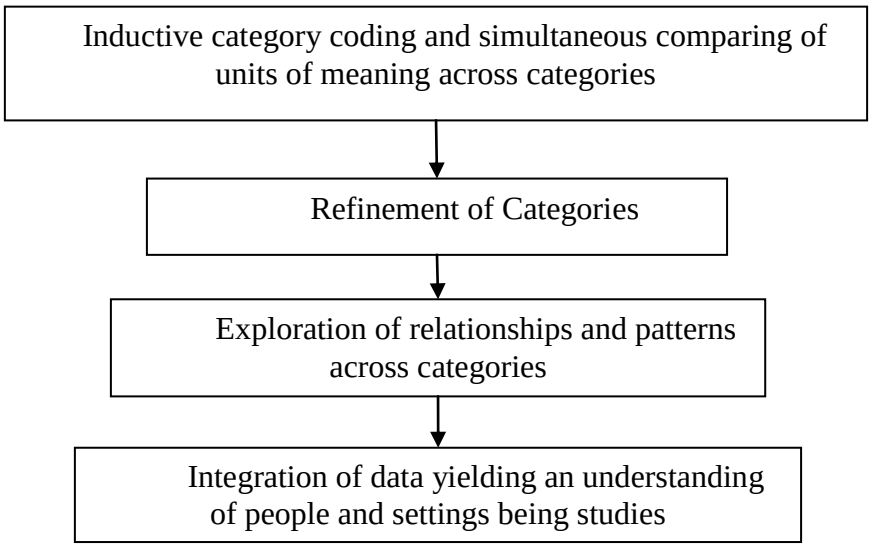



**Figure 3.5:** Maykut and Morehouse's Constant Comparative Approach (1994)

#### 3.8.1.1 Storage of Data

The data was stored in the form of interview transcripts in the original language in which the information was gathered. However, as the research participants have been migrated from upper part of Sindh into central middle part of Sindh as Jamshoro district so their

dialects and word pronunciations differ from these people. Therefore, in order to confirm and double check, the researcher provided the interviews copy to one of his colleagues who is also a native of upper Sindh to check the translations of the researcher with the recordings as comparing keeping into consideration the similarity. So at the request of the researcher, the colleague translated five to six interviews erratically from Sindhi into English. The translations of the colleague and researcher matched with each other's translated copy.

#### 3.8.1.2 Coding and Categorisation or Inductive Categorisation

The researcher and colleague independently made themes and categories based on the interviews. So these themes and texts were then compared to see if there is any variation involved in themes and impermanent codes were formed at last. Maykut and Morehouse (1994) introduced the concept of "look alike and feel alike" (p.136) meaning to see if one entity or meaning of theme is same as another theme or entity.

Following the above procedure, one interview was first handled and impermanent codes were constructed to an entity of meaning observed in one text, theme or section of the paragraph. The text was highlighted to give it meaning or code which was written in the comment box. One example is given below in Figure 3.6.

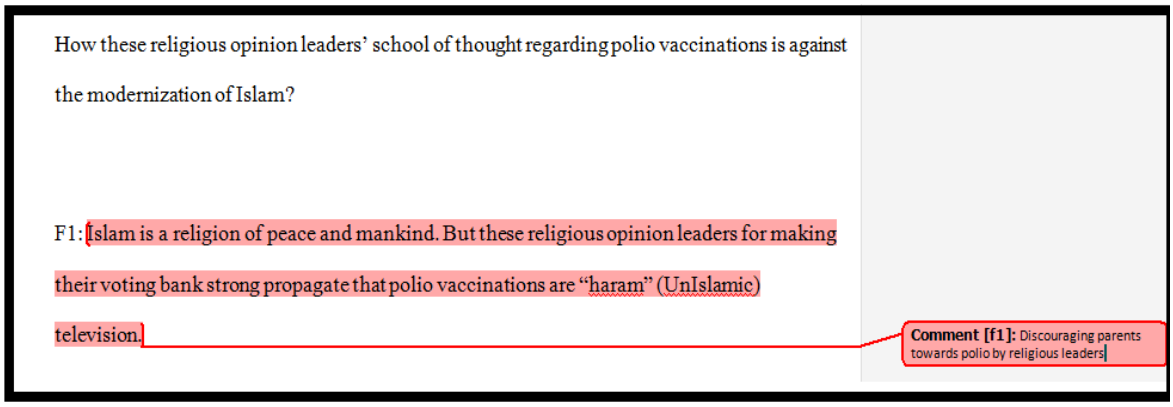



**Figure 3.6:** Microsoft Snapshot: An Illustration of General Rule of Inclusion for In-Depth Interview Text

Thus, this how all the codes were assigned and a check and balance was maintained in defining various codes on "look alike and feel alike" concept. Few items were rearranged between codes continuing the process till the researcher could see a temporary list made up of different codes. This whole process was applied and implemented in all other interviews as well.

### 3.8.1.3 Refinement of Categories

This step as Maykut and Morehouse (1994) defined as to shift the categories from the look alike/feel alike path to the propositional rule approach. The following steps were undertaken doing this category.

- Here, for propositional rule statement, rules of inclusion were applied. The researcher first map down the category along with its rule of inclusion in one Microsoft word folder/file as: Parents' perceptions on health and polio media messages: A dilemma or government incompetency. The rule of inclusion was defined or categorised as: Those units of meanings that refers to research participants' opinions on television messages directed towards polio and health

should be coded under the category of, parents' perceptions on health and polio media messages: A dilemma or government incompetency.

- The second step involved taking all those related parts of the interviews and assigned them in the same category as above in another Microsoft word file. For instance, Table 3.2

**Table 3.2:** Example of a Code with all its Related Parts from all the Interviews

| Code | Example |
|---|---|
| **Political Constituents** | A1: Government does not take the responsibility of its citizens and ignore health department |
| | A2: Government if introduces new projects or health vaccines, does not keep check and balance or follow-up for it, so the concerned authorities totally mishandle it. |
| | A3: Government hospitals in major cities are totally non-operational, the machines used in it are either old or not working. |

After completing all the provisional rules for making categories, the researcher revised and checked all the categories referred as to see whether they are fit for the assigned category or not for authentication. Like this, all other categories were made from the total number of 35 interviews as mentioned in table 3.2.

#### 3.8.1.4 Exploration of Relationships across Categories

Now the task of the researcher was to merge all these categories under one shade or shelter. Like the categories as government incompetency, corruption, inaccessibility of health facilities, non-utilisation of funds and insufficient promotion of infectious diseases all such categories were combined and kept into one category named as 'configuration of parents regarding health in Pakistan'.

However, percentage used for in-depth interviews is descriptive statistics which fall under qualitative. This was only used under the themes to take out the frequency of the percentage. It is helpful to use the codes for counting the ratio as it helps to identify the relationship of reality in numbers with the qualitative data gathered by the researcher (Hewitt-Taylor, 2001). An illustration of final codes for percentage as descriptive statistics in the Table 3.3 is an example of the file researcher created for this task.

**Table 3.3:** Percentage of Parents' Beliefs regarding Health in Pakistan

| No. | Parents' Beliefs | Frequency of Mothers | Percentage (%) | Frequency of Fathers | Percentage (%) |
|---|---|---|---|---|---|
| 1 | Dishonesty of political leaders | 3 | 17.6 | 4 | 22.2 |
| 2 | Poor health administration | 3 | 17.6 | 4 | 22.2 |
| 3 | Lack of awareness programmes | 2 | 11.8 | 2 | 11.2 |
| 4 | Unaccountability by government | 2 | 11.8 | 3 | 16.7 |
| 5 | Insincerity of staff | 2 | 11.8 | 2 | 11.2 |
| 6 | Very expensive | 2 | 11.8 | 1 | 5.5 |
| 7 | Do not Know | 2 | 11.8 | 1 | 5.5 |
| 8 | Progressing | 1 | 5.8 | 1 | 5.5 |
| | Total | 17 (n=35) | 100 | 18 (n=35) | 100 |

### 1. Integration of Data

This was the last stage, which helped to determine the meanings of the data. All the final categories were clustered to see their status and relationship with research questions can be observed. This was done after conducting all interviews.

## 3.9 Reliability

It refers to the "degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions" (Hammersley, 1992, p. 67). Reliability and validity are significant in quantitative as well as for qualitative research. Few social researchers assert that reliability is more concern for quantitative studies and not for qualitative data. Nonetheless, some researchers have

maintained the issue of reliability quantifications very clearly and have described in their various ways (Creswell, 2007).

Miscellaneous authors have identified different names and categories for the reliability of qualitative data in terms of its objectivity and credibility that verified essential for the current study. Campbell et al. (2013) suggested that stability in qualitative findings will be verified by following the demonstration of certain things as unprocessed data, data diminution products and hand-written notes. The current study considered Gibbs (2007) notes to certain validity by correcting records' inaccuracy, constructing codes continuously by contrasting data with codes, writing hand notes, keeping records of meetings and double checking codes formulated by other researchers with distinguishing separately its derivational outcomes.

### 3.9.1 Reliability Verification in Present Study

#### 3.9.1.1 Verification of Transcripts

In the context of Gibbs (2007) as mentioned above, both the qualitative data were recorded in Sindhi language and later was translated in English medium. Therefore, the English description was matched with Sindhi translation and re-read many times to correct the errors, explanations and interference as the essence of data has not been lost in translating the transcript. At this moment, it was ensured that researcher's own interpretation is not being added in the English version and only the research participants' thoughts are described as they meant.

#### 3.9.1.2 Consistent Coding

Researcher here at this stage, followed the footsteps of Maykut and Morehouse (1994) to persistently compare the data to maintain the consistency in themes and texts and formulating suitable coding methods or forms (For more details, see Section 3.8.1).

#### 3.9.1.3 Inter Coder Reliability/Double Checking

It deals with a very important challenge that as inter coder reliability creates various coding patterns, so whether these codes are consistent or not? It means other coders (as in this study researcher's colleague) if available will be able to make those codes look similar as the main coder. Therefore, "the goal is to ensure that a single knowledgeable coder may be reasonably confident that his or her coding would be reproducible by other equally knowledgeable coders if they were available" (Campbell et al., 2013, p. 297). Hence, coding patterns in qualitative research should include assessment of inter coder reliability and agreement as a necessary step in checking the reliability (Campbell et al., 2013). However, this process is also important to ensure other researchers that the data collected in qualitative research through interviews is stable and well-constructed (Hruschka et al., 2004). Moreover, there is not much knowledge provided in other studies or literatures that state the reliability of coding for semi-structured in-depth interviews of qualitative studies. Therefore, the researcher applied a systematic approach of coding and inter-coding reliability from the analysis of Campbell et al. (2013) in her study to accomplish the task. Following is the procedure of cross checking the codes.

### Step 1: Acquaintance with the Coding and Present Study

Initially, the researcher requested a person (her colleague) to help formulate coding formats. Coding in semi-structured in-depth interviews entails the mechanism that identifies as how the researcher or coder explains the answers and meanings of research participants related to a particular question. For this, it was highly commendable that a second coder must be aware of the detailed study of the researcher's work (Campbell et al., 2013) and in this case the second coder was my PhD colleague from Pakistan. He was aware of researcher's detailed study, its context and purpose. Therefore, the researcher assigned him as the second coder and provided him the copy of the research participants' texts (data) to discuss it further in detail. The researcher elaborated as how she transcribed her data with enduring its essence and assigned different codes to research participant's responses. However, research participants' confidentiality was preserved by not disclosing their identities while sharing in-depth data.

### Step 2: Contrasting the Codes/ Data

In the line of Campbell (2013), the researcher and second coder individually assigned codes to one full transcribed interview individually without each others' help. The researcher and second coder explained their codes to each other and compared the codes. Thus, this method puts certain concerns over this process which was later solved by mutual agreement between first (researcher) and second coder. In this regard, Garrison (2006) quoted "negotiated agreement" means to finalise the reliability of codes. It means after reconciliation on the codes with arguments and discussions over research participants' texts or data, the researcher and second coder reaches at a mutual decision. This

phenomenogn occurred sometimes, however, in this study and not repeatedly. For example:

> "It's very encouraging when sometimes private channels show and present mothers' positive role in their polio programmes. This is indirectly a lesson to those parents, especially fathers who neither realises mothers' contribution in child's health nor allows their female partners to go out for polio vaccination".
>
> SU Colony Father_6 A

The length of the text of the research participant from the transcript was set aside the same as above by the researcher. The second coder aggregated in the following way.

> "Television channels represent mothers sometimes in their polio programmes. It is encouraging as it indirectly teaches lesson to other parents, especially fathers to appreciate mothers' positive role in child's health."

The question is how to handle these errors where the researcher and the main coder unitisation are dissimilar with each other. In this scenario, Campbell et al. (2013) did not provide the main copy of the transcript to the main coder and they according to the study unitise their texts into its meanings and the second coder only played the role of forming codes. However, the researcher in this present study avoided this practice that can cause partial reliability. So she provided the main translated transcript to the second coder to unitise the responses and then make his own codes to compare and check the reliability process. This is how with negotiated agreement the problem of coding was solved.

The researcher illustrated the second coder the last part of the research participant's conversation as,

> "This is indirectly a lesson to those who neither realises mothers' contribution in child's health nor allows their female partners to go out for polio vaccination".

The second coder did not include the last line of the conversation as “nor allows their female partners to go out for polio vaccination”. The researcher explained it to the second coder as how it was essential for this study as this line reflects one of the objectives of the present study that identifies the decision-making power of both parents. Thus, this line reflects fathers’ mind-sets as a social factor affecting polio television messages. So the second coder and researcher agreed on positioning this line into unitising the text.

Hence, the researcher and the other coder through a whole process created codes from the original transcript independently and observed any inconsistency till the last when the researcher and the second coder realised that the codes were more or less same. In this way, inter-coder reliability found to be useful to check inconsistencies, rectifying codes and its characterisations.

### 3.10 Validity

Maxwell (2012) defined validity as trustworthiness or the authenticity of the data or the descriptions provided in the research field. Qualitative research can be validated by considering a prepared and apparent research methodology, data analysis and explanation of the data (Robson, 2002). Similarly, Winter (2000) added that validity in qualitative research is maintained on the basis of two most important concerns. Firstly, the instrument used in research methodology is correct and secondly, whether what they are basically evaluating what they want to evaluate. However, Winter (2000) argued that external validity is inappropriate for qualitative inquiry. Therefore, trustworthiness and authenticity through critical lens is a significant aspect of validity in qualitative research (Cannella et al., 2015). The validity of present research is fitted through above mentioned definitions recommended by different research scholars. This present qualitative inquiry used a critical

lens to study the required phenomenon of polio messages by looking closely into the life experiences of parents and the way they view televised polio messages. A verbal record of the conversation during in-depth interview offers meaning and shows validity of the data (Gubrium & Holstein, 2001). So the audio-recording of the interviews facilitated the researcher concerning those audios for several times in the classification of themes for data analysis for its validation.

Moreover, trustworthiness of the data is determined by the specific lens of the research scholar (Tracy, 2010; Creswell & Miller, 2000). The lens of the researcher means that it depends upon the researcher as how much duration he/she decides to remain in the research field, whether his data is collected till a certain point of saturation in order to enable good themes and how data analysis is undertaken for influential descriptions and explanations. Likewise, present researcher also conducted data till saturation point as also discussed under heading 3.6.1 and themes were developed that turned into persuasive narratives by research participants.

### 3.11 Ethical Considerations

Ethics and moral reliability are essential aspects in conducting a research process from the beginning to its end (Hesse-Biber & Leavy, 2006). Ethics means the statute of demeanor or code of principles (Creswell, 2005). It is important for the researcher before proceeding with data collection, he/she must assure the research participants about their confidentiality and trust upon the researcher. The same was applied during this dissertation. Confidentiality was preserved as the identities of research participants were removed while sharing the opinions of this research in the field with one of the colleagues of the researcher as a second coder. Confidentiality in research means that researcher cannot identify their obvious identity but can share their opinion. The researcher allowed research

participants to share their worries or doubts related to ethics or norms of this study. Research participants were also defined about the values and ethics related to the study in the introduction while conducting in-depth interviews. It is the duty of the qualitative researcher to inform his/her research participants about the nature of the study, its purpose and the after results if there are some, on their lives (Creswell, 2007). Thus, the research participants had the right in this present study to withdraw at any time if they felt uncomfortable or unethical. The research participants were also informed initially that the data will be audio recorded and their names will not be mentioned in the thesis. The researcher also showed the permission or consent form provided by University of Malaysia and Sarawak to evade their fears.

### 3.12 Insider and Outsider

The question of being an insider and an outsider is an important and ambiguous part in research methodology. In this research, the researcher had pre-occupied information about the individuals and the locations she was going to investigate. The researcher as an insider with sharing the features, nature, role and events with the research participants in study or an outsider to the cohesion exchanged by research respondents and researcher's own position in connection to those who are contributing in research is fundamental element of the research examination (Dwyer & Buckle, 2009). Asselin (2003) in exploring the staff development research explained that researcher as an insider should fully concentrate on gathering his data with the assumption that he is completely unaware of the phenomenon being studied (outsider). She noted the researcher as an insider may be a part of the culture or group under study, but he may not have the knowledge about the sub-cultures. Therefore, the researcher may assume of different things related to that culture or group. Following Asselin (2003) concept, in this research, the researcher had pre-occupied

information about the individuals and the locations she was going to investigate. But at the same time she was an outsider to the perceptions, sub-culture and background of their social circle or boundaries in specific to lower middle class parents being studied in this thesis.

As an insider, it was easy for the researcher to follow the values and norms of their society and communicate with them accordingly. For example, the researcher was aware of the fact that men are reserved in case of their female partners to be socially outspoken to the strangers in Pakistan. So the researcher respectfully communicated with fathers, introduced her position of being a teacher in one of the universities where they are also employed. So being from the similar environment, they agreed to allow their spouses (mothers) in participating in the research process. Similarly, the researcher was not hesitant in adapting research participants' culture and making them more comfortable.

In Pakistan, people with rural background use proverbs and references of situations and patterns related to the issues or subjects in conversation. As in this case, parents who participated in this research were mostly migrated from rural areas to Jamshoro district. Therefore, they also used the same approach while conversing during the conversations, so this was easy for the researcher to make sense of their words and interpret relevant meanings or the gestures they gave during interaction with her.

In addition, as an insider the researcher through her inner sources of fathers working in Sindh University (researcher's parent university) that inner gossiping about her position has been started among parents. They assumed as the researcher is coming from Malaysia (such people get fascinated when they hear someone is coming in their society from a foreign land) and being is lecturer in one of the universities in Jamshoro district must have

some powerful sources in the area and can provide jobs for their family members. Therefore, parents, especially mothers were being extra open and outspoken that helped researcher to explore more information needed for my research study in order to collect data.

In contrast, as an outsider, at few situations, being a female researcher, it felt awkward because Pakistan is male-dominated society where the working environment for females is not encouraging. So during face-to-face discussions with fathers and also during in-depth interviews along with their wives' presence, researcher felt a sense of gaze from fathers as men and that was a bit uncomfortable for researcher as being female in the field. Hence, "being a female field-worker in a male-dominated setting is something of a double-edged sword" (Shaffir & Stebbins, 1991, p. 56). Moreover, in asking questions and probing research participants especially mothers, in relation to gender autonomy issues, parents were bit reserved in freely sharing their experiences. They seemed a little uncomfortable while sharing the background of their own families in relation to the issue of gender roles, gender discrimination and decision-making of health and polio. However, at the end, these challenges were overcome after the researcher in a polite manner, keeping parents' privacy intact to convince them in recording their voices and views without hesitations.

### 3.13 Conclusion

The third chapter presented the rationale behind choosing a particular framework of data collection as in-depth interviews. The chapter started with the epistemology and was followed with research approach and research design. It also explained the justification of taking a certain sampling technique and frame for in-depth interviews of data collection. It discussed the procedure of data collection and the research strategy of analysing the data to

answer research questions. The chapter in detail evaluated the settings and justifications of in-depth interviews applied during this research work. Finally, the chapter also enlightened ethical considerations and the challenges faced by the researcher during fieldwork. The next chapters describe the analysis of the research objectives of this study keeping into consideration parent's self-efficacy and collective efficacy of leadership qualities in polio televised messages.

# CHAPTER 4

## TELEVISION ENGAGEMENT: THE EFFECTS OF TELEVISED POLIO MESSAGES ON PARENTS' SELF-EFFICACY

RO.1. To determine parents' views on health and televised polio messages

The concept of self-efficacy and parents' independent power is to modify their health habits within their own social learning. The earlier chapters elaborated the process and theoretical framework through which parents perceive polio messages. All prior discussion lead existing study to develop a conceptual framework influential in local context within socio-political settings in the chapter two of this thesis. The socio-political leaders are the gatekeepers between television representatives and polio messages being broadcast on government and private television channels. In reflection to critical paradigm, these influential entities exploit their powers and hold a strong position in the presentation of health and polio messages in the context of this study.

The present chapter is an attempt to explore the effects and outcomes of televised polio messages on parents' self-efficacy. Self-efficacy is the perceived capability of a person to judge, motivate and act to produce desired outcomes of the events that influences his life (Bandura, 1994). Self-efficacy in this research outlines resource and motivation. This study shows that parents achieve low-self-efficacy because of their distrust over television medium as a resource and motivation to change parents' negative health perceptions from televised health messages. Linnenbrink and Pintrich (2003) also elaborated that self-efficacy beliefs are directly connected to goals and motivational factors Therefore, this chapter explores the themes emerged as low level of trust and lack of reliability from television consumption of polio messages among Jamshoro lower middle

class parents. Kim and Hmielowski (2017) investigated that the insertion of medical information within entertainment programming such as dramas can attain positive health outcomes and increase people's self-efficacy in the promotion of cervical cancer. Further, this chapter presents the relationship between parents' existing health attitudes and negative health perceptions from televised polio messages affecting parents' self-efficacy. Jamshoro parents in this study are the internal migrants from different districts of Sindh and are residing in the Jamshoro district for jobs and a better future.

The first section of this chapter discusses parents' involvement and consumption to television content followed by parents' views on health discourse in Pakistan. This section further describes the impact of Pakistani health structure on Jamshoro parents' experiences of their health decisions and self-efficacy perspectives. Low level of unreliability and trust on televised health messages among parents is highlighted below as a separate section. This chapter then leads towards the journey to illustrate parents' knowledge about polio as an integral part of their health decisions based on their self-efficacy. Parents' positive and negative attitudes associated with representation of polio messages provide a clear vision of parents' perceptions of these televised messages. Acceptance and rejection of televised polio messages and their influence on parents' decisions is also elaborated briefly in the last section of this chapter. However, the term "parent" in this study is subjected to both fathers and mothers respectively. Efficacies of both fathers and mothers are defined separately in the areas as both genders' narrations and stories differ from each other.

## 4.1 Demography of Research Participants

This section presents the findings of the demographic features and the background details of 35 parents' views on the consumption of television on the basis of in-depth interviews carried out for this study. This section also discusses the size distribution of the

geographically clustered three colonies of Jamshoro district of Sindh province selected for this study. Initially, the rudiments in these demographic characteristics include gender, age, religion, educational level, language, monthly income, ethnic origin, employment status and time period of stay in Jamshoro district of parents.

### 4.1.1 Parents' Vital Statistics and Socio-Economic Outline

### 4.1.2 Geographic Division of Research Participants from Jamshoro

From the three universities colonies described in the methodology section, the greater number of population was from Sindh University colony (see section 3.6.1). The justification of this classification lies on the fact that Sindh University is designed for all general disciplines of academic studies. Therefore, a good proportion of fathers selected for this study is employed in Sindh University (SU) and reside in SU colony. Whereas, Mehran and LUMHS universities are designed for engineering and medical respectively. So the exposure of Sindh University is wide and linked to diverse people in their characteristics. Further, number of migrant parents from hard-to-reach areas within Sindh and Khyber Pakhtunkhwa provinces are greater in SU colony than Mehran University of Engineering and Technology (MEUT) and Liaquat University of Medical and Health Sciences (LUMHS) colonies.

In distinction, the parents related to the remaining designated population study have been staying in Jamshoro for a longer period of time in comparison to SU colony. The other distinctive feature that holds LUMHS and MEUT colonies exclusive than SU colony is that it represents more ethnic groups comprising different languages and cultures. Therefore, it was interesting to draw the findings to compare the opinions of parents

speaking different languages than SU colony where mostly Sindhi language is the most preferred one and after that Pashto language is also spoken due to the migration of Pakhtuns in Jamshoro.

### 4.1.3 Gender and Age Composition

**Gender**

As per the gender distribution for this study, it is revealed that fathers were most excited to share their experiences as compared to mothers. Though, there was no radical variation among the figures between fathers and mothers but the researcher experienced a slight difficulty in reaching mothers. It is because in Pakistan women are traditionally conceived as housewives and men are believed to be in public realm. The researcher felt that mothers were a bit hesitant in their personalities than fathers for having conversation and communicating with a new member from outside their boundaries. But the researcher provided a comfortable environment to mothers so that they can be confident and relaxed in sharing their experiences in relation to the objectives of this present research.

**Age**

**Table 4.1:** Composition of Research Participants by Age

| No. | Age in Years | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | 25 | 7 | 20 |
| 2 | 26 | 4 | 11.4 |
| 3 | 27 | 2 | 5.7 |
| 4 | 28 | 3 | 8.6 |
| 5 | 29 | 4 | 11.4 |
| 6 | 30 | 4 | 11.4 |
| 7 | 31 | 2 | 5.7 |
| 8 | 32 | 3 | 8.6 |
| 9 | 34 | 3 | 8.6 |
| 10 | 35 | 3 | 8.6 |
| | Total | 35 | 100 |

Table 4.1 shows that under age bracket of 25, the parents are in larger size representing younger parents. The second maximum fraction is in the value of 26 and 29 age groups constituting the percentage of 11.4% respectively. These parents recognised themselves into the age category of mature parents. It can be said that approximately 80% of parents out of the total 35 were young in this study. After the instigation of television among parents' lives as an explosion of heavy information, these were the questions subjected to analyse the age composition of parents as: Do still young parents of lower middle class lacks polio awareness? Are they fastening the old methods of traditional healing or refusing the polio messages? Or do a change in young parents' viewpoints are observed? These were the questions subjected to analyse the age composition of parents.

### 4.1.4 Religion

However, 95% of parents interviewed for this study identified themselves as followers of the religion, Islam. Thus, the remaining were non-Muslims which mainly constituted the Hindu community. But a very small fraction, as 2 parents belonged to Christianity. Officially figures of WHO on polio and immunisation and other scholarly studies shows that the polio endemic nations in this age of time are those comprising major population of Muslims. Muslims refuse polio awareness programmes because of the religious beliefs that polio vaccination is propaganda towards Islam.

### 4.1.5 Employment and Education

**Employment**

Mostly fathers were employed in three universities than mothers. Their source of income was government jobs. Fathers were usually workers/staff appointed on the subordinate grades as 4-16.The percentage of working fathers only in government jobs was 89%. Thus, there were a small proportion of fathers who were associated with these three public sector universities but also had small businesses or small shops to look after at evenings. However, during field work, it was found that mothers mostly were housewives and don't work outside the homes for employment purpose.

**Education**

**Table 4.2:** Classification of Education among Research Participants

| No. | Level of Education | Frequency among Fathers | Percentage (%) | Frequency among Mothers | Percentage (%) |
|---|---|---|---|---|---|
| 1 | No Education | 1 | 2.8 | 10 | 28.5 |
| 2 | Up to Grade V | 5 | 14.3 | 12 | 34.3 |
| 3 | Matriculation | 8 | 22.9 | 8 | 22.9 |
| 4 | Intermediate | 9 | 25.7 | 3 | 8.6 |
| 5 | Graduate/Masters | 12 | 34.3 | 2 | 5.7 |
| | Total | 35 (A) | 100 | 35 (B) | 100 |

Education in Pakistan especially among women is very low. Thus, in Pakistan, the total time duration of academic study at school level is up to ten years ending with matriculation degree. After class eleven, there is college system for two years then the university education starts, i.e. Intermediate and Masters Degree for two years each. However, according to the categorisation of Table 4.2 data, 34.3% of fathers are either graduates or possesses intermediate degree which makes them the highest among the other educational level of parents. The other larger percentage is among the parents with 22.9% of parents identifying themselves to the matriculation group. However, Subhani et al. (2015) found that mothers possessing first five years of primary education are less likely to participate in awareness polio programmes than the mothers who are highly educated. Table 4.2 suggests different data to which there are only 2 mothers completing the graduation. The highest proportion of mothers never went to school at all followed by mothers who have only passed grade V. The other four mothers went to college and similarly three hold matriculation degree with the percentage showing in above 4.2 Table.

### 4.1.6 Time Period of Stay in Jamshoro

**Table 4.3**: Research Participants' Categorisation of Residency in Jamshoro

| No. | Time Duration | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | 1 to 10 years | 12 | 34.3 |
| 2 | More than 10 years | 8 | 22.9 |
| 3 | More than 20 years | 7 | 20 |
| 4 | More than 30 years | 8 | 22.9 |
| | Total | 35 | 100 |

This demographic feature in Table 4.3 divulge that majority of the research participants were newly settled in Jamshoro district as they identified themselves in the range of 1 to 10 years. According to the above table, the number of research participants living for many years in Jamshoro is eight constituting the percentage of 18.3%. Parents who occupied the second position for a longer period of time in their residency in Jamshoro belonged to the category of more than 20 years. It has also been discussed earlier in chapter three that Jamshoro district is the core of trade and education. Thus, people find greater and better opportunities of schooling, jobs and different kinds of small and big entrepreneurships in Jamshoro. Therefore, parents especially living in the remote areas of Sindh travel to Jamshoro as it are adjacent to their districts than the others providing more prospects and vision to life. So there are various ethnicities that imitate different cultures and to mould their attitudes or behaviours, it's a big composite challenge for the government to reach out to these communities to motivate them for polio vaccination programmes.

## 4.2 Parents' Engagement with Television

Television viewing in Pakistan has tremendously increased since its launch. During the field study, it was also observed that the majority of research participants (both fathers and

mothers) used mass media specifically television on a daily basis. Each individual assumes himself/herself as an expert and hold a variety of opinions regarding diverse socio-political issues in particular. Their interpretations of meanings are varied due to their strong association to media on a daily basis. In this study, 90% of Jamshoro parents watch television daily while 62.8% of them consume television more than two hours on daily basis (See Table 4.4 below). Television consumption hours were found to be greater in mothers than their counterparts because of the fact that they mostly spent their time at homes. Moreover, a classic study that determines the influence of violence also concluded that increase in the television content of violence leads to an increase in people aggressive behaviour and more prone to violence in reality (Gerbner & Gross, 1976). This classic study directed that how spending most of the time in viewing television creates impact on people's health and sensitivities of emotions.

This existing study highlights the significance of television consumption on consumers and the effect it had in shaping their attitudes and behaviours. Researcher also demonstrated that most of the parents engage their time in television for more than three hours and their habits of viewing particular sort of programmes are highlighted below in this table. Moreover, according to Khan (2012), Pakistani students who viewed television for one to two hours on daily basis demonstrated more positive outcomes in academic goals as compared to those students whose viewing time was less than one hour.

**Table 4.4**: Daily Time Spent Viewing Television

| No. | Time Consumed for TV (Daily in Hours) | No. Of Mothers | Percentage (%) | No. Of Fathers | Percentage (%) |
|---|---|---|---|---|---|
| 1 | One | 3 | 17.6 | 4 | 22.2 |
| 2 | Two | 2 | 11.8 | 6 | 33.4 |
| 3 | Three | 3 | 17.6 | 4 | 22.2 |
| 4 | More than 3 hours | 9 | 53.0 | 4 | 22.2 |
| | Total | 17 (n=35) | 100 | 18 (n=35) | 100 |

In accordance to Table 4.4, Jamshoro mothers contributed a premium portion of time in watching television. As part of their daily routine, after sending their children and male spouses for schools and work correspondingly, their favourite hobby was to scrutinise television channels. Their social connection with the current happenings around the globe was in line with television channels. Half of Jamshoro fathers' time spent on watching television was two hours and below. According to them, after coming homes from their jobs, they made sure that they watched television to know current issues. One father illustrated as,

> I come home late in the evening, but I make sure to watch television for one or two hours to know the issues going around the world (Sindh University Colony Father_7A).

Similarly, in the views of one mother,

> My husband is not at home because after coming from the university, he takes his lunch and then goes to shop nearby our home shop where he is a shopkeeper. So he watches less television, but he watches more shows based on politics or he watch the news (MEUT Colony Mother_17 B).

In contrast, most of Jamshoro parents (both fathers and mothers) consume media channels on a daily basis to satisfy their thrust of information. A research, briefed by Broadcasting Board of Governors (2011) showed that television is the most watched mass medium in all four provinces of Pakistan including Sindh province with 76.2% of adults

watching weekly. This is because the literacy rate in Pakistan, especially in rural areas of Sindh is below 50% (Rehman et al., 2015). So people cannot read or apprehend newspaper articles. Whereas, government radio is much popular in villages than cities. In urban areas, private radio is utilised by listeners for entertainment purpose.

Moreover, parents were also asked to respond about the impact of television on their perceptions with defining them the categories television ought to perform globally as to inform, educate and entertain. With these three categories, the fourth category was added by the researcher as "pass time" in order to gain the insights of parents' reasons for the involvement with television. The findings in the field concerning this theme suggested that the most imperative role of Jamshoro lower middle class parents was to have a good time (pass time) with television (67%). Therefore, explaining this phenomenon, one mother and a father commented as,

> The whole day I am doing my housework, cooking, washing clothes, managing kids. So when I get time to watch television, I prefer to watch programmes that can make my time better and enjoyable (Mehran University Colony Mother_33 B).

> In the hot weather of Jamshoro where there is also load shedding of electricity and other domestic problems so off course when I come home from university, I do not want to see news and issues that give me more tension. So I consume programmes that make me relax (Liaquat University Colony Father_28 A).

However, there was a slight difference in the approach of television's role among fathers and mothers' thought process. Fathers ranked "to inform" as a major role they perceive from television with percentage of 59% than mothers as 35%. The least important role among parents was "to educate" (46%). These findings are poles apart from another study of Ishak (2011) who reported housewives roles of television were to inform themselves. However, this existing study reported that mothers used television predominantly to pass

their time in order to avoid loneliness. In this way, television gave them a sense of hope and motivation.

### 4.3 Health Discourse in Pakistan

The application of the term ‘discourse’ is obscure and is used in different ways. It is used in applied research on a micro level to philosophical analysis on a major scale (Lupton, 1992). A philosophical approach engaged by a French philosopher Foucault (1963) in his book titled “The birth of the clinic” used power relations inbuilt in medical and health institutions. Health discourse deals with aspects of public health such as the doctor-patient relationship as well as the distribution of health information in the mass media (Masic, 2010). Here, in this study parents’ perceived that health institutions in Pakistan are still not efficient as these institutions misuses and mishandle the responsibilities given to them by the government. This misuse of public health care and lack of proper governance leads parents’ self-efficacy over health discourse of the country to be low. This section reveals several aspects illustrated by parents within an in-depth analysis.

Dishonesty among political leadership is the common factor that symbolises the similarities among fathers’ and mothers’ self-conception of health attitudes. Jamshoro parents claimed that government takes no responsibility and initiatives of its citizens for their improved health. Most of the parents firstly blamed the government for not concentrating on the health sector. Parents acclaimed that for poor and lower fragment of the population to get ill in Pakistan is a nightmare. According to Shaikh and Hatcher (2005) only 0.8% of the annual budget is allocated to health care in Pakistan in comparison to other socio-economic services. The authors further explained the various components for the failure of poor exertion of health facilities in Pakistan that includes some of the

factors illustrated in the below mentioned table. One of the mothers explained as,

> Despite of a very small amount of the health budget announced in the country is not distributed and invested in public health care. The political representatives use this amount of money among themselves. Therefore, there is no growth in hospitals (LUMHS Colony Mother_23 B).

Biasness and illegal appointments are directed as the most enriching dynamics to be motivated for increasing parents' self-efficacy of health practices in this current study. In this regard, Jamshoro parents discussed that unfairness, favouritism and illegal appointments are the common characteristics in Pakistani health institutions. Further, parents accused politicians to be disloyal to their citizens and disobeying the rules set by law and policy makers. Parents recorded the bribe system prevailing in the country where people follow the *parchi* system and deny rules and regulations. One father said,

> The patients give kharchi (money) to the staff to get checked first by the doctors or get medicines for free if they have contacts with the doctors or the staff (Sindh University Colony Father_8 A).

*Parchi* is a local term which means when people have a connection with the powerful or concerned authorities of respective fields, they use those contacts to get them favour in respect of waiting for their turns in banks or hospitals etc. Hence, such influential people's names are also being used to get passed in exams or for job selection in Pakistani society. Explaining further the above conversation, another father research participant elaborated the latter concept of dishonesty and asserted that,

> There is too much corruption from top to bottom whether it be politicians, clerks, doctors, teachers or even peons (MEUT colony Father_17 A).

A survey conducted by World Economic Survey for countries of South Asia (as cited in Lakhdir, 2013) also exhibited the same results as this prevailing study,

> "95% of the population perceive that the health sector is corrupted in Pakistan, the frequency of informal payments to public health care providers amongst the users of services is 96% in Pakistan and other think tanks and institutions consistently rate Pakistan quite low in public sector management, institutions and governance" (p. 5).

**Table 4.5:** Configuration of Parents' Opinions Regarding Health in Pakistan

| No. | Parents' Beliefs | Frequency of Mothers | Percentage (%) | Frequency of Fathers | Percentage (%) |
|---|---|---|---|---|---|
| 1 | Dishonesty of political leaders | 3 | 17.6 | 4 | 22.2 |
| 2 | Poor health administration | 3 | 17.6 | 4 | 22.2 |
| 3 | Lack of awareness programmes | 2 | 11.8 | 2 | 11.2 |
| 4 | Unaccountability by government | 2 | 11.8 | 3 | 16.7 |
| 5 | Insincerity of staff | 2 | 11.8 | 2 | 11.2 |
| 6 | Very expensive | 2 | 11.8 | 1 | 5.5 |
| 7 | Do not know | 2 | 11.8 | 1 | 5.5 |
| 8 | Progressing | 1 | 5.8 | 1 | 5.5 |
| | Total | 17 (n=35) | 100 | 18 (n=35) | 100 |

Table 4.5 illustrates views among fathers and mothers regarding their beliefs on health situation in the country. Poor health care system is the second most recognised and highlighted feature among the discussion of both fathers and mothers. Jamshoro parents pointed that the staff working in public sector health institutions is less interested in fulfilling their job requirement and seem busy in gossips and personal communication. It is due to no check and balance and proper system organised by the government for the accountability of staff working in public health sectors. Additionally, this table showcases parents' health assumptions about the health scenario in Pakistan, which mainly contributed to a negative image of the country in terms of health. Parents illustrated that during illness, their only hope is God but not doctors. Nishtar et al. (2013) stated that Pakistan is continuously facing a number of challenges in health care. This was also highlighted by one mother in the proclamation as,

> The doctors at government hospitals work like as those places are their personal properties and work in accordance to the timings suitable for them and

are not available at duty hours (LUMHS Colony Mother_23 B).

Expensive public health care was another prominent emerging theme under discussion of parents' self-efficacy and its impact on their attitudes of consuming health messages. In this notion, parents claimed the private health care system of the country as expensive and unaffordable for a lower class segment of the Pakistani society. Parents were of the view that principally Pakistan public health care system is less expensive than a private health system, but medicines and other medical tests are not economical in public hospitals. They mentioned that if they could have afforded the expenses of chronicle treatments in public hospitals then it would be better for them to utilise private health care facilities in the country for better facilities and health care. Both father's and mother's explanations of the above statements are followed as,

> My husband is a government servant in the university, so officially basic medical facilities are free from us. When we go to hospitals, the private assistants of doctors charged us fees and the heavy doses of medicines they give is painful in the sense that we do not have much money to pay for treatment (SU Colony Mother_7 B).
>
> We are poor people. We pay for government health services that are unsatisfactory. They do not treat us like humans, but animals (MEUT Colony Father_16 A).

Their narratives expressed the reasons for their non-acceptance of public health facilities as poor delivery, infrastructure and attitudes of public health practitioners and institutes towards patients to be deplorable and sub-standard in the health and quality of patients' treatments. Thus, public health institutions were alleged as a bit expensive for lower middle class Jamshoro parents. Ather and Sherin (2014) in their study found that the health care delivery system for patients both in private and government hospitals are expensive and people feel scared to visit government hospitals due to long waiting hours

and poor treatment to its patients.

Limited health awareness programmes among parents also created uncertainty and ambiguity emblems and were cited as integral components in this research. This ambiguity and lack of awareness interpreted the mind-sets of Pakistanis about the overall health composition in the region. Due to improper government plans and strategies, Jamshoro parents' knowledge was deficient concerning health awareness initiatives in the region. Fathers doubted the efforts taken by the federal government for the growth of health services in Pakistan. They further stated that despite better health strategies recommended by the government for the public, it has only disappointed the nation and has lost its credibility among people. Thus, communicable diseases have been increasing rapidly within the past few years because of unhealthy environment and lifestyle. Moreover, these diseases are accountable for 38% of the total burden of the diseases (BOD) in Pakistan (Naseem et al., 2016). Thus, one father also declared the governance to be responsible for regressive health system in the country. He said,

> There have been lots of initiative for the contagious diseases in the form of door-to-door vaccination services for the public, but there is no accountability from the local government on the utilisation of the funds and resources provided by the health department (MEUT Colony Father_17 A).

This statement of the father can be in line with the understanding of Aslam et al. (2014) who emphasised that the organisational structure of a Pakistani health system is inadequate. These scholars further stated that federal governmental powers have not been devolved to district or provincial governments which make corruption more viable for the people involved in health care of the state. Some mothers blamed the non-seriousness of staff and their behaviours towards people that has contributed to the negative image of health in Pakistan. In their opinions, the staff available at public sector hospitals do not

attend and guide the patients and are themselves ignorant about the hospital services and their own duties. As one mother research participant sadly pointed out as,

> My son had severe vomiting once and he was shivering, I went to the nearby Taluka hospital, the man at the counter said there is no electricity and generator is not working so the doctor is at home, he will not come, you should go to some other clinic, I was crying and shocked I request him to do something, call some nurse, but he was busy chatting after half an hour when my son was *behosh* (not in the senses), he asked me to go to an emergency room, where there was only one nurse sitting there (MEUT Colony Mother_20 B).

However, a transformation and revolution was observed and felt by some parents in the sphere of infectious diseases in Pakistan. There were few parents who believed that the health circumstances in the country are changing and people are being informed about the diseases prevailing around them. These parents expressed that earlier there was no free vaccination programmes by the government so poor people did not know about it but now everything is broadcasted on television so the state has played a positive role in promoting health in the country. One father expressed as,

> Earlier, it was difficult for parents to be in touch with health messages due to less exposure of television channels, but now every step of government is seen on television channels and government is conscious for its accountability (LUMHS Colony Father_23 A).

Thus, the majority of parents' perceptions in this section offer a negative impact on health discourse of Sindh public health care system and its delivery to the public. In order for parents to cultivate self-efficacy, the primary initiatives of proper health care system must be taken into account by government for proper governance of health institutions. Otherwise, parents' perceived self-efficacy development is low and overdue for them in the line of health discourse of Pakistan.

### 4.4 Low Level of Trust between Public and Private Television Channels

Low level of trust is another theme which emerged from Jamshoro parents' viewing polio messages in relation to government and private television channels. The aim was to unfold the mind-sets of parents and their stories related to government and their political agendas reflecting lack of allegiance in promoting health activities on television. Many fathers discussed that earlier when there was no choice among television channels, the reliability of Pakistan Television (PTV) was at the highest level due to people's limited exposure. Hence, they accepted PTV as a new entertainment medium as a part of their lives, even though the news provided were constrained because of government restriction and policies. PTV was termed most popular terrestrial channel with a viewership of 48 million of the total 86 million viewers of television in Pakistan during 2009 (Mezzera & Sial, 2010).

Thus, after the emergence of commercial media, people were able to differentiate between the above two mediums. The underlying assumption appeared that the programmes on private media may offer public an informative platform to consume better health choices and motivate viewers to enact similar health behaviours from health televised messages. This is constant with the vast research conducted on media effects in the light of social cognitive theory (Bandura, 1986) and entertainment education specifically (Singhal & Rogers, 2001). However, here the imperative focus of this existing research is to examine whether health and polio related messages on three Pakistani private television channels and public television (PTV) serve as a reliable source for parents' motivation and self-efficacy to be engaged in healthy perceptions regarding polio messages. This research also involves the comparison of trust and reliability in the views of parents between private and public television channels.

Jamshoro fathers and mothers shared that PTV reflects government policies and their interests so for a variety of opinions and views on news with different angles, they prefer watching private television channels. They further mentioned that PTV for its authoritarianism in the presentation of issues has lost its viewership over the years. According to Elahi and Zia (2008), private television channels began to dominate over terrestrial media (state-run media as PTV) due to its open and free coverage of news and information on socio-political issues. This can be evidenced by the result of overall percentage of the research participants on the trust level between parents between state-run and commercial media. Table 4.6 also reveals that 77.8% of fathers preferred private television channels over government owned television channel.

**Table 4.6:** Preferences of Television Channels among Parents in Sindh Province

| No. | Reliability of Television Channels | Frequency among Mothers | Percentage (%) | Frequency among Fathers | Percentage (%) |
|---|---|---|---|---|---|
| 1 | Government television channels | 5 | 29.4 | 4 | 22.2 |
| 2 | Private television channels | 11 | 64.8 | 14 | 77.8 |
| 3 | None | 1 | 5.8 | 0 | 0 |
| | Total | 17 (n=35) | 100 | 18 (n=35) | 100 |

A minor difference can be seen among the preferences of fathers and mothers in concern for the reliability of governmental television channel and private television from the Table 4.6. On the one side, Jamshoro fathers and mothers, both were in favour of private television channels' health and polio transmission, whereas mothers' preference in percentage was less than that of fathers. On the other side, mothers' frequency was observed higher than fathers over their choices of government television channel. However, some parents favoured PTV and stated that private channels tend to exaggerate and fabricate the issues which becomes the central attraction for most of the viewers thereby increase channel's ratings and making them popular for its content especially

political news. The highest-rated television shows on private channels inevitably includes political satire (Yusuf, 2013).

When parents were asked about their favourite television channel, they rated ARY as the popular channel following GEO as the second preference source of information. Yousaf (2012) suggested that GEO and ARY are the most strongest private television channels as well as the most popular among the people of Lahore city of Punjab province. Some parents were rigid in their thoughts and strictly insisted that television in Pakistan itself cannot mould people's minds and make them understand health issues. These parents viewed Pakistani televised health programmes to be ineffective and uninformative in order to provide exposure and change people's negative health habits. Thus, two fathers and one mother trusted the health services provided by the government instead of televised health programmes. As in this instance on the one hand, one housewife who was heavy consumer of television shared her thoughts in this way,

> People on television or radio are not physically with us so we cannot satisfy our queries related to polio or other health diseases. Therefore, the lady health workers come to our homes we are more comfortable with them and they tell details about the on-going health projects (SU Colony Mother _9 B).

But on the other hand, few fathers were in opposition to the above views and asserted that in Pakistan, every individual, regardless of any class or society has their own opinions when it comes to politics and business. It is due to a huge number of television channels which are operating its transmission regularly without following rules of conduct. But for health issues, parents' information is based on assumptions rather than facts. Parents accounted that famous private television channels as ARY and GEO exploits ethical aspects of a conservative Pakistani society that harm various sects, castes and beliefs of individuals in the name of sensationalism. According to one mother,

> Television medium is ought to be neutral and truthful. There are no facts and figures in their stories. However, it seems as ARY, GEO, Express these channels have a certain lobby because they support their favourite groups and sects and there are no facts and figures (LUMHS Colony Mother_26 B).

Parents stated that these channels are not responsible towards health, education and social issues of the country. This also points out Pakistan television ruling authority called Pakistan Electronic Media Regulatory Authority (PEMRA) concern in 2007 over television transmission that revised set of laws and offered media professionals to impose self-willing censorship to avoid fabrication of issues (Punathambekar & Kumar, 2014).

Sensationalism was claimed to be carried away in health television programming which has distorted the reliability of private television media among parents. Thus, very less percentage of parents liked few private television channels for their coverage of health issues. According to their opinions, these channels do not inflate the issues in the news and are therefore less popular among viewers. These parents claimed that nowadays people are more attracted towards melodramatic angles to health stories because the television channels have set the trend of exaggerating the news for their ratings. Hence, Winkelsas (2014) reported that media has the tendency to embellish new stories that are irrelevant to the readers to make them more appealing and attention-grabbing. Therefore, the above set of parents explained that it is the new practice of electronic media to create inquisitiveness and sensationalism among people before the initiative of any health programme or campaign. It is because people can be more attentive towards their intended messages for promoting government in power and their health promotional programmes to receive more benefits for their respective channels. One of the fathers expressed as,

> These health programs are fabricated, but television presents these messages so powerfully that people are convinced and trust these false news (MEUT Colony Father_27 A).

Imison and Chapman (2010) concluded that in high-income countries as Australia, television broadcast a handsome coverage to general health issues. However, the present study's qualitative interviews the other way round as Pakistani television channels lack the coverage of health issues. Parents' stories accounted that there is dearth of health coverage on television channels due to government's negligence in the health sector and much focus on political matters. Parents narrated that most limelight is provided to political, violence, law and order and sports related stories and very minimal stories and news regarding health services are broadcasted in Pakistani television channels. A mother expressed her ideas as,

> Television broadcasts the issues which are mainly discussed in the society among all people. It is the state that decides the significance of the issues and pays attention to it and the Pakistani government is not ready to accept the responsibility of the public on health (MEUT Colony Mother_31 B).

Private television medium in Pakistan is gaining popularity and its coverage is increasing day by day among viewers that put a huge impact on modern life style of women (Ali, Nawaz & Hassan, 2014). However, it was astonishing to know that though private channels' coverage is more than the official media, but parents perceived that private television channels have set agendas to create political dogma among people and polio programme is also no exception to it due to the commercial viability of private television channels. Persistently, both fathers and mothers reported that advertising is the main revenue for private channels. Therefore, they accounted private channels' monetary gains to be their foremost priority rather than public safety in the form of polio vaccinations. In this regard, Dickson and Memon (2012) argued that Pakistani government exercises its dominance over private television channels through advertising. Further, parents also reported that talk shows on private channels immensely cater political shows and their focus towards health and other social issues is less. Therefore, parents' efficacy

of health issues is particularly through direct physical contact with their social surroundings or sometimes in connection with polio health visitors.

### 4.5 Television in Pakistan: Resource of Provision for Polio Information

Television as an institution around the globe has a huge responsibility to serve as a constituent of the community information provider. In the deliverance of public health, television is not only the key to inform public about health issues, but also to set agendas that shapes in patterns of beliefs and causes informative public debate (Happer & Philo, 2013). Unfortunately, the findings of this study illustrate the pessimistic status and position of television in Pakistan in the perspective of polio health coverage. The researcher discovered two major schools of thoughts in analysing parents' perceptions on polio issue. Following this, first group favoured the media messages in taking their part in the eradication of polio. They believed that coverage of polio can help them in maintaining the health of their children if it is properly designed keeping the ground realities with impartiality. According to this group of Jamshoro parents, unless people are diagnosed with some serious health conditions, they do not prefer to pay attention to health awareness programmes as it is the traditional structure of families in Pakistan. Furthermore, this lack of interest and implausible thinking causes hindrances in the projection of polio health messages for media in general.

While the other group of parents was on the opposition front and were not ready at all to take the idea that media promotion of eradicating the polio evil from the country can make a difference in the global health platform. One of the fathers explained as,

> One or few news on polio broadcasting on different television channels cannot contribute or change parents who are rooted traditional minds suddenly what it needs is patience and constant dedicated joint effort of government and media in polio awareness messages (MEUT Colony Father_19 A).

Some parents were of the views that when they hear about the seriousness of polio, their concern for it increases, but as time passes by, they get so busy with their daily routines that they actually forget the health of their children and only go to the hospitals if they get ill. Although, polio vaccinations are free from the government of Pakistan and are given at door steps for the feasibility of parents, it provokes several questions that are unanswered. In response to this, one mother research participant communicated as,

> Television polio activities are not impressive and their space time on TV is so less. It seems even the duration time of advertisements in-between the regular programmes take much time than polio campaign on a routine basis (LUMHS Colony Mother_30 B).

However, the ratio of parents watching polio messages on television appeared to be less compared to those who watch television regularly. The number of parents who were much concerned about polio messages on television channels was mostly mothers. This was not surprising to observe because mothers had much more time than fathers. In the words of one father,

> I do not understand why every two months I have to give polio drops to my daughter, what its usage is? Is it not enough to give it once? Or how this virus is produced? These questions always hit my mind, but when I see television, there are more news of the new diseases emerging in society or after coverage of polio that gives the facts and figures as how many children have been vaccinated nationwide (LUMHS Colony Father_33 A).

It was unsurprising to know that few fathers were not in favour of television polio messages that showcase male health visitors included in polio teams along with female health visitors. They preferred only lady health workers' (LHWs) representation on television messages. Firstly, they argued that polio teams come to their houses in the morning times consisting of male members when fathers are performing their duties in offices. So they do not allow their wives to interact with male health workers. Secondly,

they viewed that in lower middle class families, it is the disrespect and against the norms to give an image of men and women working together at work. Fathers debated that this situation should also be shown on television where only female health workers must be visiting the houses for polio vaccination. In this way, it would be convenient for the traditional families as well to interact with the polio teams to vaccinate their child and gain information. Favin (2012) emphasised that the child was not immunised either because husbands did not allow their wives or maybe as mothers themselves were not satisfied being in contact with the male health workers. A father mentioned as,

> Our family does *Purdah*. Our women are not allowed to face men and communicate with them. It is not good in our family that women go outside and are exposed to outer world (SU Colony Father_5 A).

*Purdah* is a way of social system that prevails in Pakistan. It is a social and religious practice performed among some sects of Muslims in Pakistan. Moreover, this part of knowledge is parallel to Closser et al. (2015) who highlighted that the contribution of lady health workers (LHWs) is immensely identified in routine door-door vaccination programmes among strict and traditional households of Pakistan. In correspondence to above views, Oku et al. (2017) monitored that male health visitors were the foremost drive for caregivers during polio immunisation campaigns to communicate and make them strongly practice vaccinations in Nigeria. However, the findings of existing research also symbolise the cultural backdrop of the country along with its scarce awareness among parents about the usefulness of polio activities and free vaccinations for their children. This was also pointed by Ghafoor and Sheikh (2016) who explained that little information in relation to polio, distrust over health visitors and misconstructions about safety of the vaccines among parents is the key indicators for their refusals in Pakistan. Thus, the current study suggests that the practice of enabling communication efficient through

television can also gain confidence and trust of people in reducing some false interpretations related to polio and its safety.

**Table 4.7:** Source of Inspiration among Televised Polio Messages

| No. | Factors | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | Disabled children | 19 | 54.3 |
| 2 | Portrayal of children's safety and future | 5 | 14.3 |
| 3 | Relationship of mother and child | 5 | 14.3 |
| 4 | Nothing particular | 6 | 17.1 |
| | Total | 35 | 100.0 |

The data mentioned in Table 4.7 clearly demonstrates that the number of caregivers who knew about polio messages on television watched the messages concentrating on the association of polio with immobilised children. Firstly, their primary concern was the loss of physical abilities of their children and being dependent on others. Secondly, fathers were more inquisitive and disgruntled than mothers about the physical characteristics of the children represented in television advertisements of polio programmes. In the words of a young father who fall into the category of grade one in his job employment and holds very less salary constituted his ideas in an anxious and emotional manner. He sighted that being from the similar traditional and financial background as lower middle class in Pakistan, he can apprehend and feel the emotional burden of a female polio sufferer's family that goes through the mental turmoil in their lives.

> When I see a disabled child walking with sticks or on wheel chair on television, it extremely strikes me badly as I do not want that for my girl (Sindh University Colony Father_13 A).

In accordance to the above research participant's frame of mind, a portrayal of disabled children specifically a girl child on television polio campaigns is an etymology of tempting young parents in alleviating the growth rate of polio victims. He perceived that in

the social construction of a Pakistani patriarchal society, a girl child is always considered a psychological and emotional burden for the family. This father explained that the parents of a daughter in a typical traditional Pakistani family always live their lives with the burden that they can protect their daughters from all social evils and health diseases till they get married and the responsibility is shifted to their husbands. Tarar (2012) also concluded that the daughter in Pakistani families is surrounded by "economic discourse" because they are regarded as a possession to be handed over to others after marriage (p. 77). However, this dynamic of depicting polio victims and their stories on television can boost self-efficacy of a father that ultimately affects mother's mind-sets as Pakistani mothers' thoughts are in line with their counterparts (For further explanation, see seven). Hence, this approach of the television portrayal of polio messages with detailed and dramatic means was highlighted as a way forward in achieving polio eradication target. Health television programmes as advertising based on reality and information fostered viewer's self-efficacy towards a healthy diet (Nabi & Thomas, 2013).

In investigating the issues related to stories of polio victims on television, it was observed that mothers' narratives were different from fathers as they expressed their feelings. Another mother whose girl child was a polio victim, she described the difficulties that are inherited with the polio affected girl child and also concluded her thoughts about the impression private campaigns holds for parents. She explained,

> I only have one child and she encountered polio when she was 5 years old, though I gave her polio drops sometimes and let's say during old time television didn't have that massive impact compared to it now, but even now the condition is still the same in case of polio awareness. So it is God's will that some get polio while others are healthy (LUMHS Colony Mother_29 B).

The research participant's expressions appeared entangled as the word "sometimes" indicated her ignorance to polio information completely. She was not aware of the patterns of television coverage of polio, but expected television as a massive medium for information. This shows the level of unawareness among parents. Education in Pakistan, especially among women is very low. Thus, in Pakistan, the total time duration of academic study at school level is up to ten years ending with matriculation degree. After class eleven, there is college system for two years, then the university education starts, i.e. intermediate and master's degree for two years each. Zhang et al. (2015) suggested that higher self-efficacy and motivation of nurses was related to educational levels. Higher education of nurses affected positively and increased their self-efficacy levels.

There was a little proportion of parents who in totality were satisfied with the television performance over the depiction of polio activities. These numbers of parents agreed that polio campaigns on routine basis have diminutive time duration for public awareness. But they were also satisfied about the share of conviction, faith and safety is shown during these messages for their children. One of the fathers reported that,

> Televised polio messages stimulate me to pay attention over our child's health to avoid and eliminate polio from the country by representing their bright future. This thought makes me a proud father (Mehran University Colony Father_18 A).

However, the findings of Adibe et al. (2010) also presented a similar picture in regard to this present study. They stated that advertisements and different programmes on radio and television were the most effective methods of reinforcing people's health attitudes, particularly in HIV/Aids in Nsukka city of South Eastern Nigeria. In this regard, some parents strongly believed that other forms of communicative materials of the television medium as dramas, talk shows and documentaries must be used to curtail the number of

polio cases in Sindh rather than broadcasting only a small number of paid polio advertisements. This is because parents gave a notion that it is a necessary step for the need of the hour in order to reach a wider audience and to address the issue on a bigger platform. One father stated as,

> I remember in 90's there used to come one programme that highlighted the issue of family planning in our traditional society in Urdu language (national language of Pakistan) and it was very popular. But now days, television has become a business for owners of television channels (Sindh University Colony Father_1 A)

Here, it was astonishing to note that the monthly review report on television channels in Pakistan included various categories as dramas, kids shows, sports but no genre of health issues were observed. However, entertainment genre was rated as the highest with 37% of viewership across the country in the above mentioned report. Hassan (2014) also concluded that television in Pakistan has given rise to political debates and have strengthened people's political knowledge as compared to the past. These all reviews support the ideas of parents that expressed television not to be influential and supportive in accelerating polio awareness among lower middle class in the country. In the words of this mother,

> I saw few polio victims and their family members in one of the polio programmes on TV, I wondered how difficult their lives would be, what was their perspectives of not giving the polio vaccination to their children? Is it lack of knowledge or ignorance of health issues? (LUMHS Colony Mother_11 B)

The above comments of the research participant illustrate unprofessionalism and irrelevancy of television channels. This mother stated that firstly, these channels exaggerate the news when the disease outburst in the country. Secondly, on a regular basis, their personal contribution as the fourth pillar of the state is negligible towards society.

Jamshoro parents acclaimed that to run twenty-four hours news coverage or a channels' transmission is a big task. Hence, therefore, television journalists and media houses apply filters without any authenticity of the news and illustrate trivial public concerns. Parents recognised that media professionals take funds, bribes, donations, overseas tours and houses from government to favour them in print media content. A mother asserted as,

> Every channel has now started their transmission for twenty-four hours while previously channels were on-aired for a specific time. So during that time duration, they covered all aspects of life and social issues and broadcast the programmes and news especially on health and social issues with validity. But now television channels, especially private are worried just to fill the space. It shows their disrespect to their profession and misguidance to public (SU Colony Father_10 A).

Parents were conscious that though the government has taken a stance to broadcast health and polio issues on television, but the messages are not enough informative to draw conclusions. Almost all parents witnessed that television health messages do not enhance their self-beliefs to argue their existing health attitudes for adopting a change. The main reason identified by parents in this study was the political involvement and mistrust in leadership. Thus, "health issues are increasingly becoming politicized" (Fowler & Gollust, 2015, p. 1). Hence, it becomes challenging and stressful to trust television for the information distribution of health in such settings in the adoption of self-efficacy thought-process.

### 4.6 Poor Knowledge of Polio

At this point, it was imperative to point out parents' perceptions and knowledge about the polio disease itself. It was because the knowledge of polio would have contributed in recognising the problems, causes and issues related to the handling of television polio programmes. Studies suggest that the major issue associated with the failure of any health

awareness campaign in Pakistan is the less or incomplete knowledge and information people apprehend about the non-communicable diseases (Wasay et al., 2014). It is because people in marginalised sections of society are less powered and their self-abilities of practicing new health behaviours do not solely depend upon them. Moreover, most traditional stories and irrational knowledge related to health infections are generated through this section of society as witnessed from the findings during conversations with parents.

The analysis of this section presents parents' poor knowledge of scientific information on polio. Jamshoro parents were determined to be ignorant concerning basic information of polio disease. The findings of the current study reveal that parents were familiar with the name of the disease, but their knowledge about polio was deficient. On the one hand, the ratio of mothers in this regard was more than fathers. More than twenty mothers knew about the name of polio itself, but when they were asked to assert in detail the dosage, curability and safety of the polio vaccine, they were silent and puzzled. On the other hand, more and less all fathers' did not care to draw their attention to this serious health issue and answered that it is not necessary for them to go into the details of polio disease. Wang et al., (2015) found that in order to enhance self-efficacy and confidence of women psychiatrists' at the workplace, it is important that their mind-sets need to be fully aware of their job requirements with complete scientific and rational knowledge. Two fathers regarding polio knowledge communicated in the following ways:

> It is important for me to know the law and order situation of the country to protect my family otherwise, we eat healthy food so my children will not have polio (LUMHS Colony Father_30 A).
>
> I know the advertisements regarding polio. So the teams come for visits to our houses so my wife gives polio drops to my daughter. Therefore, there is no

> need for me or my wife to investigate the matter, it is fine (MEUT Colony Father_19 A).

However, Joseph et al. (2011) results in India showed some similarities with the existing knowledge as participants were fully aware of polio, but 27.2% of the participants had misconceptions about its curability. It was surprising to feel that parents were curious and concern about the new developments in the political era. But when it comes to health of their own children, they followed the same practices and flow as their social settings of being careless and not verifying the polio information from the concerned authorities. It was observed that in the Netherlands, bandwagon process was also an important part of people's decision as they took all vaccination decisions without any prudence (Harmsen et al., 2006). This was relatively the opposite in Ogwumike, Kaka and Adeniyi (2012) study of Nigeria, where respondents' knowledge about polio was sufficient.

It was noted that most parents do not verify nor collect proper facts and figures, the consequences and treatment regarding the disease. During interviews, it was also expressed that few parents follow their doctors' advices with the substantiation that being residing in semi-urban areas and seeking government hospitals, the doctors appointed there are less qualified and mostly the lab assistants are termed as doctors. They inform parents about the dosage of polio to be given to their child. But do not compel or force them towards polio campaign's necessity to be deposited in their daily routine lives. In this scenario, a mother claimed as,

> I asked my doctor what is polio disease in real? Sometimes I give polio drops to my children, but if I am busy washing clothes or I am not at home, I do not bother. My doctor laughed and replied that I cannot make you know about the necessity of polio and explain about it, but I can only direct you not to avoid vaccination, but then if you are busy that's all right (Sindh University Colony Mother_13 B).

The declaration imitates the backdrop of lower middle class families and the health situation in Pakistan. It symbolises people's health behaviours in general. The explanation of mother also reflects irresponsible behaviour of health practitioners who are unable to convince or notify the essentiality of contagious diseases to the public being primary source of knowledge for parents. Therefore, parents expressed their serious concerns and distrust on the information provided to them through the media as a secondary and indirect source. Sultan and Mansoori (2009) declared that through the "last decades of 20$^{th}$ centuries" Pakistan is making efforts through its campaigns via mass media to counter the polio disease (p.10). Moreover, field study of this research and questions on parents' polio familiarity reveals that the situation and facts are contradictory to the government's plans and policies of polio campaigns. General public may mould and change their health behaviours and practices, but needs proper guidelines and health care from the state.

Incomplete knowledge was the second highest frequency that came across as a strong component among Jamshoro parents' understanding of polio disease. These parents strongly believed that polio causes disability or loss of legs. According to their opinions, the main impediment of evading polio vaccination is that a child cannot walk on his own legs. One of the mothers whose child was exposed to polio disease and got paralysed at the early age commented as,

> Mother: I get very embarrassed and it feels guilty to my mother when someone asks us about our paralysed child (LUMHS Colony Mother_31 B).
>
> Researcher: What is the reason you hide your paralysed child from society?
>
> Mother: People make us tensed and sad by asking different and illogical questions therefore we do not take my paralysed daughter out and when we go out she bothers and other people around us gets irritated so we prefer her to be at home (LUMHS Colony Mother_31 B).

This young mother's grievance pinpointed her anger and sorrow mainly for the guilt she

felt to show her child to people, but she did not seem to be affected by the fact that she was also a bit responsible for her daughters' health due to her incomplete information on polio. In an explanatory manner, this 25 year old mother briefed that as she was a single mother and her husband divorced her two years back because she started to work outside and was appointed as a helper in one of the three universities. As in Pakistani society, divorce is a crime and "Gunnah" (sin) and all the burden of failed marriage lies upon the shoulders of women instead of men. Therefore, she voiced that all her family members did not symbolised her as a good wife so she was cut off from all her immediate family members and was living alone with her mother and daughter. In this way, his mother further elaborated that because of a working single parent, she did not have the time to vaccinate her daughter regularly and at last her daughter was the victim of polio disease.

> My mother is too old even then she does all the housework for me, so I did not ask her to vaccinate my child. The times I was at home, polio teams mostly did not arrive at my home, so it is not my fault if my daughter has polio. It is God's will (LUMHS Colony Mother_32 B).

Mothers' story revealed that her lack of awareness did not bother and accused her in relation to her child's health, but she left everything to destiny that showed a negative health approach. This aspect of knowledge is poles apart from the African research attitudes about polio paralytic children. Zamfara state of Nigeria experienced positive attitudes of parents in exposing their paralytic polio child to the outer world and parents were curious and attentive towards polio vaccination (Ogwumike, Kaka & Adeniyi, 2012). Likewise, Nisar, Mirza and Qadri (2010) concluded that change in behaviour and the acceleration of vaccination in a certain population is a result of dedicated effort and knowledge of polio. However, in Pakistani context, the ignorance of polio disease is the issue of power held by responsible socio-political bodies.

From researcher's deep observation, it was evident that even despite the globe being polio free, parents do not consider polio as an important factor and child health ailment in Pakistan. It is due to the realisation that they are demoralised and exploited by political machinery in terms of dominancy and supremacy over television presentation of polio messages. The essential component of their ignorance, according to a working mother who is a nurse at a local clinic stated as,

> Mothers when they come to us, they declare their family environment to be responsible for not taking polio vaccination seriously. They said that we have never heard or observed in our family to take children to clinics to give them the proper polio vaccination at homes when the polio team arrives (Mehran University Colony Mother_23 B).

There was one strong section of parents, especially mothers who acknowledged that one of most significant factor of parents refusing polio was their social environment of family and friends. They recognised that parents were either influenced or not affected by their family members' decisions of polio vaccination. But as above, it was revealed that the familiarity of the polio disease itself is on the average level. Joseph et al. (2011) classified that for attaining the mission of polio eradication in India, it was necessary to avoid and demolish the misconstructions people held towards polio immunisation. Thus, the same state of circumstances is also applied here in this study to apprehend that people have little knowledge about polio and its immunisation. Further, there is a need of shaping parents' behaviours and attitudes they construct and embrace about polio programmes telecasted on television. Otherwise, findings interpret that parents' misinterpretations of polio disease decreased their self-efficacy to cultivate proper knowledge of polio as they were illiterate and believed false news of polio to be true. In relation to television polio messages, a father quoted as,

> I am a computer operator in the Sociology department of Sindh University. My income is not enough to run my house and give education to my 3 kids. So I also work in a Photostat shop in the evening to earn extra money. When I saw these television messages or see some posters of polio, it says give polio drops to your children. Why I should give polio drops? What are its benefits? How it can affect my child life? All these questions can only be answered by doctors or experts and I do not have money to go especially to hospitals. These television channels from so many years are doing political shows that start from 6pm onwards till 12am on every channel claiming big statements, representing their political parties unofficially and showing useless things. But I never had seen any initiative from these channels to at least present the health issue once a week angles and ask doctors to come into these shows and talk about polio or other diseases to provide information (Sindh University Colony Father_3 A).

This story enlightens the lifestyle and income of a family who struggles to meet the daily meals and needs of a day that he cannot afford to consume his knowledge from private and public health care practitioners in order to avoid the economic burden to visit doctors. So he feels a sense of hope from these television channels to be a source of health education for people like him to increase their self-efficacies to apprehend polio messages. But he is disappointed by the role television plays in the lives of Pakistanis that is more dependent on political affiliation and money despite of provision of knowledge to public. It is a way forward for the country to have good and qualitative programming based on miscellaneous content despite knowing that political empowerment and its control over the media will never come to an end (Shah et al., 2016). An average proportion of parents cited that the few programmes which are being telecasted on television about polio only presents the stories of the necessity of polio vaccination from polio victims' families' perspectives. But fail to narrate the personal stories of polio victims, their perceptions and their lives. Thus, this aspect of providing wider television polio coverage can broaden parents' minds and can give a view to ponder and alter their health care choices.

Most of the research participants uttered that it is an era of electronic media and

globalisation, where television has narrowed down the gaps between individuals and their access to issues around the world. But Pakistani media instead of identifying itself as a free and independent institution have been an active player in the political gimmick of personal gains and losses. Jamshoro parents also recorded their statements by declaring that in the middle of the dramas, there are too many commercial advertisements (ads) for enlargement of money as dramas are very famous in Pakistani society but there are no ads showing polio messages for public awareness and safety. According to one research participant,

> Viewers watch Pakistani dramas with so much zest and interest that even they do not switch off channels and watch ads. Therefore, if polio messages are shown in the middle of these dramas, parents' perceptions will be positively affected (MEUT Colony Father_15A).

However, parents viewed that no governmental and television institution has looked upon building the relationships of lower middle parents with polio messages to achieve acceptance of parents towards polio programmes as a positive outcome in polio eradication efforts in the country. Therefore, Ozawa and Stack (2013) elaborated that public trust in immunisation activities needs to be developed in achieving effective public awareness campaign.

## 4.7 Conclusion

To define the overall health attitudes of people among lower middle class Jamshorians, this research stresses that there is a dire and utmost need to address self-efficacy of parents especially in deprived areas. This research exhibited that parents immensely use television to facilitate various aspects of everyday lives. It was noted that Jamshoro parents despite of their busy routines find a way to inform and entertain themselves from television. However, it was observed that the difference between father and mother television viewing

was that of typical stereotypes in Pakistan. Fathers' low self-efficacy was examined in health and specifically polio issues whereas, an inverse relationship was found in fathers' self-efficacy with political information. Mothers were more engaged and sorted out their daily life problems from entertainment world specifically dramas. Due to the social backdrop of male-dominated society, Jamshoro mothers' self-efficacy was not directly related to televised polio messages for adopting new health perceptions.

Pakistan health discourse was termed as partial and dishonest in parents' perceptions. It is because the involvement and interference of political gimmick in health care systems have even disregarded parents from obtaining significant polio information from television. The lower level of trust and reliability was strongly associated with Jamshoro parents' self-efficacy. These polio televised messages affected parents' motivation and resulted in low-self-efficacy. Further, Jamshoro parents preferred private television polio messages than public television channel's (Pakistan Television, PTV) coverage of health and polio issues. Moreover, this chapter has exhibited the difference of opinions within fathers regarding the portrayals of polio messages, especially in terms of norms and values they transmit to Pakistani viewers that are against the cultural backdrop of the country. In a nutshell, Jamshoro parents' perceptions independently did not allow them to enhance their self-efficacies because of limited coverage of polio messages on television.

# CHAPTER 5

## MIND-SETS AND HEALTH OUTCOMES: SELF-EFFICACY SOURCES AND CONTRIBUTING FACTORS ON PARENTS' POLIO DECISIONS

RO.1. To determine parents' views on health and televised polio messages

The preceding chapter evaluated television's reliability and trust that shapes parents' perceptions regarding acceptance or rejection of televised polio messages. The previous chapter dealt with the mind-sets of the parents and the effects polio messages hold upon them to rely upon their self-efficacies for positive or negative health outcomes. This chapter explores the framework that shape parents' self-efficacy in connection to four constructs of self-efficacy to examine the influence these constructs situate on parents' perceptions. Dweck (2006) revealed that people's minds are not trivial oddity of one's character. Indeed, it constructs one's entire perception of obtainable opportunities. This chapter, therefore, is the elongation of parents' mind-sets aiming to explore Bandura's four sources of self-efficacy and the contributing elements from televised polio messages affecting parents' decisions in polio vaccination for their children. However, there has been different ways of applying these four sources in the field of psychology, health and the evaluation of academic performances. Here, it is argued that in the context of polio televised messages among Jamshoro parents, these sources were interpreted differently and mostly opposite to Bandura's (1997) explanation of his four constructs of self-efficacy.

The chapter starts briefly by describing the first source of self-efficacy as vicarious experiences and its relation to televised polio messages. This part shows whether vicarious experiences signify parents' knowledge and influences parents' self-efficacy positively or negatively. The second part comprises of enactive mastery experiences that provide

parents' perceptions and the effects of polio decisions in connection to their past experiences of consuming polio messages. The third section of this chapter follows with the explanation to verbal persuasion as a third source of self-efficacy that attempts to disclose the significance of society and their appraisals reflecting parents' health decisions in terms of polio messages. Here, it is imperative to note that parents' learning and guidance is based on their social surroundings and not from televised polio messages. It can be justified from the previous chapter's findings that disclosed parents' low level of reliability and authenticity over polio messages that lead their perceptions to rely upon society for achieving positive and greater self-efficacies. The fourth section of this chapter ends at psychological and affective states. This part evaluates the relationship of parents' emotions as stress and anxiety with their self-capabilities of handling daily life health problems. The chapter ends by describing the main points and comparing Bandura's (1997) four sources of self-efficacy with the findings of this chapter in the conclusion section.

## 5.1 Edification/Learning from Society

Vicarious experiences occur when one view the achievements and failures of others. This section covers the thoughts and feelings of parents about observing and gaining information or learning from others in terms of society and culture for polio knowledge. Research participants expressed enthusiastically about the influence of society and culture in messages as vicarious experiences. However, vicarious experiences of self-efficacy in this study were only the source in line with Bandura's (1997) interpretation of meaning. Vicarious experiences were positively associated with learning from other person's behaviours. Therefore, impact and influence of society and culture was investigated as the most eminent source in parent's self-efficacy. Many parents despite of age or gender

considered vicarious experiences helpful and supportive. On the field study, during examination of perceptions, parents were questioned as other parents' efficacy encourages or discourages them? They were also asked whether their efficacies are adapted, after observing other parents strong self-efficacy as compared to them. The views of fathers and mothers were consistent and brought a positive feeling during the discussion that showcased their increase and decrease in their self-efficacies.

For instance, fathers analysed that when they observe their peer groups being more approachable towards polio messages, they follow their footsteps and discuss with them about the severity of the disease. Fathers also mentioned that by observing other parents adopting polio vaccination through television messages and practicing new health behaviours for their children inspires them to handle different situations and construct a better future for their children. Likewise, mothers also suggested that when other mothers and their husbands verify televised polio messages with the societal opinion leaders having vast exposure and approach towards health, it triggers off their efficacy to be confident in carrying out their child's polio decisions independently. As one mother accepted her less interest over television health messages for awareness and articulated her irresponsibility towards her child's health in these words,

> I know may be because of our past experiences of polio messages on television or negative rumours surfacing on television did not stimulate me to watch polio programmes and amuse myself with other entertaining programmes. But when I see other mothers confidently and anxiously participating in their child's health and consume more health programmes, I get encouraged (LUMHS Colony Mother_27 B).

Jamshoro fathers also elaborated that other parents' practice further strengthens them to be reflective of polio messages in changing their efficacies towards betterment. Few fathers explained that they tailored the approach of other parents' understanding of

televised polio messages and their polio decisions in accordance to their family norms and regulations. Younger fathers and mothers seemed more flexible in their minds of processing messages from television and peers' understanding. Television self-efficacy among these younger parents was obvious than the older parents who followed their roots and generation's conventional paths in health perspective.

> I am happy following my grandmother's practices and teachings in overcoming our family's illness. Therefore, we are fit and polio cannot affect us (MEUT Colony Father_16 A).

Parents also revealed that other parents' higher self-confidence lead their social morale to unfasten the challenges of life and sustain a proper time in consuming health content from television. They felt that other people from their social surroundings greater efficacy had a strong connection and role in increasing their own sense of trust on their abilities to perform a change in their decision making process of health and polio specifically. Siegle and McCoach (2007) realised that the more students will see connect with their teachers as models, more likely their teachers will have an impact on them.

## 5.2 Content Information and Parents' Experiences

This section unfolds the second source of social cognitive theory termed as enactive mastery experiences which in this study is recognised as parents' past experiences of consuming televised polio messages and its effects on their health perceptions. According to Bandura (1997), every achievement assembles confidence and each failure weakens person's trust on his own capabilities in the light of his past experiences. Bandura (1997) work and interpretation of mastery experiences is more related and used in terms of the goals and achievements of those goals using past experiences. However, here mastery experiences are utilised in the form of influence and impact on parents' mind-sets in the

line of their past experiences from televised messages. Almost all research participants, including fathers and mothers felt that previously viewing televised polio messages did not have any impact on their lives for adopting any positive health practice. Therefore, these messages lower parents' self-efficacy as they do not find any drive and positivity to utilise these messages to adopt any health perception. In this relation, one research participant responded as,

> Experience is the biggest tool that that can cultivate your information and adapt you to change the way one thinks, but seeing the repeated things and actions over again does not add extra motivation in your abilities (MEUT Father _21 A).

Less efficiency and distrust was attributed by Jamshoro parents to their past experiences in relation to mastery. They elaborated that the past experiences of viewing polio messages gave them a realisation that there is nothing new and informative in designing of polio messages. The same old method of presentation of polio messages from televised sources is being broadcasted which is very short and minimal. Parents stated that polio messages are shown with no facts and figures and detailed stories of polio victims on television that can persuade parents about the realities of life for proper polio vaccination for their children. Further, this distrust in different situations realised them about their less efficiency in dealing with polio disease without authentic information. These parents also accounted that advocating back to their preceding mastery experiences as well as being resilient did not facilitate them to reinstate their levels of self-efficacy.

> I think experience also goes hand-to-hand with your social surroundings. So when you know the things are not changing and they are inflexible, you just go with the flow of your daily routine (SU Colony Mother_5 B).

Few research participants also described that their experiences fluctuates with the time and changing political scenario in terms of governments. These new appointed political

representatives through their policies and voices motivate them for true and inspiring leadership. These leaders' voices offer parents an independent and unbiased health message from television medium, but it is only within the time frame as these political representatives are appointed. As the time passes by, these leaders follow the footsteps of the previous governments of ignoring health initiatives. Other research participants attributed the fluctuation of their efficacy to their emotions and laziness.

> People think that all governmental representatives are not bad. So when the new party is elected as the dominant one in the country, I want to experience their loyalty for having informative programmes on television, but as the time passes by, my *khud inhasari* becomes low (LUMHS Colony Father_34 A).

*Khud inhasari* is a term used in Sindhi language to express self-efficacy. Self-esteem was considered as a powerful instrument in enhancing Jamshoro fathers' self-efficacy than past or mastery experiences. They supported the notion that if one has the confidence in their own personalities, no matter what sort of obstacle whether social or cultural, they can overcome it with their abilities to achieve and maintain a new health habit. For instance, one father asserted as,

> Ah, really an experience of past polio messages on television does not necessarily impact on self-efficacy. I have seen people who are not much heavy television viewers, but due to their self-esteem and trust over their knowledge of polio from their social circle, their health attitudes fluctuate for a better reason (SU Colony Father_8 A).

Depending on mothers' knowledge illustrated the positive impact on the fathers' health habits of viewing television, but the frequency and numbers were less. Fathers claimed that their experiences of relying upon their spouses' information on television had a positive impact on their child's health so they felt more efficacious. On the contrary, family values restrain parents by engaging with polio messages. Mothers reported that as they were aware of the fact that they are the followers of their husbands' decisions for their

child's health. So they did not nuisance themselves to divert their minds by fostering polio messages.

> I remember once I decided to give polio drops to my daughter after watching polio advertisement on my doorstep hoping that my husband will support me in my decision.... When I asked him, he said I should wait for his final decision (LUMHS Colony Mother_35 B).

However, negative past experiences related to polio vaccine itself also decreases parents' self-efficacy. Availability of vaccine was another issue that confronted with parents' negative experiences of vaccinating their children from polio. Parents were confused and not informed as well that if the polio teams do not visit their homes, what action they should do further. A father commented as,

> I gave the polio vaccine to my daughter and son, but both got sick after vaccination for several days. I had to go the hospital and spent a lot of money. So I decided not to give polio or any other vaccination to my children for their safety (MEUT Colony_31 A).

Shah et al. (2011) in their study also discussed that absence and lack of trained polio staff and low quality performance of polio immunisation team in Pakistan lead around 20% infants to miss second and third doses of polio vaccination. However, the results of this portion are opposed to the findings of Peebles' and Mendaglio's (2014) study, which illustrated that previous experiences of people with special needs had a slightly greater efficacy than the people with no mastery experiences. Likewise, Dimopoulou (2016) findings investigated that teachers with past experiences of autistic children in schools were more efficacious as compared to the teachers without such experiences. Moreover, the past experiences of frequent visits of polio teams at parents' houses affected their self-efficacy beliefs and compulsion of polio vaccination. Parents described that polio teams do not keep records of the children who have given polio vaccination before, but just often

knocks on doors and confirm from them about the vaccination status of their children that annoys them.

### 5.3 Social Support

**V**erbal persuasion is the third source of self-efficacy. This source of self-efficacy is the weakest source and is not as effective as others because of many limitations (Bandura, 1997). Hendricks (2016) concluded that verbal persuasion may not be as influential as it seems because the praise offered by people can be based on substantiation. However, verbal persuasion was found to be powerful and effective in the current study. Here, this section analyses parents' views in terms of whether and how other parents', family members', opinion leaders' and doctors' appraisal (positive or negative) in televised messages influences their self-efficacy perceptions. Both Jamshoro fathers and mothers mentioned that verbal persuasion impacted their self-efficacy. This was more manifested with younger age parents and fathers during the field course. Older age fathers and mothers also commented on the vitality of verbal persuasion in developing their self-efficacy.

Credibility seems to be an imperative aspect that increases the effect of verbal persuasion. For instance, in terms of support and integrity, there were merged opinions from parents. A number of fathers and mothers valued the support they receive from health workers and their family members in televised messages greatly in terms of the impact on their self-efficacy it produces. These fathers highly praised other parents' voices in polio images while dealing with health and polio challenges. These fathers asserted that such televised images make them feel conquered in altering their health perceptions due to the trust they hold upon like-minded people in the society. The other half proportion of

parents' self-efficacies were unaffected by the stories of health workers or other families' images shown in these televised messages.

> Once there were rumours about the safety of the polio vaccine in Pakistan and at that time there was no talk show or any other programme of polio to clarify our doubts. But then my husband asked from few other people in his office who were very qualified. It was beneficial for our child's health (MEUT Colony Mother_23 B).

Moreover, health reporting is a proper field that requires technical information to be possessed by health journalists. The motive of public health information is to inform and persuade public at large (Shapiro et al., 2011). Jamshoro mothers conceived that the medical terminologies used by polio television reports need to be used with caution as people's lives are at stake because television has a powerful and appealing impact on its viewers. They presented this impression that mostly polio health reports use medical words to make understand people about polio are beyond their comprehension. Both fathers and mothers in a huge number examined that these journalists themselves are untrained of scientific knowledge related to polio so they sometimes exercise doctors in their television reporting piece. However, these doctors also due to media shyness and over conscious of their reliability exemplify the disease that is difficult to understand for a layman as a parent. For instance, one mother and father continued as,

> I think doctors want to prove themselves as learned people so they tell us about polio treatment in their language and as a housewife, I cannot even pronounce those words (LUMHS Colony Mother_35 B).

> I asked my reporter friend that why you guys do not elaborate scientific information of polio into common words. He replied that they also do not know these terms so they ask doctors to come in polio news (SU Colony Father_8 A).

However, it is always found that many health journalists do not have proper science or health degree and they are graduated or masters in the realms of journalism, mass communication or social sciences (Weeks et al., 2007). Therefore, parents emphasised that

a joint collaboration and mutual communication should be exchanged between health journalists and doctors at least to make things simplify for parents' efficacy of consuming polio information at the first stage of their acceptance of new polio health trends. Health journalists maintained that mostly they hire technical experts in the field of health and science to clarify them about the technical information related to health disease for fair reporting (Albaek, 2011; Leask et al., 2010).

Many mothers conveyed the impressions that the experience of social support from family members can encourage their self-efficacies as a core unit. But the feedback from family members and their stories revealed them to stick to the conventional decisions made among lower middle class families in Pakistan. One of the mothers claimed as,

> I thought my mother in-law will support me in vaccinating my child from polio. So after watching an advertisement, when polio health workers came over my house, I welcomed them and gave drops to my son. When my mother-in-law came to know, she got really angry, as how I did not ask my husband and followed my own path (LUMHS Colony Mother_29 B).

Appraisal of other parents to vaccinate their children enhanced parents' confidence and makes them feel proud of themselves as parents. They framed that their peer group's (other parents) appreciation, motivation and energy impelled them the determination for adoption of televised polio messages in a positive manner. In parallel, few parents declared that the negative criticism of other parents without the complete knowledge of polio disease weakens their self-efficacy beliefs as they assume that they are performing some actions against the social norms. In the similar vein, it was stated that praise is only considered significant when it is true, real, balanced and performance oriented (Pitts et al., 2000).

### 5.3.1 Low Salary and Self-Efficacy

Low salary of polio workers and self-efficacy of parents was inter-related with each other. Low salary of polio workers discouraged parents to adopt vaccination on a regular basis. Mothers asserted that this thought saddens them and weakens their self-efficacy that polio health workers are treated badly by local governments and are paid low income. These mothers further explained that televised polio messages make them realise that polio workers are the true social support in the dissemination of health awareness messages to public through interpersonal communication. Despite of severe hot weather, load shedding and other social and domestic problems, these workers go out to people to encourage them for vaccination and persuade parents verbally. Keeping all this into consideration, even then the polio workers are paid small amount that compels them to doubt about the seriousness of polio menace in Pakistani society.

## 5.4 Stress/Anxiety

Bandura's (1997) psychological affects were denoted as emotions of stress/anxiety in the context of polio messages. This source was the least affected source of self-efficacy on parents' frame of intellect. In this section, parents were asked as how their emotions and feelings divert or shape their state of minds in terms of self-efficacy. Parents stated that in certain conditions, stress and anxiety concerning televised polio messages doubt their self-confidence and skills to adopt a new health practice. Some parents also reported as how emotions from their personal lives lead them to overcome the social and cultural challenges that ultimately enhanced their self-efficacy. For instance, one father expressed as,

> Usually I do not give polio drops to my children on routine basis, but once my friends' daughter got polio and she was ill, so I was scared and started giving

> polio drops to my children as well. Though my mother says, it does not make a difference and they never heard of these polio vaccinations over television, but their children are still fit (MEUT Colony Father_18 A).

Instability of polio coverage on television suspect and pressurise parents in performing their health decisions. Parents informed that such sort of feelings generally had a negative influence on their self-efficacy as it doubts their capabilities. Hoy and Burke-Spero (2005) discussed that a state of arousal depends upon the process as how one interprets his emotions. They further framed their views by arguing that, for example, sentiments of strain can be processed as fear or panic that failure is reputed, or excitement as courage in order to gain knowledge for a good understanding. A mother also shared her opinions extensively by interpreting her affective states as,

> You see whole day I am performing my house duties. My day starts from 6 am in the morning, I pray, make breakfast for my family and children, send them to school, do the cleaning and then it's the time I have to prepare lunch meal as my husband and children comes home. So in between my household work, when I watch television, there is no highlight of the polio disease. As the government says it's a dangerous disease, it means you have to be focused and expand your programming of polio on a daily basis. However, television in Pakistan broadcasts shows for different festivals or if some tragedy happens in the country, then for weeks, there are programming on every channel. But sadly nothing has been seen for polio on T.V. (SU Colony Mother_12 B).

Here, it is noteworthy that almost many fathers' and mothers' efficacies were not likely affected by anxiety and stress. Even if in circumstances when they were emotionally down concerning their decisions of polio for their children, their self-efficacies were slightly raised, but it was for a specific period of time and not on a regular basis. Few mothers and fathers accounted the financial restrictions as a challenge to consume polio messages and act accordingly to their decisions.

> I heard on television, it said the health visitors will come over your house in mentioned three days round for polio vaccination. It further explained that in case if those health workers do not reach at your doorsteps, a phone number was provided to call. So twice, polio health visitors did not come to my home, I

> call the specified phone number but no one received my call so how to believe these messages. Moreover, I have limited salary to support my family, I cannot afford the burden of money to take my children in private vehicle to the hospital and bear the costs (SU Colony Father_8 A).

However, Bandura (1994) elaborated that it is not the absolute force of psychological or emotional reactions that are imperative part in self-efficacy but rather the way they are perceived and construed. The findings of this part of the self-efficacy source is unparallel to Bandura's (1997) statement as parents' stress and anxiety was interrelated to socio-cultural or family events. Whereas, Mohmadi and Asadzadeh (2012) studied that a condition of the provocation may be a motivating factor for individuals to gain support and feel successful in attaining goals or they might analyse arousal as totally immobilising their self-efficacies.

## 5.5 Conclusion

This chapter explored the mind-sets of parents in connection with four sources of self-efficacy about televised polio messages. Parents' perceptions in this chapter indicate that parents with high levels of self-efficacy reveal strong social support (verbal persuasion) that account for the way they perceive televised polio messages and the health habits parents want to cultivate and adopt in their lifestyles. However, verbal persuasion was not predominantly achieved through televised polio messages. Parents were persuaded through personal interaction with the opinion leaders as health workers, polio victims' stories or their family members. Past experiences of consuming polio messages (mastery experiences) was positively and negatively associated with parents' mind-sets depending on their personal situations leading towards low and high self-efficacies.

The least source of self-efficacy in this research study ought to be psychological factors that according to Bandura (1997) influences people's cognitive behaviours but

parents' health perceptions were not changed or improved. This chapter concludes that sources of self-efficacy are also not alone responsible for changing parents' perceived self-efficacy due to diverse socio-cultural environment and circumstances. Therefore, a collective efficacy with true and trustworthy socio-political leadership is required that allows a fair, free and independent television medium to establish and sustain parents' confidence and self-efficacy over televised polio messages.

# CHAPTER 6

## COLLECTIVE EFFICACY AND LEADERSHIP: POLITICAL HIJACKING AND SOCIAL-CULTURAL CONSTITUENTS IN POLIO MESSAGES

RO.2. To critically evaluate the influence of socio-political factors on parents' perceptions in order to establish free polio Sindh province

The preceding two chapters elaborated parent's self-efficacy of accepting or rejecting polio vaccination within their own capabilities and four sources of self-efficacy from televised polio messages. The earlier chapter's findings of this study investigated television as an unreliable source of information for parental (parents') guidance of consuming polio messages affecting their self-efficacy beliefs. However, Bandura (1986; 1977) extended his vision from self-efficacy to explain collective efficacy. He defined that collective efficacy is rooted in self-efficacy perspective. Collective efficacy is the shared belief of a group to accomplish social change altogether in health promotion (Bandura, 2004). This social change can be achieved through collective efforts of political, environmental and social structure that affects health (Bandura, 2004).

However, Sampson et al. (1997) used collective efficacy as a combination of community or residents' motivation to participate together as a team to reduce social violence and achieve trust among the community members. In the similar vein, Huh et al. (2014) showed that a group of students with identified leader achieved higher collective efficacy than a group of students without identifying leader in group performance. Lee (2006) implied collective efficacy as the beliefs of citizens in their own abilities collectively to bring positive social and political outcomes. Thus, these mentioned

scholarly studies framed collective efficacy as the combined efforts of individual capabilities to achieve their targeted goals that stresses mainly on group performances.

Here, in the context of this existing study, collective efficacy refers to the influence and combined efforts of social and political leaders to increase or decrease parents' opinions and trust over televised polio messages. Therefore, this chapter outlines and discusses parents' views regarding collective efficacy of socio-cultural leadership and political hegemony that was conceptualised in Chapter two of this thesis. Here, the term "social leadership" denotes the determinants related to society, culture and religion. The religious leaders are the individuals that hold supreme power in the society in terms of trust and respect. These religious leaders symbolise and convey their own definitions and ideologies concerning Islam, which sometimes may not be in line with the real teachings of Islam as guided in the Holy Quran. However, the social leaders in this study include people who have served the society and mankind for a long period of time in different walks of life as social leaders, sports persons or any popular name connected to the media.

Political instability in Pakistan was cited as one of the reasons of inappropriate decisions and implementation in health projects (Azhar et al., 2009). The findings of this existing study also imply that lack of governance of state, selection of health ambassadors on personal grounds and socio-political dominance over health and television institutions reflects dissatisfaction and negative political influence upon parents about television as an important institution in Pakistani society. This chapter, therefore, focuses on the context of collective efficacy enactment with the influence of socio-political leadership, its involvement and integrity on parents' perceptions of televised health and polio messages. It is argued that parents' health decisions whether positive or negative are based on political and socio-cultural assumptions. Therefore, parents' health attitudes may not

always have occurred and shaped from their self-efficacies but as an integrated effect of changes arising from socio-political dominance over television institution.

Conspiracies applied by political actors in health domain and the depiction of their self-positive images for popularity are discussed in detail in the first section of this chapter. This section of the existing chapter gives a summary of parent's accounts for the manipulation of polio messages within collective efficacy of political leaders, which are the foremost hurdles for parents' polio vaccination preferences. This chapter further follows the investigation of the hegemony of socio-religious leadership and its engagement with television institution affecting fair, viable and independent polio messages. Therefore, an imperative part of this chapter also discloses politicisation of religion and parents' decision-making process in the light of Islam's guidance. All rising themes were based using the conceptual framework applied in this research. The chapter ends at describing the overall picture and findings of collective efficacy within leadership as a significant aspect necessary for lower middle class Jamshoro parents.

The purpose of this chapter was to gain a deeper insight on parents' perceptions as how these socio-political leaders use power and frame parents' health attitudes in Pakistan. However, there is an immense literature on health that demands a rapid modification in governmental policies for social change globally as well as in Pakistan. Thus, no scholarly study, particularly, has examined collective efficacy and leadership of political and social-cultural players affecting parents' perceptions and self-determination in televised polio messages in an academic arena (for further details, see chapter two of literature review).

## 6.1 Collective Efficacy: Authoritative Political Leadership and Health

In critical paradigm, leadership is "associated with mainly 'bad' things such as elitism, legitimation, domination, asymmetrical relations, and constructions that privilege white, male, middle-class people" (Alvesson & Spicer, 2012, p. 375). These scholars elaborated that critical paradigm often symbolises leadership by revealing the darker or negative side of the leadership aspects. However, Alvesson and Spicer (2012) proposed that it is necessary to establish strong analysis of the darker aspects of leadership, but a positive role and appreciation is needed on leadership qualities as well to make organisations work efficiently in local settings. In the context of this present research setting, on the one hand, this study, particularly highlights and explores the power and domination of the religious and political leaders on health care of the country and television institution. While on the other hand, this chapter also examines the positive influence and role that socio-cultural and religious leaders can play in convincing parents towards polio televised messages for adopting new health habits in polio eradication from Pakistan.

In the past, research has been conducted within a leadership concept that proves collective efficacy to have a strong association with a group performance (Huh et al., 2014). However, the mechanism in which this group performance (leadership) in the form of collective efficacy affects the members of a group and its surroundings have not been explored yet. Therefore, this section argues that in this study, the political leadership is dominated on television medium which does not allow polio messages to be independent from all internal influential people and continue to be informative for the society. In developing nations as Pakistan, freedom of expression in relation to the media is still under the umbrella of political leadership and growth of a democratic and diverse television is still based on idealism and not yet practically applied in reality.

Political leadership in this study relates to the political elites that rules and governs the nation. These are the people who take decisions that integrate a process for the growth of the country and health of its people. This section highlights parents' concern over the hijacking of political leadership upon health institutions affecting parents' beliefs and trust upon these political leaders who also plays a very significant role in the policymaking of televised polio messages. Though this role is not apparent concerning private television channels in Pakistan, but political leadership has an indirect hegemony upon television institution in the country that is elaborated below in other sections of this chapter.

Uneven division of health funds by the government was identified by Jamshoro parents. Though being less educated, parents provoked the idea that every year in the parliament of the Pakistani state, nationally as well as provincially, the budget is allocated for the health sector but it is never utilised properly for the welfare of the society. One father asserted as,

> There are big announcements for our health every year to make us satisfied with the budget, but we never see that money be spent on common people. We always hear about the lack of resources in the country and every government blames previous political representatives for manipulation of funds (SU Colony Father_3 A).

Thus, firstly, the story of Jamshoro father indicates that his source of political knowledge about health strategies is consumed by television medium. Secondly, this effect of dissatisfaction over political leadership symbolises his low self-determination of cognitive attitudes and less political participation in achieving collective efficacy for immunisation awareness campaigns. Four parents seemed ascertained that historically political leaders in the country always have ignored immunisation activities related to infectious diseases and child's health. This current study resulted that immunisation is worse in Pakistan because the government does not take the responsibility of its citizens and ignore health

department. Parents' stories gave the impression that there is a very less budget spent on health in the country which is also distributed among the political elites for their personal expenses. Jamshoro fathers pointed that such stories of corruption in health and immunisation campaigns by political elites are never exposed on television medium, but as the disease outbreaks in the country, then there are a number of television channels that cover the issue for the time-being to gain popularity for their respective channels. Hence, according to the country profile of Pakistan (as cited in Owais et al., 2013), health expenditure spent in the country annually is less than 2% of total GNP. One of the fathers explained,

> Television as an independent and important institution of the nation should address and be questionable to state for the public announcements, which they make about health projects and allocation of budget. However, television programmes are only interested in making money for their channels and shows content which is spicier based on gossips (MEUT Colony_17 A).

Exploitation of public wealth by political leaders was associated with parents' negative efficacy during field interviews. Parents showed their anger towards political leaders for destroying public properties which are meant for the benefits of the society. Therefore, they urge the government institutions to stop dishonesty and lack of interest in the health domain to improve the public health system. Government hospitals in Pakistan are known for destroying wealth, hospital possessions and resources by selling them and making private money from it (Khan & Heuvel, 2007; Rahman et al., 2004; Waxman, 2003). Parents in this regard narrated that Pakistan's public health institutions are politicised by the posters and banners of different regional political parties which present an image of political rallies than a hospital. They also illustrated that political power in Pakistan has always been used in rather negative frames even in the developmental and societal issues, thus devastating the country from taking steps forward towards

development. Elaborating the said statement about the illegal practice of government envoys, one of the research participants communicated as,

> Even the doctors' rooms are occupied by those political parties' representatives and they use the government property as a rest room with the facilities of air conditioner and a government servant as his personal guards (LUMHS Colony Father_35 A).

The above narrative of father depicted the inefficient and incompetent role of the government. These parents stated that they are living under poor and deprived conditions because the allocated budget for public health facilities is consumed by political actors. Therefore, many fathers hold the opinion that as per establishment claim, it provides basic health structure to all villages and inaccessible areas of the country but do not allocate funds nor employ staff in those areas for health units. Continuing this conversation and relating it to polio campaigns, parents claimed that one of the major reasons for the polio proposal to be failed in the country is the less salary fixed for polio staff by the state. Parents explored that in order to complete the mission of eliminating polio from Pakistan, it is severely obligatory and imperative to raise the earnings of the polio immunisation teams so that they can work hard with sincerity and devotion. A mother illustrated as,

> It is really sad to hear these polio workers' income is very less. They work with dedication in odd conditions and extreme hot weather. Therefore, government should provide these polio workers with more incentives so that they can fulfil their duties with more passion and determination (LUMHS Colony Mother_32 B).

Similarly, another parent maintained as,

> Once, I ask a polio worker about his salary, he said he earns 200 rupees (about $2) which is not enough for food and his kids' schooling. Further, the biggest problem in our country is about terrorism and insecurity. On television, we hear several attacks on these polio health workers, but even then they work in the country to eliminate polio. So giving these health workers more salary can increase their drive for polio (SU Colony Father_3 A).

Moreover, many mothers asserted environmental conditions in which they were living to be responsible for generating infectious diseases in the country. They accounted the state for not taking timely measures for the preventions of the contagious diseases. These responses of mothers demanded about the sanitation, pure drinking water and other basic health facilities from the state as they considered those as the most important facilities of life.“Polio has remained a challenge in Pakistan, particularly for poor as it spreads among large and dense populations with poor sanitation and hygiene standards due to low income” (UNICEF as cited in Naeem et al., 2011, p, 100). However, the noticeable characteristic in all these in-depth interactions was that from total 35 research participants of fathers and mothers, more or less all research participants offered the same views and targeted government for being irresponsible towards health. Thus, only three mothers showed disparity in their conversation with the rest and laid the responsibility on citizens of the country to keep their surroundings clean to fight with the communicable diseases. In this regard, one research participant with a slight pause said that,

> People’s attitudes should be changed first, they have to be educated. They clean their homes, but throw the trash outside their houses which have created so many diseases and then there is no one to look after the streets (LUMHS Mother Colony_34 B).

On the basis of all above statements and responses of parents related to their awareness of health and polio, this conclusion can be drawn that parents do not consider political leaders and public health practitioners of Sindh in the light of collective efficacy to influence their health decisions. Parents are clueless and less concern about the risk involved in the lives of their children regarding polio due to their ignorance. So their self-motivation is regulated and distressed due to political power and its authoritative rule over health structure in Pakistan. Parents embraced health for granted and left everything to the destiny or government. It is because Jamshoro parents believed that despite of the fact that

it is the state's main duty to provide basic health to its citizens, the government has failed to do so because of its inability, self-interest and dishonesty.

In this regard, Chaturvedi (2008) demonstrated that a huge, dissimilar and developing nation like India has demolished polio disease from the country only because of the strong political will and motivation. Moreover, parents' perspective of polio itself is curtailed in this research study. It is complicated for parents to be in a position to understand television polio messages and its significance with an enhanced approach due to their disapproval towards political actors of the country that occupies a very strong hold and indirect influence on Pakistani television institution. This phenomenon can also be understood by Storey (2017) study who in the light of an American soap opera *Dallas*, argued that viewers interpret meanings in accordance to their own cultural filters or "mass culture" (Storey, 2017, p. 71). Thus, a collective effort of self-determination is required in relation to political leadership for achieving efficacy of parents in the context of Pakistani society.

## 6.2 Influence of Socio-Religious Leadership and Parents' Polio Decisions

Pakistan is a country which places great emphasis on people who hold authority and are more exposed to society in terms of their social position. Opinion leaders are individuals that have an impact to change the attitudes, motives, intentions or behaviours of other people (Valente & Pumpuang, 2007). The impact can be positive or negative. However, this study is not solely on the relationship of opinion leaders with health or polio disease, but looks at the relationship of media dependency for opinion leaders' perspectives and parents' health choices. Therefore, this research indicates that traditional means of healings also satisfied parents for taking polio decisions. In the words of one mother,

> When my son gets ill, I ask my mother-in-law as if she has any traditional means to get rid of the ill. As once my son had pain in his joints, his dadi (grandmother) made hot milk and put a bit turmeric powder with a bit massage with especial oil, after few hours, he was good (LUMHS Colony Mother_29 B).

The same feelings were expressed by another father research participant that was shocking for the researcher that though mothers claimed as they ask their male spouses about health problems as their knowledge and exposure is wider. But even then few fathers also relied upon gharelou totkas (traditional herbs /home remedies). Thus, Stanifer et al. (2015) also found the 70.03% people in northern Tanzania treat chronic kidney disease with traditional means as Aloe Vera or go to traditional healers for their treatments. In this regard, one father spoken as,

> I and my siblings are healthy. I never got polio because my mother always given me *desi* (homemade) food. I also got ill sometimes, but mother treated me at home because going to government hospitals is a big risk and then the expenses of medicines is another burden. Thus, my mother is our home's opinion leader (Mehran University Colony Father_18 A).

The above claim emphasised that Jamshoro parents' decisions of polio are not the results of television messages rather it is their consents within social means of medication. Parents' level of happiness and satisfaction come from their own family members' mind-sets for polio influence. It was observed that parents were not impressed from any political leaders' communication over television about polio because they assume these politicians to be dishonest with public and their one and only apprehension with the public is voting parameters for election purpose.

The exploitation of socio-religious leaders using polio messages during elections was a major concern for parents. Jamshoro fathers considered that this political machinery misuses socially popular individuals as social activists and television celebrities for their own interests to convey polio messages during election time. In this way, these political

leaders build an affirmative and constructive image of their respective political parties in the process of public opinion. Thus, there are several benefits of using celebrities in moulding people's health perceptions as they are familiar with the viewers and the people also identify themselves with these famous individuals (Valente & Pumpuang, 2007).

However, these fathers agreed with the idea that social leaders or celebrities on TV can bring a slight difference in their choices of vaccinations. According to them, the selection of celebrities endorsing a certain polio message should be on their social work and popularity among the masses and not on political choices that intervene within the socio-political leadership due to their personal contacts. They believed that if the nature and living life of these social public leaders is totally poles apart from their apprehension of events and realities, their self-efficacies of accepting polio vaccination will not be improved. This phenomenon can also be studied by another research who pointed out a very significant meaning to the existing reality that "if the personal behaviour of a celebrity contradicts the health message he or she is endorsing, the effectiveness of that message decreases" (Erdogan, Baker, & Tagg, 2001, p. 885). Hence, the following statements of parents also reflect the above study as,

> Polio advertisements sometime show Shahid Afridi (famous Pakistani Cricketer) as he goes to people's houses and give polio drops to support government polio campaigns. However, in reality, these famous people do not go to government hospitals and distrust these government entities, then how they expect us to find these leaders and their system trustworthy only after seeing this short polio message (SU Colony Mother_5 B).

> Sometimes, these religious leaders are against the polio vaccine and sometimes they ask the public to vaccinate their children. They lose their value. They do not have the intention or motive to showcase a certain health issue. They do it for their own convenience (LUMHS Colony Father_29 A).

However, these old traditions do not mean parents' powerful influence of religious practices in health care in this study, but unawareness, ignorance of polio disease, low self-

esteem and untrusting television institution in the context of health and polio messages. The study found that though Jamshoro city is semi-urban and is divided into people that belong to different districts and cities of Sindh province in terms of living, customs and norms. Majority of the population were Muslims except very few as Christians. This present work established the notion that parents were clear in their minds that Islam is a religion of peace, balance and unity. They followed the religion, but adopted new norms, customs and trends in accordance to their own conveniences. Their behaviours undoubtedly depicted that televised polio messages are not against any modernity of religion. But at the same time, they alleged that the news of health visitors' killings and religious clerics' fatwas (summons) sometimes created doubts in their minds as they do not want to live their lives against the teachings of Islam. Hence, few scholars in their studies also indicated media's negative reporting about the religious leaders' statements on the polio vaccine (Nishtar, 2010; Warraich, 2009).

Conspiracies and rumours in televised polio messages in the name of religion also shape negative health attitudes. Therefore, conviction of religious leaders in motivating parents to strengthen their collective efficacy beliefs has always been a debatable issue in the society. According to Jamshoro mothers, religious leaders has misguided parents and fabricated fears among them for their family members regarding polio messages. Many mothers' perceptions in this research also revealed that sometimes they allow socio-religious rumours to be associated with their health decisions. The reason they suggested for their dubious perceived self-capabilities was the manipulated coverage provided by television channels. However, Ishak (2011) findings emulated that mothers find Islam as a resource of overcoming their daily life problems in Malaysian context. Analysing on the aspect of rigid religious scholars, few impressions of parents are as under,

> As a mother, these television messages of religious leaders against polio workers make me feel scared when these polio workers come over my house, I doubt if terrorists come and attack on these workers, my children and family will also be affected. So sometimes I do not open the door and refuses them to vaccinate by saying I have already given polio drops (MEUT Colony Mother_24 B).

> My eldest daughter is a polio worker, I appointed her through requesting my chairperson and faculty members working in my department to use their sources, so my daughter can earn money to at least support herself. But the commenting that my neighbours do that oh; for money, the father has risked the life of her poor daughter and in our religion daughter's money is *haram* (un-Islamic). While some say yes, we know the characters of these polio workers, they are not good Muslims as they work out. It hurts me and also frights me severely. But this is only because the negativity these private channels have created on the basis of Islam to get popularity and people over here believe these rumours without verifying the truth (LUMHS Colony Father_33 A).

The above discussion of father also gives rise to the self-efficacy of being sceptical about their own identity of Muslims when society charges them by calling their practices as *haram* (prohibited). The concept of *halal* and *haram* in Islamic morality (prohibited and permissible) can be used to define the appropriate means of earning the money for the family (Ishak, 2011, p. 18). *Haram* is the term used in Islam for something particular which is forbidden by the religion. According to Islamic laws in Pakistan, a Muslim is not allowed to ever use or consume *a harm product* or practice and the one who executes, shall be punished hereafter by Allah and a legal punishment in this world as well (Islam & Chandrasekaran, 2013). This term *haram* in father's expressions explicit lower middle class extreme nature of perception with reference to religion and its application is their social world and standard of morality in Pakistani society. Another research participant very rigidly validated the above views of parents on the subject and exhibited her perception on the impact of religious values in her life style. She clearly told as,

> *Talibans* in their reports have mentioned that if any person uses these polio drops for their children will be sent to hell as these are *haram* (SU Colony Mother_10 B).

*Talibans* are one of the known extremist Islamic factions in "Federally Ministered Tribal Areas of Pakistan" that generates infeasibility to provide polio vaccination facilities to these localities. It is due to the fact that these vicinities are under threats and are surrounded by a troublesome and conflicted atmosphere where the war is still prevailing between the *Talibans* and Pakistan army (Nishtar, 2010, p, 159). Nishtar (2010) also inspected that religious misconceptions about polio vaccine being *haram* has also misled the care takers who fear the physical protection of their children. Jamshoro fathers added that these so called religious leaders have made their own networks or groups of people who spread false polio reports all over the country to blame the government in power. Nadvi (2009) identified that governmental authorities' approach towards Pakistan is always established to be illusory because they have exploited Islamic ideology in accordance with their own benefits. In this relation, one father asserted as,

> Our society is surrounded by extremists' religious mind-sets and in this era, in the name of Islam, people kill each other and do not respect others' beliefs. So then why television broadcasts such false rumours linked with polio that presents polio vaccination as against Islam (SU Colony Father_14 A).

The declaration of above statement guides the readers about the sensitivity of religion, people's emotions and media's mishandling of the polio issue. These in-depth interviews of parents here marked the failure of responsible journalism that ignored the true essence of this serious issue and gave the hype to the controversies associated with the religion. On the one side, it gives the notion of the traditional society where due to lack of education and ignorance people do not send their females to work. While secondly, it demonstrates that television channels without confirmation and validation, impart religious polio misconceptions in the public eye that enlarge more heating arguments and public debates. Such delusion affects parents' polio decisions and generates uncertainty about collective efficacy of socio-religious leadership as well. Thus, local news channels

broadcasted health issues negatively in Sheffield (United Kingdom) and that dispirited the cognitive apprehension of viewers for information purpose (Rees & Bath, 2000).

Moreover, Ruijs et al. (2012) also found that people quoted religious opinions to substantiate their vaccination choices. Similarly, this present study contended that the ingredients used in the vaccine are unsafe for Muslims and hence the polio messages on television are the conspiracy of the United States of America (USA) against Muslims of Pakistan, in particular. This kind of belief made parents' self-reluctance intact in accepting a change in their mind-sets. As two fathers mitigating the statement of conspiracy about polio vaccine explained as below,

> I am not against the polio vaccine, but as the vaccine is imported from America, and they always destroy Pakistan as it has been shown on TV, so I doubt my polio vaccination decisions sometimes (LUMHS Colony Father_30 A).

> The vaccine is not good for our children. Polio vaccine is imported from America who is against the development of Muslim countries. Therefore, I know the polio vaccine is expired and can paralyse our children (SU Colony Father_5 A).

However, there were two parents who aggressively stated that every medicine has some ingredient taken from some animal, then the country should ban all the medicines. Taylor and Shimp (2010) also asserted in their research study that in the year 2002, Nigeria and northern states of India had the increase number of cases of polio in the world and from which uneven ratio was among Muslim countries holding the attitudes of vulnerability regarding religion and vaccines. Likewise, in the views of another research participant,

> I am a very religious person, I act and order my family members to obey the teachings of Islam. So one time I heard from my friend that there is news on television that these polio vaccines are dangerous for my daughter. But when the health visitor came during door-door campaign, she asked the reason of my refusal. She then assured me with religious background the necessity of these vaccines (Mehran University Colony Father_27 A).

The indirect influence of culture and religion serves as a very significant role in personal decision making of a family in lower middle class society. The above narration presents a huge concern of the father over her daughter's health. As discussed in earlier chapters that how a Pakistani society, overall, weighs son more than a daughter because daughter's marriage is the ultimate goal of a father. Therefore, this research study argues that the collective efficacy of socio-religious leaders with parents' knowledge through television medium can strengthen parents' negative attitudes and misleading information related to polio campaigns. This strengthening can include consistent counselling of the religious leaders or decision makers whom parents can trust to expand their self-motivation in receiving the intended polio messages. However, this was also the case in Indonesia as in 2005, Indonesia re-launched the polio campaign in the state after the gap of 10 years, even then the health staff and parents doubted the safety of the vaccine. It was because of the religious obstacles and myths which were surrounded by the people in Indonesia (Waisbord et al., 2010).

Low level of education and correlation between Islam and polio treatment on television channels in real depicts Pakistan an orthodox and unconstructive nation. Few Jamshoro mothers in detailed conversation signified that one of the hindrances in apprehending polio messages is the lack of education among parents especially mothers rather than any connection with religion. They viewed that it is the right of every human being to be educated because it provides exposure and understanding of life and health including infectious diseases. Jamshoro mothers communicated that Islam is a religion of peace, security and mankind. But these deteriorating reports of the connection between Islam and polio disease on televised messages compels parents to be convinced from the negative illustration of Islam influencing their polio decisions. Al-lela et al. (2013) in his

cross sectional survey stated that lack of education was the reason among Iraqi parents for not immunising their children. Two mothers expressed as,

> I come to know from some reports on television that polio is only rigidly seen in Muslim countries because our religious dominants have build and mix polio with Islam and its practices (LUMHS Colony Mother_20 B).
>
> Every day on television we hear that Muslims are treated badly in one or another country. It is also because our religious leaders manipulate Islam with any on-going issue to gain popularity (MEUT Colony Mother_22 B).

In the light of the above findings, it is deduced that many parents claimed no direct correlation or hindrance between polio vaccines and polio messages with the advent of Islam. But due to television reporting of conspiracy against polio vaccines, doubts are generated in parents' minds about health and security of their children. However, a proactive involvement of religious leaders has been implemented by polio eradication team in Pakistan since 2012 (EPI, 2015). Hence, the existing study suggests that the participation of religious leaders, their reach and awareness to the masses is less effective in polio initiatives. It is due to the reason that in the past, religious leaders' statements and speeches broadcasted on television further confirmed the accusations on polio vaccines. Thus, parents being less sovereign in health trends do not make efforts to find the truth regarding the disease within their own efforts.

Moreover, according to Waisbord et al. (2010) most of the females in cities prefer television as a source of their information related to immunisation of polio. Here, in this research, it was noted that parents' consumption and viewing habits of polio messages was minimal. However, interestingly, their attitude towards religious misconceptions to polio disease was integrally connected with televised images. Furthermore, the findings of existing research showcases parents' religious involvement and emotional attachment regarding Islam and its teachings as mostly parents selected in this study were Muslims.

Thus, a positive association was observed between collective socio-religious leadership and parent's self-efficacy, but a reverse relationship was seen between transparent leadership and self-learning within televised polio messages.

## 6.3 Hegemony of Political Leadership and its Relationship with Televised Polio Messages

Despite of the philosophical approach that private channels work independently in Pakistan, there are government obligations upon them in reality. Electronic media consisting of radio and television in the country are controlled by the state so it only serves the administrative health requirements of the public specified by the government (Khan and Heuvel, 2007). However, free media is an important pre-requisite for good governance and television institution to function independently in the development of the society. Therefore, the aim of this section is to explore collective efficacy of government efforts and its relationship with the television institution that decreases the credibility of content on-aired on television. It is argued that polio messages are government designed images portrayed on television channels within the authority and control of the government of Pakistan. In chapter four, parents determined that these televised messages are "government mouth piece", thus, constructing low self-efficacies among parents. However, this present chapter attempts to investigate the collective efficacy of socio-political leadership that fails to perform its proper role of social development in allowing a free and fair and media especially television medium to work effectively in increasing health literacy.

Responsibility of polio messages directly in the hands of television officials can deliver a better and improved programming to the public at large. Jamshoro parents

pointed that public service messages can be made more influential if they engage public involvement in the form of public debates. Mothers put forward this illustration that a healthy dialogue by involving parents, doctors, government and television representatives in televised health messages for wider audiences with public determination, effectiveness can be achieved in the dissemination of polio messages. Answering a few of these questions and demarcating his own observation, one father research participant in distressing narrative added his notion as,

> Still, television channels are scared of reporting or broadcasting about the wrong acts and evils of high officials in all sectors especially health. Further, every channel has their desired groups or segment of people to which they whole heartedly support (SU Colony Father_4 A).

Biasness in projecting any sort of health issues deteriorate public safety and affects the country's good image. Therefore, fair reporting is one of the mandatory aspect and ethics of journalism around the globe. From the views gathered, it was clearly understood that parents were unconvinced with the presentation of time and space given to polio disease in television. They stated that unlike sports or socio-political news, health news have no follow-up stories from the previous news. Polio news is telecasted only when the government announces monthly days for children to be immunised from polio drops. Leask, Hooker and King (2010) articulated that if public health understands how media messages are produced and on-aired on television, a constructive dialogue can be made to influence the desired audiences and mould health behaviours. One father viewed as,

> Television channels in Pakistan cater only to popular segments of the society that show high ratings (LUMHS Colony Father_13 A).

Television channels are driven by the race for ratings, often sensationalise news and information that can inflame emotions. Moreover, partiality involved in television channels in Pakistan was a complaint that elicited during in-depth communication with parents. As

discussed in chapter two, Pakistan is a multi-ethnic society. Therefore, history divulges that different sects and tenets of people in the country have given birth to a number of unnecessary incidents that generates intolerance and disrespect to each other's configuration of beliefs. Referring to the intolerance and preferences in sects and castes in Sindh region, both fathers and mothers equally felt that there is also racism and favouritism among the channels. Parents explained that if the owner of the channel belongs to Sindhi community, it supports the religious and political parties which are Sindhi speaking and broadcasts stories that are against other political parties belonging to other languages and sects of Pakistani society. For instance, two parents asserted in following ways:

> There is contradiction in figures of polio cases among different private television channels. If you see GEO television as the owners of this channel are associated with Punjabi community and language. Therefore, GEO always support and tells you the least number of polio cases in Punjab province. Whereas, the same channel reports larger number of polio cases in Sindh province where the ruling body is different than Punjab. Similarly, if you see other channels the ratio and figures of polio will be opposing and different than GEO channel (MEUT Colony Father_21 A).

> Every parent cares for their children. I wonder people working in these channels do not vaccinate their children? Or maybe for ratings and commercialisation, the television channels kill the main purpose of polio messages for common man and do not feel any liability towards people while vaccinate their own children (LUMHS Colony Mother_30 B).)

Political hijacking of thought-process over private television transmission was notified as valuable and eminent feature in the findings of this existing research. They recorded their views by articulating that it has been witnessed in the past as few journalists of private channels lost their lives in target killing attacks on them because they open up and raised their voices against certain political issues and leaders' exploitation of power and authority. Jamshoro fathers also elaborated that if the journalists forbid the territory sketched by policy makers, ultimately, they end up losing their lives. Ricchiardi (2012)

postulated that “journalists in Pakistan are free to do their reporting as long as they do not cross the red imaginary line” (p. 20). Moreover, erroneous motives for personal wealth and prosperity by these powerful groups were proposed by Jamshoro mothers during the discussion that distressed their efficacies of health habits. They accounted that social and health issues are not publicised for information purpose. These dominant elites and their political pressures over televised polio messages cloud them to doubt a true political will among the leaders.

Jamshoro fathers in the above outlook elaborated that nobody is ready to hold the risk on their own shoulders because television avoids conspiracies and battles that can cause them into serious legal troubles. Fathers pointed that sometimes the reporters are biased while at other times, the channels are also bound by the state in compliance with its policies following no option left for television to operate commercially. Thus, all these arguments put a question mark on the partiality of media presentation of different issues of life including health in relation to government interference. Thus, as Ali et al. (2013) in their conceptual study work revealed that “the media has constraints and limitations, like vested interests, corruption, political motives and monetary gains” (p. 65). One couple of father and mother while classifying the hassles of the high officials, despondently stated as,

> These leading and dominant sections of the society always unofficially control the television media for political purpose, but we have never heard state’s concern to private television channels in supporting a greater successful campaign of awareness of polio disease (MEUT Colony Mother_28 B).
>
> Media houses are scared for any damage to their properties because in the past, political parties have destroyed the equipments and have threatened media owners for broadcasting any story against these leaders’ good image (SU Colony Father_6 A).

Furthermore, it was quite fascinating to experience that mothers in this research study mostly were uneducated or had an intermediate education, but few of them shared

very unusual observations on their parts. These mothers emphasised on the social disturbance prevailing in Pakistani society that is unpredictable and produces violence. In the discussion about private channels' reporting criteria, Jamshoro mothers articulated that they had experienced that if the law and order situation is against the government in the country and where every other news channel is exposing the individuals in power. But there will be always few private channels as ARY or GEO supporting the state's point of views which transparently demonstrates the picture of their relationship of commercial and economic assistance. Jamshoro mothers quoted as,

> Television channels are not free at all because we all know that in a society as Pakistan if they broadcast some news or show story of corruption related to for instance health secretary or some government officials, the channel would be either banned or will put some legal charges on it (MEUT Colony Mother_23 B).
>
> Even the private channels are not allowed to broadcast everything of political or religious issues in particular (LUMHS Colony Mother_22 B).

These observations of mothers can be attributed to this research work carried regarding the media in Pakistan. Hassan (2014) posited four leading media houses that reflect their political connections to a certain point. She identified these four channels as, Independent Media Corporation (popularly known as Jang Group), the Waqt Group, the Pakistan Herald Publications, and the Express Group. Thus, two of the television channels selected for this research, i.e. GEO and Express are owned by Jang group and Express group respectively.

International health organisations intervention can lead televised polio messages as an effective and efficient source of information in polio elimination. Jamshoro fathers urged international health donors as UNICEF and WHO to intervene as a catalyst between collective efficacy of political leadership and television institution. Parents explicated that due to lack of trust over government and political leaders, these international authorities

should force and compel the Pakistani government for not interfering in broadcasting polio messages for the benefit of its citizens. It is because fathers explained that as polio project is funded by these international health agencies, their voices and pressure can be useful in achieving collective efficacy of political leaders in polio elimination from the country. Fathers stressed as,

> I hear on television that the Pakistani government is accountable to World Health Organization (WHO) about the polio status of the country. WHO give funds to the state for polio eradication. So these health organisations can help citizens of Pakistan (MEUT Colony Father_16 A).
>
> My friend told me that Pakistan gets millions of rupees for polio disease internationally. These political leaders are corrupt. Why these international departments do not involve Pakistani media directly and help them financially to gain a good will of people in Pakistan (SU Colony Father_2 A).

Hence, in accordance to the majority of parents, the polio elimination project is a complete government proposal, therefore, they responded that the anchors on private media as well hesitate to bring out the actual causes of the failure of the polio message designing. Therefore, a classic study extracted that media is the reflection of the society (McQuail, 1994). However, most parents recognised dominancy of political forces over the media. Hence, racial and factional aggression has adversative Pakistani society for the previous two centuries (Ali et al, 2013). Thus, all parents recommended a fair and free television that broadcasts polio messages independently without government interference to reinforce collective efficacy that ultimately influences parental (parents') self-efficacy with the realisation of its powerful influence among audiences.

### 6.4 Politicisation of Polio Messages in the Realm of Islam

Legitimacy of televised messages specifically from the public delegates in Pakistan seems a challenging approach in convincing public about social and health issues. Therefore,

political and religious stability has become a challenging scenario in developing nations, especially Muslim countries as Pakistan (Nadvi, 2009). Politicisation of Islam in Pakistan can be traced back for centuries where political leaders consider that for accomplishing any movement, it was necessary for them to solicit religious identity. The pursuits of political rule lead the state to ally with and maintain supremacy over religious institutions (Ullah, 2013). However, different religious ideologies and profound discussion of religious identities have accelerated political and religious leaders to utilise Islam as per their conveniences and this is also witnessed in this study. Thus, the aim of this section is to explore the exploitation of televised polio messages by socio-political leaders in the name of Islam for their own powers and positions reflecting their low collective efficacy.

Misuse of power termed to be the most integral key symbol generated from the insights of parents. Jamshoro parents' narratives were drawn towards the criticism on opinion leaders, which included politicians and religious leaders in particular. Parents acclaimed that these powerful people do not use polio campaigns for positivity and well-being of children. They defined that these opinion leaders to remain in power exploit these sorts of health projects by pressurising media for favourable polio reports. Jamshoro parents through their impressions manifested that, these opinion leaders also exaggerate the polio news with rumours to be secure with their political status. It is because the rumours related to polio are mainly politicised by the government in the name of religious leaders. Fathers described that political elites give a notion that the failure of the polio elimination plan and the increased ratio of polio cases in Pakistan are due to the religious misconceptions propagated by religious or spiritual leaders. This conflict among political and religious leaders for power and domination reflects low collective efficacy of enhancing parents' self-efficacies in polio messages. Parents accounted as,

> It is repulsive that these leaders send their children abroad by using our financial resources and provides them every basic and possible opportunity in education and health. However, as far as the public is concerned, these influential elites fling us on the mercy of destiny to be survived from diseases (LUMHS Colony Father_30 A).

> Polio cases are increasing every year. It is the failure of the government, but these people are very clever. They know the sensitivity of religion and extremism in Pakistan. Political leaders are very much aware of various sects in terms of religion in the country and people's strong association for their respective religious ideologies. Therefore, the government, despite of taking responsibility, blames religious leaders' propaganda concerning polio disease (SU Colony Mother_6 B).

Parents also elaborated the conflict between elected government and opposition leaders as how they exploit their powers and disseminate negative propaganda among its citizens. Jamshoro parents stated that in Pakistan, it is a common practice of opposition political representatives to undermine a deformed image of ruling elites by identifying their flaws to be superior and true leaders in front of the public than the democratic ruling leaders. Obadare (2005) inspected that the political-religious leaders in Nigeria were against the western vaccine because in actual they were guarding their own hidden agenda which they termed was being unrecognised by the President during that time as he was Christian by religion. Highlighting alike observation, one of the mothers shared as,

> The opposition leaders present indefinite facts of polio for the negative image of the ruling party and provide their own solutions to handle the issue (MEUT Colony Mother_15 B).

> If we trust these religious scholars who knows as they are our enemies and can threaten us so we do not believe them at all. Thus, the polio issue is covered through media to millions of people, it is right information (LUMHS Colony Father_ 26 A).

On the contradictory thought, provision of decision-making authority to others was also co-related with very few parents' depiction and understanding of polio messages. Very few fathers positively attributed that every opinion leader is not evil. It depends as how many parents have given the space to religious and spiritual entities to enter into their decision

making process of polio vaccination. The integrity of social media was also attributed in this study as a key point to be noticed. Few mothers were in the favour of social media for their conviction and familiarity with polio issue. In this regard, one mother occupied her perceptions as,

> People gain knowledge of polio from social media so even when these opinion leaders have misused the polio mission, people have double check this information from different sources as doctors, television or friends (Sindh University Colony Mother_6 B*).*

Publicity of agenda to gain esteem, popularity and recognition was manipulated with polio campaigns by religious leaders. Some parents claimed that these extremist religious leaders come on talk shows on television and definitely promote their own agenda of extremism regarding religion in the name of polio messages. Pakistan is a country where an opinion leader varies from culture to culture, cast, sect, language and provinces, but political leaders and religious scholars are the most prominent dominant leaders among people. Conveying their feelings, few parents in this notion illustrated that if unconsciously sometimes any religious leader evokes them regarding the falseness of polio vaccination, they become conscious and are concerned about its safety for their children. During the study, it was noticed that mothers were more religious and spiritual than their counterparts and they do firmly believed those rumours against polio. Adding to that opinion, one research participant enumerated as,

> When we tell our male heads about such fake news of polio, they do not go in hand-to-hand with our views, the male members of the houses confirm from the well-informed people around them (Sindh University Colony Mother_4 B).

Spiritual leaders as concrete philosophies of parents' healthy lives were strongly demonstrated in an average fraction of the targeted population. Parents presented the illustration that their opinion leaders are their family members and religious spiritual

leaders. Therefore, it was important for them to make it identify their leaders about their polio vaccination decisions. They affirmed that their spiritual leaders had never been against it. But at the same time, these fathers described that if in future their leaders ask their favours for not giving polio vaccination to their kids, they will obey their directions. Equally, one father stated as,

> Once my child was vaccinated with polio and he was ill, so I got worried and went to our family spiritual leader who gave me some verses of the Quran to read so I read it for my son and he was then better. So it means the statement of religious leaders telecasted on TV is correct (LUMHS Colony Father_34 A).

This monologue of father imitates his strong relationship with the spiritual teachings of their believer with polio vaccination messages. It reflects as still people doubt the efficacy of polio messages. In mentioning the sensitivity of religion in Pakistan, some mothers established the thought and explained with description that now day's religion has been a very sensitive topic in Pakistan. Before declaring one's account on religion, people turn petrified due to diverse sects existing in society and adage any statement to avoid any controversy in their lives. Mothers contributed by communicating that indirectly everyone supports and follows their spiritual or religious leaders while taking decisions of polio. In accordance to their views, no one come in front and discuss it on any platform, but everyone in a poignant society like Pakistan is a die-heart follower of their religious leaders. One research participant attributed as,

> Being Muslim, the negative propaganda over polio vaccination on television strike me and my husband as it is safe or not. However, my husband confirmed it from our spiritual/religious leader. But I was afraid of telling my neighbours that vaccine is safe according to my religious leader and she should also vaccinate her child. But I kept quiet as they have a different ethnicity than us. Further, my neighbours are the followers of some other leader belonging to different schools of thought with respect to religion (Mehran University Colony Mother_25 B).

Summons in local mosques and declarations on television by religious clerics were also considered as the most lifting characteristic for elevating parents' self-beliefs for motivation in polio. In this relation, a good number of parents participated with the communication that on controversial polio news, religious leaders can help people by offering them with the evidences of the purity of polio vaccines in the sphere of Islam. Both fathers and mothers equally mentioned that politicisation of religion with polio disease was kept aside earlier. However, the hype and propaganda of heterogeneity of the diverse religious school of thoughts generated by television sources have worsened the situation in lower middle class Pakistanis. Therefore, parents in lower middle class society are confused and double-minded about the safety of polio vaccine so they concern with their leaders to find satisfaction and justification in the light of Islam. Two parents uttered as,

> I remember when there was controversy about polio vaccine creating infertility among females, the religious leaders in their Friday local summons cleared the news and local people were happy that such sensitive issue of fertility in Pakistan has been discussed in mosques. But now everyone is self-centred and does not feel their public duties (SU Colony Father_9 A).
>
> Actually, television fears of broadcasting an issue related to religion because people have now become aggressive and come to streets for physical violence if they find any speech or statement against their religious belief and sect (MEUT Colony Mother_24 B).

In above realm, Ruijs et al. (2012) recommended that on the one hand, local religious leaders cannot influence public at large because their access is limited. On the other hand, they elaborated that though within this scenario, religious leaders can facilitate a small group with the similar religion. However, almost all parents while classifying the opinion leaders named politicians and evaluated that the role of these opinion leaders is not progressive in polio issue. They narrated that in order to prove international organisation's

funds to be properly managed, these religious and political elites maligns religion with polio messages and present unfair facts and figures publicly. Figure 6.1 represents the answers and findings to research question no. 2 in the form of a diagram to have a pictorial view of the research data.

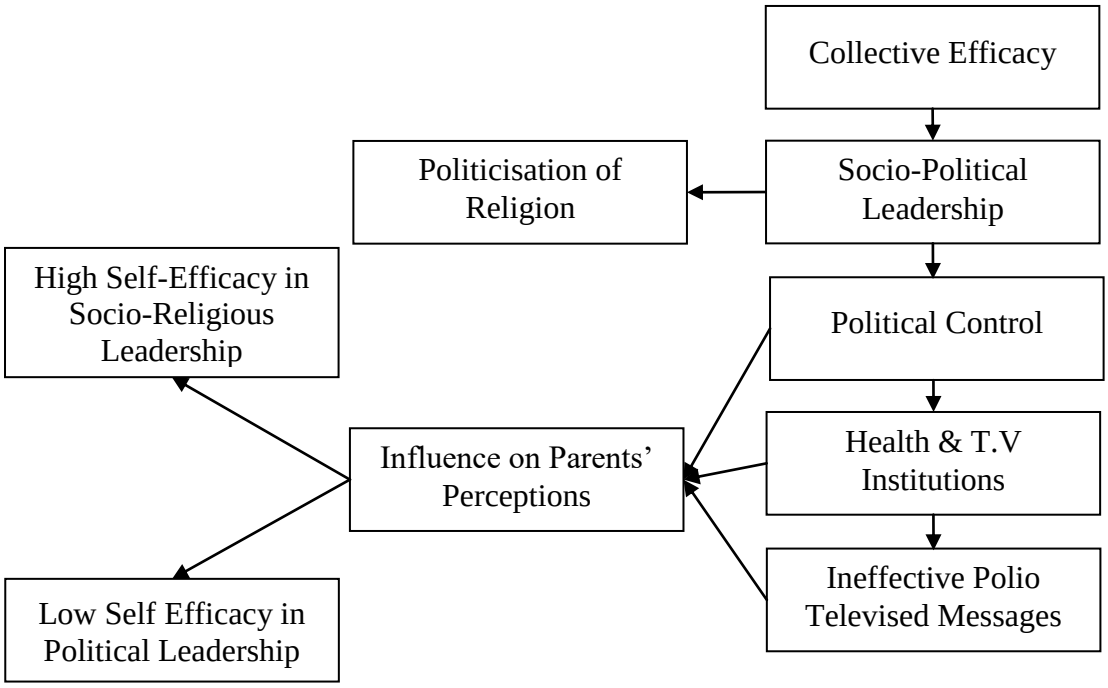



**Figure 6.1**: Diagram Representing Collective Efficacy of Political and Socio-Cultural Leadership

## 6.5 Conclusion

This chapter explored collective efficacy beliefs of political leadership and its rule over television content that influences polio messages. In chapter four, it was examined that parents' self-efficacy of framing televised health and polio messages is not powerful to accept or reject a change in their health perceptions, independently. Therefore, collective efforts of socio-cultural and religious leadership can improve and enhance televised polio

messages for parents' benefits in lower middle class society. However, this present chapter investigated that parents' beliefs of collective efficacy of political leadership are so anguished that they are not ready to accept political leaders' intervention and authority over television institution. Firstly, the greatest mean was observed in television authorities' compliance under political autonomy in this study. Whereas lowest indicator was denoted to unprofessionalism and disloyalty of journalists' ethics within television medium. Parents argued that mostly due to commercial purposes and political pressures upon television channels, the concerned authorities of television ignore national objectives of health development and not endeavour to design polio messages as a part of daily routine programming to influence parents' health perceptions. Therefore, parents demanded television institution to broadcast polio messages freely without political interference.

Secondly, collective efficacy of socio-religious leadership was observed high because it re-shaped parents' opinions about televised polio messages. It was also identified that parents' religious values are so confined and dedicated to religion that negative propaganda by religious leaders in televised polio messages put a question of concern about their social surroundings in their self-perceived impressions of polio disease. Hence, religion was also politicised by religious and political players, therefore, parents' feelings were distressed. However, collective efficacy of socio-religious leadership was found to be more affirmative and effective as compared to collective efficacy of political leadership in the context of parents' views about polio messages. It is, therefore, contended that collective efficacy of political leadership has lower impact on parents' perceptions for changing their health behaviours and vaccinating their children in polio elimination efforts through the effectiveness of television messages.

Thus, collective efficacy of political leadership also cannot stand and function as a vacuum in shaping parents' mind-sets. But profound, trustable, honest and discerning efficacies of socio-religious leadership in the form of collective efficacy can entail efficient televised polio messages in expanding parent's self-efficacy due to parents' dependence on religion. Therefore, it is proposed that a combination of self-efficacy and collective efficacy of socio-cultural leadership without political supremacy and hijacking upon televised messages can be a resource of polio information and positive health outcomes. This combination can enlarge parents' perceptions in achieving the desired goals of polio eradication from Pakistani society among lower middle class parents through television medium.

# CHAPTER 7

## GENDER ROLES AND MOTHERS' OPPRESSION WITHIN FRAME OF SELF-EFFICACY

RO.3. To assess the impact of televised polio messages on fathers' and mothers' involvement in polio vaccination decisions

In lower middle class Pakistani society, man's supremacy over household activities among Pakistanis is a social norm that finds its origin from their ancestors. The aim of this chapter which is in line with RO.3 as mentioned above is to investigate gender discrimination and stereotype between fathers and mothers exhibited in televised polio messages. This chapter examines gender stereotype that degrades mothers' status and empowerment in health and child polio vaccination messages. Gender disparity and the power distribution characteristics of men and women is highly essential motive of any health initiative which is mostly monitored at inaccessible areas or where accessibility to people is difficult to achieve (Sen et al., 2009). However, in a patriarchal belt of a Pakistani society, in practical, mothers are the care takers in health and polio but fathers are termed as decision-makers. It is because of the superior power employed to them by the society in which mothers are the followers of men's orders. Therefore, this chapter firstly examines as how television shapes messages of polio in relation to the actual representation of both genders. This gender representation of polio messages describes mothers' and fathers' position and its influence on their perceptions of child polio vaccination. This section uncovers the accounts of both parents' empowerment in polio messages and their perceptions of viewing these messages as guidance in the acceptance of positive health outcomes. This section evaluates the effectiveness of televised polio messages among parents.

Secondly, this chapter encloses mothers' role in child's health care and their oppression in televised polio messages as a symbol of gender stereotype that discriminate mothers' status with fathers affecting mothers' self-efficacy. This second section explores the portrayals of mothers in polio messages that devalue mothers' strength as significant entities in child polio vaccination. Thirdly, this chapter illustrates the impact of mothers' oppression in polio messages on parents specifically mothers and its effects on their relationships with male partners that in turn affects polio decision-making process. This section demonstrates the ability of mothers to consume and access polio information from televised messages that increases and decreases their self-efficacy in gender stereotype polio images that showcases fathers' domination on health decisions.

The fourth and last section of this chapter explores as how televised polio messages attribute and empower mothers to convince fathers (male partners) to mould their health attitudes towards better health opportunities for their children in line with human emotions and feelings. This part evaluates the effects of these televised images and mothers' levels of conviction to change fathers' perceptions by accepting mothers' role in polio eradication programme. The philosophical journey of gender roles and televised polio messages ends by pointing out the key points, necessary to adopt or reject in achieving effective polio messages among lower middle class Pakistanis.

## 7.1 Televised Polio Messages in the Light of Gender Representation

In the twenty first century and in the era of technology, women are heading and supporting equally in counter to the male members of the society in different walks of life. They are contributing their share of parts in a developed, peaceful and healthy environment to the world. However, the women in Pakistan are formally appointed and preferred in selected

areas of life. But as far as television is concerned, it is creating impact on the people and informing about health, political, social and economic developments in the country (Bhatti, Ali & Hassan, 2016). Similarly, Aslam and Kingdon (2012) estimated that mothers' exposure to media and appropriate health acquaintance can largely contribute to child's health outcome. The existing research findings are different from the two above mentioned scholarly studies. This research demonstrates that television channels also cater and hold segments in their regular programming especially for women. But this representation of women is more confined to symbols of fashion, clothing and objects of modernity. However, in health related areas, mothers are characterised in few programmes only by showing them as the care takers of their children.

Mothers' representation in televised polio messages also reflects male chauvinism and ego-satisfaction. Parents reported that in television polio advertisements, mothers are only showcased in terms of female health workers. It is also due to the fact that in such male-chauvinist society, fathers find it a matter of their social ego if their women communicate with men because their women are termed as modern and bold by the society. These attributes of society accelerate anger among fathers, thus results in the restriction of mothers' sources of access to health and polio information. In sharing the feelings on polio messages, two research participants responded as,

> Mothers are only seen in the form of female lady health workers in polio messages which is also to satisfy men's self-esteem (MEUT Colony Mother_21 B).

> I do not feel respected when I see in polio messages that mothers are communicating with doctors and going to vaccination booths. I do not allow my wife to go alone for vaccination because it is against our family dignity (SU Colony Father_16 A).

In essence, mothers' self-dedication and hard work is noticeable in relation to child's development and health in televised polio messages. But a clear correlation can be linked from parents' voices between social realities of Pakistani patriarchal society and televised polio messages. Eventually, this sort of self-admiration of mothers about their children's health receives no attention and due respect from fathers. Therefore, it is argued that mothers' involvement in televised polio messages is the key component in parent's strong efficacy of health decisions. Tsai (2010) argued that fathers were commonly depicted as protectors of family's or children economic needs in media messages while mothers were involved in household activities, cooking and child care. The author concluded that these different roles of men and women in the media suggest opposing roles of parenting and creates gender discrimination among society.

Television serves as the gatekeeper in the execution of the issues. This execution has the autonomy of television channels. These channels select as which sort of material to encourage and what to dissemble for being on-air depending upon their policies or vested financial interests. This can be subjected to media framing concept as defined by Miller (2002) "framing is a process through which the media emphasize some concepts of reality and overplay other aspects" (p. 262). Thus, three parents being migrated from Khyber Pakhtunkhuwa province to Sindh intricate their observations about culture representation of the media in relation to polio as,

> Private television broadcast polio issue with the urban culture illustration but these channels are not only on-aired in one city but satellite channels are watched all over the country, therefore, the representation of mothers and fathers should be from every culture and province, so all parents can also relate to it (SU Colony Father_14 A).

In the line of above response, another research participant replied in the same direction as,

> In remote areas or among low educated families, mothers do not go out to hospitals with their child, so it is hard for us to consider that thought practical or even after watching those advertisements, we cannot discuss with our husbands about the benefits of polio vaccination (MEUT Colony Mother_19 B).

In this given scenario, Yusuf and Schoemaker (2013) examined that private sector media in Pakistan is predisposed in projecting urban phenomena. On the one side, few Jamshoro parents also determined that traditional values of the proposed locale must be in consonant for achieving its goals of polio dissemination of information and this effort needs to be derived from television health communicators. They asserted that they get satisfied when they view polio messages spreading their culture of men power. Whereas, on the other side, few Jamshoro mothers communicated that televised polio messages are modified in accordance to men's preferences in spreading patriarchal culture. Despite of the fact that polio messages are often on-aired on day times when mothers have ample time to consume television while performing their daily routine responsibilities, the target audience for messages is mainly fathers. A mother quoted as,

> Men do not want women to be *khudmukhtar* (empowered) as they will overshadow them in different walks of life because of their strong perceptions over issues. So polio messages are also the result of such mind-sets which are depressing (LUMHS Colony Mother_31 B).

Bravery and dedication of televised polio images about health teams despite of security concerns and religious activists' attacks on polio workers in hard-to-reach areas in Pakistan increase parental (parents') self-efficacy in overcoming their personal and social challenges. Contributing to the conversation, an average proportion of parents asserted that even for a time being these courageous stories of polio teams provokes a thought to fight with the conventional egoistic feelings and sometimes economical burdens for their children. Jamshoro parents stated that only these messages represent a combination of male

and female health workers who risks their lives for the propagation of polio eradication as a representation of gender equality. A mother who was a housewife illustrated as,

> As a child, I always have been hearing you cannot argue with your parents, especially father and one day you will get married and you have to obey your husband. So it is better you should practice to be quiet from now. Well, I have been doing the same from my early stages of life and have never argued my husband's health decisions. However, sometimes I get very bold and want to speak it out that when I hear the stories of these health workers in polio messages due to their conviction of jobs and earning for their families, risks their lives then why I cannot take a firm stand for my own child (LUMHS Colony Mother_27 B).

> These true devoting images on television sometimes scared me that oh, if anything happens to my child, I will be guilty during my entire life because sometimes due to my non-commitment and priorities to other work than my child's health, I ignore polio vaccination. So polio messages where they show us the significance of men and women inspires me that I can transfer this responsibility to my female partner (MEUT Colony Father_20 A).

These narratives examine the significance of television in equal portrayals of gender roles in polio awareness programmes and parents' fears, affection and incitement of their feelings. It explains that combating of male and female polio health teams over these security threats despite of building negative efficacy assemble parents' efficacy into turning as brave individuals in the acceptance of television polio vaccination. These polio images guide parents about the imperativeness of equal participation of fathers and mothers in taking decisions of polio. However, Alexander et al. (2014) research proposed security risk to health visitors as an important determinant along with other barriers in achieving polio free Pakistan.

Persuasion in polio messages is attained through male public figures or opinion leaders. Jamshoro parents also stated that firstly, when it comes to showcase social leaders or celebrities, mostly they observe the male public figures as sportsmen or social male workers as an entity to be influential for people to believe. Secondly, there is no

presentation of homely fathers or mothers regularly in child polio awareness initiatives. Jamshoro mothers articulated that these male social celebrities must not have been involved in their house household tasks as health or education of their children because of their busy schedule and upper class treatments at their houses. So there is no point for them to be motivated by these public figures and take them as exemplary entities for polio motivation. Further, parents quoted that gender discrimination is a part of Pakistani society which is also depicted in polio messages. As stated earlier, though women's voices are suppressed in such environment, some mothers openly blamed their husbands for not co-operating with them in child's polio immunisation rather than any influence of televised messages on their mind-sets. However, the relationship of polio messages and empowerment of parents in polio messages was further added by one more research participant as,

> Television polio messages do not illustrate fathers or mothers as house makers. It should present the empowerment of both parents so both can also feel their sense of responsibility because otherwise, fathers take their child's health for granted in Pakistan and mothers are not allowed to take polio decisions (LUMHS Colony Mother_4 B).

These expressions of mother indirectly communicates an established and conventional outlook of Pakistan, where fathers tend to be the autonomous powers in child's health decisions but blame mothers if the child is ill. Hilber et al. (2010) reported that if the child is affected by a disease, every time mothers are blamed for neglecting the vaccination. Jamshoro parents in this direction further pointed out that television polio content is still far behind and not powerful enough to bring a major change in parents' minds for gender equality in the context of polio decisions. The argument was further heated with one parent's remarks as,

> In television polio advertisements and documentaries, one often sees a polio female child and rarely male child is shown. This is totally gender inequality and how private channels can claim of manifestation of parents' empowerment to polio decisions in polio programmes (MEUT Colony Father_16 A).

However, the situation drawn from the discussion estimates that, except for few parents, all parents unanimously believed that television channels never tend to design polio messages which observe their earnest attempt to emphasise the polio issue with equal participation of both fathers and mothers in increasing their self-efficacies. These parents claimed that polio messages do not lay efforts to communicate the real problems subjected to the polio disease among parents to realise the enormity of its outcomes. Hence, it was asserted that televised polio messages are the reflection of male-domination in polio decisions, whereas, such representation of gender inequality do not serve the purpose of guidance for both parents to make a mutual decision of polio vaccination necessary for their children.

### 7.2 Mothers' Role in Televised Polio Messages: Oppressed Representation

Women are the principal asset for the progress of society if media portray them as true leaders of social transformation rather than presenting women deliberately as marginalised by male-domination (Kumari & Joshi, 2015). However, despite of strong debate on mass media, gender stereotypes in recent years around the world, Pakistani television still declines women in roles of independence, power and strength. One common aspect of the exceeding extracts from parents' point of views was the stereotype and gender disparity's status of women in Pakistani television messages including health and polio. This section attempts to explore research participants' views regarding mothers' presentation and their role in televised polio messages. This section deals with the idea as whether mothers' role in polio messages empower them or do they feel oppressed in viewing such messages? Polio messages

depict mothers to perform the roles of submission and conformity where their primary duty is to obey their husbands' orders. Jamshoro parents conferred the impression that in South-Asian countries as Pakistan, these polio messages portray mothers in two stereotypical ways: Dependent and sacrificing mothers. These polio messages symbolise mothers incapable of taking their children's polio decisions independently. These messages showcase fathers as superior and leading creatures among mothers where they are compulsory entities to accompany mothers when they visit hospitals for polio vaccination. However, Jamshoro mothers did not agree with this depiction of fathers in polio messages because they asserted that firstly, fathers mostly do not pay attention to a child's health. Secondly, fathers rarely accompany mothers to hospitals because they feel disrespected as exposing their female partners as patriarchal mind-sets. In admitting the on-going practice of mothers' role of submission, parents entailed their views as,

> A televised polio messages depicts mothers as lower than fathers. According to these messages, mothers' only role in child's health care is to feed him with food and take care of him when he is ill. These televised messages are portraying negative images of mothers and making them weaker because fathers hardly take interests in vaccination decisions of a child. He is only there if unfortunately a child seriously gets injured or ill (MEUT Colony Father_4 B).

> It is only male ego presented in polio messages that feel disrespected if mothers communicate with health workers or doctors in front of them. Further, these messages are designed by men in power. There are fewer women in policy making. Mothers because of their sensitive and emotional nature are more concerned for children. Therefore, polio messages should empower mothers in the polio vaccination programme (LUMHS Colony Mother_4 B).

> Television polio messages symbolises mothers as *ghulam* (servant). These messages never show mothers as expressing their desires and feelings about polio disease and child vaccination. But mothers are always seen as listening to their male partners while fathers are speaking regarding vaccination. When I see this advertisement, I feel disrespected and inferior as it is also my child and I am equally important to participate in discussion (MEUT Colony Mother_1 B).

These words of mother represent her oppression and lack of individual identity as a woman and a mother in televised polio images. Jamshoro parents recognised these polio messages to be traditional in disseminating mothers' images that eventually do not allow mothers to be dependent and confident of their own decision-making power and individual personality. It is because these televised messages do not encourage mothers to talk to their counterparts in monitoring their child health vaccination as a useful practice in the eradication of polio illness. Jamshoro parents pointed that this role of mothers' compliance, dependency and obscure wisdom as compared to fathers makes them inferior and vulnerable than their counterparts and affects their self-efficacies. However, the justifications of parents in above statements also reflect hierarchical social eminence of Pakistani women in health messages. Parents' voices regarding televised messages reflect male dominance that cultivates and re-shapes parents' perceptions to assume mothers as sacrificing and loyal to their male partners by suppressing their voices and presenting their limited participation in polio vaccination activities. Lower middle class women do not have the access to the public sphere and they are expected to strive hard to sustain family respect within their social setup and outside public domain (Tabassum, 2011).

Portrayals of girl child in televised polio messages and its relationship with mothers nurturing is an antecedent of mothers' discrimination in Pakistani society in respect to gender roles. Jamshoro parents realised that when it comes to showing polio victims in television messages, it is always the girl child that is seen in order to persuade parents for vaccination due to the cultural position a girl child holds in male-dominated society. They maintained that this phenomenon accelerates their suppression in child's health and reinforces oppressed attitudes of society rather than convincing them to adopt new health perceptions. On the contrary, some Jamshoro fathers attributed less involvement and

exposure of mothers to the outer world as the factors related with fathers' superiority over immunisation decisions in polio messages. Edwards (2010) proposed less empowerment of mothers as one of the essential reasons of less vaccination ratio in Tanzania.

> A child, whether girl or boy is same for parents especially mothers. I get scared when I see a girl child paralysed, it depressed me and forces me to think that oh God still women are considered as an economical and physical burden in our society (MEUT Colony Mother_17 B).
>
> Television broadcast mothers as their roles are defined within societal norms. My wife's health decision is immature while I am much aware of the health issues as I meet different people. Therefore, television polio messages' fathers are confident and self-ruling in their decisions (MEUT Colony Father_10 A).

Jamshoro parents also asserted that on the one hand, fathers are observed as self-governing and strong individuals than mothers in expressing their feelings on television about polio disease. On the other side, when the polio victim is presented in these messages, it is always the mother who takes care after the child and bears all the physical and emotional turmoil associated with a disabled child. However, Jamshoro parents accounted that the discriminatory functions between girl and boy polio victim is sharply noticed in televised messages. The background of this message conveys the notion that a girl polio victim in this message after she gets paralysed does not have the right to go out in her social surroundings. She is deprived and feeble in handling her routine household activities as pushing her wheelchair to perform her personal house chores. Though, the boy polio victim is empowered and strong because through his own efforts, he gets out of the home and is more certain and positive in facing the challenges of life. In this regard, father's voice is described as below:

> If a child becomes a polio victim, it is not his/her fault. So this saddens me that a girl polio child cannot go out and spend a normal life, whereas, a boy child is empowered and is an example for his family. This typical traditional perception need to be changed through television so the new generation mothers can be strong in taking their child health decisions because ultimately mothers are at

> homes and polio teams normally comes to homes in the morning times (SU Colony Father_6 A).

Grandparents' authority over child polio decisions strengthens fathers' perceptions and images of being "good sons". Conversely, this consent and rule of grandparents in polio messages further suppress mothers and make them realise that their competence and capabilities are labelled as "bad and weak mothers". There was a huge difference of opinions among fathers and mothers. Jamshoro mothers viewed that though they respect their in-laws as their experiences are vast but with the time, health practices have been changed and grandparents' (in-laws) knowledge is less as compared to them. Further, mothers intend to communicate with health workers and satisfy their concerns over vaccines and gain complete information of polio as possible. Jamshoro mothers contended that sometimes grandparents also find it difficult to converse with health workers because of the language barrier between them. But they stated that grandparents, particularly father-in-laws do not allow mothers to appear in front of health visitors due to rigid and conservative family environment. Southeast-Asian regions as Pakistan are constructed as extended family units where mother-in-laws have greater influence on household and child health decision-making (Hamid et al., 2011).

Hence, these televised polio messages compels parents specifically mothers to re-construct that the social configuration of authority in producing health outcomes under grandparents is a right turn. Thus, these messages emphasise that mothers' roles in their child health is minimal and limited. Therefore, according to Jamshoro mothers, this position of mothers in polio messages assembles them of being incompetent and less self-sufficient in child care. Mothers' feelings are expressed as,

> May be I am a bad and weak mother, therefore televised polio messages always empower fathers and grandparents in dealing with polio. These messages hit

> my self-esteem and urge me to keep silent on my child polio decisions. Because it is a social norm for mothers to submit themselves in the eyes of their spouses and other family members (LUMHS Colony Mother_28 B).

> My in-laws exposure is even less than me. They are mostly at home. They do not interact with neighbours. Further, they are not in favour of polio vaccination and apply their old methods of treatments. Therefore, polio messages should not encourage this thought of focusing more on grandparents to increase the ratio of polio vaccination. They are our elders, we respect them but then I cannot compromise with my child's health (MEUT Colony Mother_19 B).

Hence, maternal age also emerged as an integral and a valiant factor in achieving strong self-efficacy from televised messages. For instance, mothers' with greater age as 30 were symbolised to receive higher self-efficacy than mothers with age under or above 25 years. The reasons were notified that slightly older mothers' bonding and association with their male partners and other family members was large and immense because of mothers' duration of time and experience living in a joint family. These older mothers viewed that experience and skills has taught them the ways and to convince fathers (spouses) and in-laws for polio vaccination decisions. Therefore, these mothers feel a positivity from these polio messages that represents the grandparents as signs of motivation for parents in accepting a change in health perception. One of the mothers of 30 years old felt brave and shared as,

> The early days of my married life, I was asked to do and take every decision by seeking permission from my husband or elderly family members in my in-laws. However, slowly and gradually, I made my own individual space in their hearts and now they consider and understand my health decisions because it is my child. I am the one who will prosperous his healthy life so I give my child polio vaccination and it is not always necessary to tell my husband but I keep them well-informed about my health decisions. Therefore, grandparents' input is a way forward to gain your husband's confidence as he feels happy if you consent with his mother on polio vaccination. In this way, television can further enhance the relationships of husband and wives in polio by giving more importance to grandparents' involvement (SU Colony Mother_10 B).

However, the ratio of these self-determined mothers was less because the majority of mothers for in-depth interviews as mentioned in chapter four were mostly younger mothers. On the one hand, the following literature was opposite to the research that indicated a maternal age of 25 was observed to be highly responsible for completing their child's polio vaccinations' decisions in Pakistan because they ought be more educated and had better perceptions of health and polio (Khan et al., 2017). On the other hand, mothers with age above than 35 years communicated to be more independent in immunising their children in Uganda (Bbaale, 2013).

Jamshoro fathers in this respect conveyed that televised polio messages can boost up polio awareness among masses by revealing the strong association of grandparents with their grandchildren. They attributed presentation of grandparents as symbols of respect and dignity. Jamshoro fathers proposed that after husband's permission for polio immunisation, the grandparents are the second parents of the child who rules the joint family structure. Thus, it is a cultural trait and a compulsion in most of the lower middle class families in Pakistani civilisation to respect and obey the instructions of their in-laws. Therefore, Jamshoro fathers feel a sense of satisfaction from polio messages that their decisions of offering their child health decisions are in the hands of their parents for which they take pride and honour in their social surroundings.

> Television is playing a useful role in changing society's health attitudes. I have given my four children's responsibility to my parents to take their health decisions. I feel very superior and honoured when I see polio messages also showcasing grandparents as an integral part in persuading people to vaccinate their children because it is our forefathers' trend to make grandparents powerful and leader of a family (LUMHS Colony Father_31 A).

Thus, according to parents' views, this whole process of mistreatment of television in portraying mothers' status in health and domination of fathers lowers mothers' self-

efficacy, thus further enhancing male domination in health decisions. Hence, Jamshoro parents stated that portrayals of mothers in polio messages reinforce prejudice and status-quo of patriarchal mind-sets. This research therefore argues that these images and stories distressed parents' cognitive perceptions of polio where eliminating polio disease can be possible if Pakistani televised polio messages empower mothers by improving their status, skills and reach to polio awareness without oppressing their individual identities. Media need to reproduce social reality in order to engage the audience in their programming, however, this reality, not necessary has to be real in line with the social system (Yunjuan & Xiaoming, 2007). Thus, avoiding stereotype images of women and mothers in polio messages, mothers can be the agents of social change in polio immunisation in Pakistani lower middle class society.

## 7.3 Televised Messages: Gender Relations and Impact of Suppression on Mothers' Access to Polio Information

This section explores the effects and relationship of oppression and marginalisation of mothers in polio messages (as discussed in the previous section) with mothers' access to polio information affecting polio decision-making in a family. The present research mainly identified that Jamshoro mothers are entirely reliant and vulnerable in televised polio and health messages. Even then, Jamshoro mothers seek to utilise polio information from polio messages as a sense of hope because the biggest fear among these mothers is losing their child or seeing them disabled entire their lives. Jamshoro mothers demonstrated that on the one side, they intend to receive positivity from these polio messages that can be helpful for their children because the physical, financial and emotional repercussions of a polio victim are worse that emotionally it breaks them to communicate with their spouses for accepting new health trends in polio vaccination. On the other side, these mothers shared that

televised messages lack proper information of polio because there are times when parents fear about the number of doses of polio for their children and are confused regarding the misconceptions of polio vaccine, televised messages are unable to satisfy their concerns. Sharing their personal experiences, parents narrated in this way,

> It is good if televised messages denote mothers to be active in the vaccination process because a mother is very close to her child and she takes care of her child health completely but then televised information is incomplete. Therefore, I cannot give permission to my wife and asks her to wait till I ask my friends (MEUT Colony Father_24 A).

> I have lived my life as a housewife fulfilling my husband's wishes and orders. I do not want this kind of life for my daughter and wants to get her educated to be independent in her decisions. Therefore, these messages strongly push me to take care of my daughters' health and give her drops as initial years of any child's life are very much critical for his growth (LUMHS Colony Mother_28 B).

This also reveals mother's distress about her daughter's education as she feels education can shift woman's status from marginalised to empowerment and they can be treated as equal in health decisions and other spheres of life. The study reflected that many mothers aspired to be educated in terms of polio awareness so that they are not disturbed concerning religious and political doubts and conspiracies against vaccination. However, a difference of opinion was observed among educated mothers and complete housewives. The mothers who possessed secondary education (schooling) obtained more knowledge about polio from televised messages and were composed in their thought-process and in relations with their male partners than housewives possessing primary or no education. It was because educated mothers easily understood televised polio information and also knew other sources of polio knowledge to validate televised polio messages. Whereas, housewives were a little bit confused and worried about their relations with their male partners if they vaccinate their children independently. Khan, Bari and Mehmood (2016)

identified that educated women increased the probability of vaccination rates as she has the power to take her child's health decisions. As in the words of two mothers,

> I am educated. I watch television polio messages. I know the significance of polio vaccination. Otherwise, I can also seek doctors' advice on the disease (SU Colony Mother_2 B).

> Sometimes I want to go alone to hospital for vaccination. But I am afraid if something happens to my child after vaccination or if the vaccination teams ask me some questions, I am not fully aware. I do not know from where to get information because I only see that these televised messages propagate rumours related to polio vaccine, but never gives clarification of these rumours from concerned authorities (LUMHS Colony Mother_21 B).

Though, a small percentage of fathers also conveyed the notion that mothers' depiction in polio messages allows mothers to work as an independent entity for their child's health care and they feel confident in their decisions of polio vaccination for their children. These Jamshoro fathers also viewed that in this way, they are mentally relaxed at their job places when they know that mothers are self-reliant in their decisions of polio and handles the situation without distressing them. On the opposite side, some Jamshoro mothers asserted that their low self-confidence compels them to accept their roles as housewives and feel comfortable and pride in husbands ruling their outlook of perceptions. These Jamshoro mothers pointed that their husbands' decisions are always right for their children and their endeavour efforts to remain their children free from polio is a step towards a better future. Therefore, television's presentation of polio messages should imitate fathers' participation as well.

> I feel relax and comfortable while doing household activities. I get happy when I cook food for my children. Therefore, I like televised messages that reveal mothers as housewives and men as leader of the family. Hence, fathers should be given more coverage as the roles of decision makers (MEUT Colony Mother_18 B).

Televised polio parents are denoted as poor and deprived people of the society. Jamshoro parents pointed that the dressing, background, structure, children and parents

shown in polio messages offers an image of poor class which is deprived of all the necessities of life and health. But doctors, social celebrities and other administrative authorities are always noticed as neat, clean and graceful. Therefore, parents stated that firstly, these messages highlight and discriminate social class that kills the main aim of polio messages of information. Secondly, these messages ought to be symbols of hope and courage. However, it looks as polio images and parents are under the umbrella of pessimism, discouragement and agony of their social setting as they are not satisfied and blissful of their lives. Jamshoro parents examined that these images strengthen their deprivation of their social class and background that in turn degrade parents' self-efficacy despite of being convinced from televised polio stories for polio information. Further, such polio messages endeavours that the disease is only present among poor or lower class while the upper and privileged class is being exempted from the disease. This, further, attempts to give an unconstructive side of the polio eradication programme that aspires at the mission of free polio Pakistan.

> I wonder as the disease is only present in lower middle class. While higher social class is not exposed to disease. Polio messages arouse several questions in my mind that if my children wear good clothes and look good then we will not expose to polio or any other disease? (MEUT Colony Father_16 A).

> What is polio? Why it causes? What is its treatment? What should people do if unfortunately their child gets polio? When I see polio messages, I do not find my answers. Instead, these messages urge me to think and focus on the financial background of poor people that has been shown on television. I sympathise that Oh God, please solve our financial problems so that our children do not become polio victims (MEUT Colony Mother_23 B).

Televised polio messages are responsible for generating conflict among the relationship of fathers and mothers that has a huge impact on polio decision-making. Jamshoro parents in an explanatory manner mentioned that it is not that they are against vaccination and are rigid in accepting new health motives for their children. But frequent

polio teams' visits without communicating its utmost necessity and disappointed attitude of health workers push Jamshoro parents to pay attention to their major duties of household as parents rather enhancing their self-perception to vaccinate their children. In this direction, parents asserted that the focus of polio messages is only in disseminating the schedule of polio immunisation rounds every three to four months to vaccinate children whenever health team visits their house. However, the necessity and benefits of providing vaccination several times, to children is unexplained in these messages. Jamshoro parents stated that they are not always free to attend polio workers at any time they come to visit their houses.

Further, Jamshoro fathers pointed that televised messages present these health workers as ambassadors and leaders of good will, support and knowledge in helping and guiding parents. But the behaviours of polio workers are very rude, demanding and unsatisfied. Jamshoro mothers also postulated that it is not that their counterparts rule their world of social realities in polio decisions, but they are worried that sometimes due to polio vaccination, their family life can be disturbed affecting their relations with their male partners. A mother of three children under the ages of 5 presented her views as,

> My husband's guests were at our house. It was lunch time. I and my other family members were so busy in cooking, suddenly these polio teams came into our homes. My husband told them to come in any other day, but they did not listen. So he was bothered and asked them to leave our home, I also kept quiet, though I knew missing polio drops even once can cause damage to my children's health, but then my husband would get angry if lunch was not given to his friends on time. Therefore, I did not vaccinate my children (MEUT Colony Mother_20 B).

> I go to the office daily. Today, I was not feeling well, so I was at home. Suddenly, someone knocked at the door and I was sleeping. My wife was washing clothes. Till the time I opened the door, these polio workers kept knocking at the door so hardly that I was annoyed and asked them to leave as my children has been already vaccinated because I am not their slave. The attitude of these health workers is very poor. They just want to show the

> numbers of children vaccinated to their officers for good will and support so they are in a hurry and even do not explain us about vaccination (SU Colony Father_12 A).

Mother's slow voice imitates that she did not vaccinate her children because it was necessary for her to obey his husband's order to entertain his guests with food, otherwise her disobedience to her male partner would cause domestic troubles and tensions in the family. In this scenario, Senarath and Gunawardena (2009) explained that men's control over family's decisions may have added to the improper behaviours of women in probing health facilities. Moreover, parents' voices elaborate their priorities of life where television causes a contradiction between perception and reality of their life experience. Hence, such experiences of family pressures drain parents' resources of knowledge (as televised messages) and abandon mothers to be powerless and weak in their decisions of polio and health. Therefore, the existing research proposes that the information dissemination to parents about health should be obvious, appealing and connected to their socio-cultural backdrop that does not create domestic hurdles affecting gender relations of parents. Moreover, these televised messages need to emphasise mothers' participation in polio immunisation activities as they are the information consumers of polio as previously discussed as compared to fathers.

Communicating with parents and analysing their experiences, the researcher evaluated that it was not something new in the way mothers are being treated in Pakistan as from their childhood, it is being inculcated in a female child's mind that no matter what big achievement in life she makes, she will be always inferior to her brother or men in general. Thus, this study examined that this sort of mentality has suppressed the inner self-efficacy of mothers. Therefore, in order for mothers to gain their status and position in health decision-making and gender relations, it is important for television in Pakistan to empower

mothers by educating them in terms of health and polio. However, studies have emerged a strong relationship between mother empowerment and vaccination decisions (Khan, Zaheer & Shafique, 2017; Subhani, 2015; Marmot et al., 2008).

### 7.4 Attribution of Mothers to Mould Fathers' Attitudes in Polio Messages

This question imposes the responses from parents about the impact of television coverage of a polio issue to change patriarchal minds of fathers towards mothers' empowerment in the polio vaccination process. This section also intends to examine fathers' appreciation of mothers in changing their health perspectives and recognising mothers as helping hands in fathers' share of responsibilities as housewives within the influence of televised messages. Parents very openly shared their expressions and impressions about televised polio messages in this section. Majority of Jamshoro parents demonstrated that these televised polio messages devalue mothers' power by presenting them as victims of entrust and authority. These images seldom instigate mothers to be valiant and courageous in order to convince their counterparts on their decisions about health. Jamshoro mothers accounted that though television mothers have evolved with time and development in Pakistani media, especially dramas, but polio messages are following the old means of promotional events where mothers are weak and feeble in decision-making.

However, Jamshoro parents voiced that in certain conditions, there are few polio messages that are influential and empower mothers' child's in polio vaccination. These messages mainly focus on the role of mothers so that they can actually convince their counterparts for attitude change. For instance, two Jamshoro fathers stated that there is one advertisement that actually shows a couple in which the host of the programme is asking the couple about the polio decision power. Father in response points his fingers towards

her wife that the host can freely ask her female partner about the final decision regarding their child health. Thus, these two Jamshoro fathers characterised this message as an ideal one in which firstly, the dignity and respect of the man is also fulfilled in patriarchal society where host seeks father's permission indirectly. Secondly, the mother is also presented in the traditional manner in which her viewpoint is accepted and appreciated. One of the research participants in the interaction attributed as,

> There is a mutual decision between me and my wife. As I do not know about the routine immunisation days because I do not watch television much and these messages are mostly on-aired in day schedule. So it is my wife who shares with me the information that she knows about polio form T.V (LUMHS Colony Father_26 A).

> I cannot go beyond my culture by providing full freedom to my wife. But yes, I do listen to my wife's arguments and if these are good. I agree with my wife and there is no shame in it (MEUT Colony Father_16 A).

These fathers argued that these days, television should facilitate more mothers than fathers in their polio messages because the child-mother relationship is dynamic and potent which has exhibited positive health outcomes in preventing contagious diseases in the past years in Pakistan. Therefore, such strategy can redeem mothers' self-confidence and self-inspiration in accelerating their husbands' self-efficacy about child's polio vaccines and health in general. Women's emotional persuasion ability is more than men (Deng et al., 2016). It was noted that parents who lived in a single family unit with their children were more likely to be motivated from their female partners' consumption of information than those who were structured in joint family systems due to fear and criticism of their elders. However, from the feedback, it was realised that a good number of Jamshoro parents considered that there are scarce programmes available on Pakistani private or government television, which in practice encourages mothers to be a symbol of change and diversity in captivating self-attitudes of their husbands. In regard of the above speech, it seemed as

some mothers also offered the ideas and solutions to their own problems. As in the words of one mother,

> Television now days can do everything, if they can create controversies and debates over the political and religious issues, they can present the stories related to polio for mothers so that they can convince their males for their children's polio vaccination (MEUT Colony Mother_11 A).

This frame of mind obviously divulges mothers to be influential sources in television polio programming and other health issues. This independence of self-possession of ideas was relatively greater among mothers than fathers in this study. However, few Jamshoro fathers also recommended mothers to be the decision makers. They declared mothers' decisive power to be stronger for their children so the responsibility and encouragement of polio televised messages should be laid to mothers for balanced parental (parents') efficacy. UNICEF (2012) also postulated that mothers' decision-making power has strong relation with child vaccination and health outcomes.

Feeling of fear about losing a child in a televised polio message can be successful and effective in achieving harmony in gender relations in terms of gender autonomy on the issue of polio. Jamshoro parents postulated that the biggest possession for parents on this earth is their children. Parents fear losing their children at any cost and accept hard challenges of life for their child survival. Therefore, televised polio stories that actually target on the relationship of parents and children emotionally, and are in line with communicating the fear of losing a child has positive effects on their mind-sets. It is because the depiction of this parent-child relationship helps to change fathers' attitudes towards health habits and empowerment of mothers in polio decisions. In this context, one mother recognised one polio message that serves such purpose and highlights a grown-up man living with his old-aged uncle as he has lost his parents in his early age. He was

diagnosed with polio at the age of five. His life is imitated as miserable as he finds difficulty in approaching for a job to earn his livelihood. Physically, he cannot move fast to cross the roads with his stick and cannot travel in crowded buses. Emotionally, he is also all disturbed and people just sympathise with him verbally or express a merciful gesture but do not guide him to be strong.

In accordance to mother's voice, the story of this man totally restrains her emotions and the panic it generates on her perceptions for her child remains with her for a longer period of time. Thus, this message also increased mother's self-efficacy to take all domestic challenges of settling arguments with her in-laws and spouse for her child's polio decisions independently on the basis of complete knowledge. A mother quoted as,

> I am terrified and gets emotionally very strong when I see this polio message showcasing the life of polio victim. Oh God, I do not want this for my child. It gives me strength that I will be not quiet and will stand for my child's right to immunise her from polio on a regular basis (LUMHS Colony Mother_26 B).

One father also communicating on the above issue stated as,

> I am not at home in morning times when polio workers come to give polio drops. So I had to go to the hospital for my sons' polio vaccination whenever my wife tells me the polio immunisation schedule. Sometimes due to my hectic schedules, I avoided vaccination, but once my wife showed me one television advertisement on mobile in which they a small child was paralysed. This stuck me hardly that if unfortunately my son gets polio, he will not be able to enjoy with his friends as normal as he is doing now. Thus, then I gave permission to my wife to vaccinate our son on a regular basis as I go to the office (MEUT Colony Father _18 A).

On the contrary, few Jamshoro parents completely rejected such kind of polio messages that only reflects the elements of terror and anxiety and communicates terrible and disturbing effects on people's lives. These parents were of the idea that despite of revealing the bad effects, these messages should focus on the constituents that give a hope of living for the polio victim families and make feel those polio victims as powerful people

to live their normal lives. It is because these parents believed that polio messages consisting of satisfaction, happiness and hope allows a mutual ground of discussion and agreement on health decisions and child care among fathers and mothers rather than stories that depicts the fear and anguish in a polio victim's life. Thus, larger exposure to media messages and continuous prompting will expand television viewers' influence, but it is necessary for the communicators to know the "limits of passive information provision" (Robertson, 2008, p. 12). According to one father,

> When I see a happy family in polio message despite of their sorrows and worries related to their polio sufferer child, it gives me strength and power to cope up with my difficulties of life and vaccinate my child for his better future (SU Colony Father_1 A).

Televised polio messages are manipulation of realities and emotions. A good number of Jamshoro parents on contrary to the above views related to mothers' empowerment revealed that these messages instead of convincing parents provoke rebellious nature of young mothers to raise their voices against their male spouses and in-laws. Jamshoro fathers highlighted that such defiant attitudes of mothers completely destroy their family structures because men are not ready to accept women's bold and audacious natures. Farrelly et al. (2003) reviewed that television message of fear proved to be impressive among young people's mind-sets. A mother quoted,

> This is completely untrue and unethical. Television is giving the picture that is not reality. Women are dependent upon men and these images of mothers taking their decisions about child somewhere provoke negativity among mothers for their male partners (MEUT Colony Father_21 A).

> Once I argued with my husband to vaccinate our son from polio as he has not taken the vaccine in a previous polio immunisation round. But my husband refused that he was busy and going to meet his friends. So I went to immunise my son from our nearest health center and did not inform my husband. Though, my husband came to know from my mother-in-law, he then abused me with offensive language that how I could go without his consent (SU Colony Father_10 A).

Thus, physical violence from their husbands and in-laws was also exposed during in-depth conversation with mothers. It was astonishing to hear that few Jamshoro mothers agreed with this custom that their husbands and in-laws can throw them outside their own homes if mothers independently decided about child's health. These mothers' feelings reflected their largest trepidation of losing their children and a married status that dignifies grace and a perfect woman among social configuration of lower middle class. Therefore, it was noted that these Jamshoro mothers were interested and satisfied being called them as "perfect wives" rather than obtaining inspiration from polio messages for taking any stance for their child's health that was against their social norms.

> I am alright if television does not portray mothers to be courageous and increase the integrity of polio vaccination. I cannot decide my child's health and future. Therefore, why I should fight with my male partner? (LUMHS Colony Father_33 A).

Equivalent interpretation of fathers and mothers on television polio images can be captivating aspect in dealing with diverse efficacies of parents. Though a very small number of research participants commented in total radical opposing styles and suggested equal and identical participation of both genders to upright parents' confidence and assurance of complete information from televised messages. These parents proposed the equal portrayal of fathers and mothers in polio messages so that a balanced approach can be set to encourage each others' mind-sets for adopting new health trends in polio vaccination. However, the quantity of parents following this approach for justice of autonomy over the decision-making process for the development of lower middle class society predominantly either were in a single family unit or were found to be employed in the $16^{th}$ grade being more experienced and educated. One parent illustrated as,

> Television content should be improved for the polio issue and it should have programming for both fathers and mothers. Because there are still many homes

> where fathers are the decision makers of children's health and it is hard to change their rigid minds so it is useful to cater both genders so that polio can be eradicated from Pakistan (MEUT Colony Father_8 A).

In essence, Jamshoro parents were in favour of television programming to broadcast polio victims' stories that do not disturb their family lives and relations. However, from parents' voices and stories, the effects of televised stories were apparent that reflected mothers' conviction and attribution to communicate with their male partners to vaccinate their children as compared to fathers. This section also revealed that within patriarchal boundaries and limitations, polio messages that transpired true meaning of knowledge and hope convinced fathers to take their children's polio decisions mutually with mothers or allow their spouses for the access to their children polio vaccination, independently. Thus, in today's era, it would be rightly quoted that media alone have a separate identity of influence and effect in our cultural lives (Ali et al., 2013). It is therefore argued that information needs to be designed and tailored in accordance to the intended audiences with the realm of mothers' empowerment and social configuration of Pakistani society.

## 7.5 Conclusion

Mothers' less self-power and participation in general household decision and polio emerged as one of the key themes from the interview data. The chapter executed the analysis of television's polio messages in empowering mothers and fathers in child's polio vaccination process. The results revealed estimated responses which evidently declared that mothers are oppressed in televised messages because they are portrayed as dependent, weak and powerless as compared to fathers. Fathers are shown as independent and strong while adopting and accepting any health attitude for their children's polio vaccination. Although, the study revealed that in accordance to Jamshoro parents, mothers, despite of being oppressed are concerned of their child's vaccination status than fathers. In

circumstances, where televised messages signified the elements of parents-child relationship and mothers' share of participation in polio vaccination and health outcomes, it was observed that mostly Jamshoro mothers made possible efforts to overcome the domestic challenges of arguing with their male partners rather than fathers. Otherwise, in certain circumstances where fathers were at jobs, children were not given polio doses as mothers fear ending their relationships on a rough patch with their male-partners. Ebot (2015) also put forward that mothers are usually bound to bring up the child and look after his health and routine vaccination. But the autonomy over the decisions of a family is a man's share of strength.

Hence, there were very few parents who aimed not to interfere with their female partners' views of health attitudes and polio vaccines. Lack of acquaintance about repeated visits, health workers' attitudes, feelings of fear and hope were some of the areas proposed by Jamshoro parents specifically mothers that must be given due coverage with details in televised messages. Thus, there were few parents who supported equality among the gender roles and functions for child's health. They mentioned awareness and education as the two essential elements that television must cater for influencing parents' decision-making process of vaccination.

However, in this scenario, it is argued that there is dearth of television polio messages that focus on the concept of mothers communicating with health visitors or taking their children for vaccination of polio that is the utmost key to increase self-efficacy of parents in general to vaccinate their children. Therefore, it is contended that in a typical Pakistani family where mothers' engagement with television is greater than fathers, if televised polio messages offer and highlight the significance and desirability of mothers' empowerment and health education, television can be in a better position to fight with

polio illness and play an influential role in achieving polio eradication target of free polio Pakistan. Women empowerment was one of the key factors associated with higher up-take in child immunisation among low-income countries (Thorpe et al., 2016).

# CHAPTER 8

# CONCLUSION

This present thesis concludes that impact of television viewing among lower middle class Jamshoro parents regarding polio messages can be effective and powerful without the interference of political leaders by providing an independent platform to television institution for fair coverage of polio activities. Overall, this study explored parents' views on health and polio messages broadcasted on private television stations in Pakistan. The main issues that the researcher intended to underpin in this thesis were parents' trust and dependability on television as a trustworthy institution to influence their mind-sets in order to cultivate health perceptions. This thesis also demonstrated the power of socio-political leadership, including political, social and religious leaders that play as a catalyst between television presentation of polio messages and parents' cognitive attitudes regarding health diseases. This thesis also fortified gender roles in televised polio messages that showcase fathers as dominated images in gender roles, whereas mothers' status is oppressed and presented as highly-stereotyped that influences parents' self-efficacy, especially mothers. Self-efficacy and collective efficacy frames of social cognitive theory (SCT) were critically analysed to discern parents' mind-sets and the experiences and constituents involved in their engagement with polio messages.

On the one side, researchers' personal interest, and emerging issues of polio and media provided a concern to investigate this study. On the other side, Bandura's SCT (1989) provided a model in further explanation of the theoretical concepts of self-efficacy and collective efficacy of leadership. The researcher pinned self-efficacy and collective efficacy of leadership to enlighten acceptance and rejection to polio disease among lower

middle class Jamshoro parents in televised messages. Alongside of theoretical framework, a conceptual framework was developed to guide consideration of claims that television awareness messages cause to the broadening of a gap in health inequality of perceptions among Jamshoro parents.

Self-efficacy and collective efficacy of leadership outlines the foundation of any decision to perform a certain behaviour, so this thesis explores the perceptions imperative for health awareness among lower middle class parents that inspires them to act and adopt televised polio messages. The previous researches on polio are limited and only emphasised the issues related to the disease itself and do not highlighted parents' concerns over the resources of polio information. Therefore, this present study was based on the assumption that it will encourage policy makers to take action towards encouraging new and improved strategies for an independent and free television institution without political gimmicks. In this way, televised polio messages can provide better ways to overcome the challenges of polio disease in Pakistan. This study was also aimed at increasing awareness among television authorities to emphasise mothers' role in child polio vaccination while minimising the conflicts with representation of discrimination among gender roles of fathers and mothers.

The study applied qualitative approach in methodology and dealt with critical epistemology to reflect the power and domination of political leadership exploiting televised health messages. For qualitative method, in-depth interviews were held to collect data. The data were collected among the lower middle class families from three universities' colonies in the Jamshoro district of Sindh province. The sample for in-depth was consisted of 35 parents as research participants for this research, but the data were

analysed till the saturation point. Data was analysed through themes, applying Maykut and Morehouse's comparative method (1994).

In this present chapter, firstly, the key findings are described based on three research objectives used for this study. Secondly, theoretical contribution and research implications are elaborated. Thirdly, theoretical limitations are defined in detail in this chapter. Lastly, some suggestions and recommendations for the future researchers are provided in this last chapter of the thesis.

## 8.1 Key Findings

There were various prominent themes emerged in the findings chapters during in-depth analysis. These findings were mostly presented by most of the research participants during field study and in researcher's view, have the most appealing and attentive impact on the theory and practice of this thesis. Below are the key findings of these themes.

- The first finding of this study concludes that televised polio messages are not effective and free in the dissemination of polio information which does not mould parents' perceptions towards child polio vaccination. These televised messages did not enhance parents' self-efficacy to adopt or reject a health attitude in this study due to the powerful influence of political machinery especially the government in power over televised health content. This umbilical cord between state in power and private television channels in Pakistan for mutual, personal and monetary motives has ignored the primary role of television of education and information regarding health diseases. Further, unprofessionalism, sensationalism and lack of proper health education regarding health issues coverage among television

journalists were observed as main obstacles for parents to increase their knowledge regarding polio immunisation.

- The second significant finding of the study argues that parents' perceptions cannot stand in a void to be motivated by televised messages because of the digressive role of television in Pakistan and government hegemony over health content. Parents doubted political determination and conviction in the polio eradication plan of the country due to poor and inadequate health structure and immunisation campaigns that have always been underachieved in the country. However, the study observed a strong connection between parents and their understandings of society, culture and religion. Socio-cultural leadership played an influential role in the lives of parents regarding their decisions for the child polio vaccination process. Though, an average number of parents also blamed religious leaders to politicise polio disease in the name of Islam, but the majority of parents were concerned and doubted polio vaccination safety in the case, when television reported religious misconceptions in relation to polio disease.
- Moreover, cultural issues as the portrayals of male vaccinators in televised images also negatively affected parents' perceptions due to the traditional backdrop of lower middle class families. However, it was found that in certain situations where female vaccinators appeared in televised images, parents' self-efficacy was increased. Therefore, this present research argues that cultural and religious factors involved in televised polio messages affect parents' perceptions to accept and resist polio immunisation campaigns.
- The third key finding of this study contends that the presentation of gender roles in terms of health decisions over televised messages decreases parents' self-efficacy.

It is because mothers felt discriminated and their representation in polio images was minimal than fathers. Televised polio images depicted patriarchal culture that oppressed mothers' empowerment necessary for the elimination of polio in Pakistan. However, these key findings about parents' perceptions of televised messages generated the following conceptual framework for this existing research which is discussed below.

### 8.1.1 Combination of Self-Efficacy and Collective Efficacy of Socio-Cultural Leadership

Social cognitive theory (SCT) ignored the essentiality of norms, traditions, religion and society in one's life. These notions have a strong impact on people's self-efficacy. Self-efficacy in SCT (1986) only emphasised personal and individual motivation in order to change one's beliefs. However, it is argued that in Asian and developing nations, one's self-esteem and perception are the reflection and the domination of its culture and social surroundings that expedite effectiveness. It is because the conflict between social norms, religion and individual perceptions can threaten social cohesion and social stability. Socio-cultural forces cultivate individuals' experiences that directly or indirectly influence health perceptions (Burke et al., 2009). Therefore, this study realised and highlighted that only the combination of parents' self-efficacy and collective efficacy of society, culture and religion can create positive influences on parents' perceptions and cognitions for attitude change towards health diseases. The higher and stronger is the collective efficacy of socio-cultural leadership, ultimately, higher will be parents' self-efficacy of consuming polio messages. Thus, depiction of television and participation of socio-religious institutions in health

activities and sharing of a common vision between these two institutions have a positive impact on parents' self-efficacy.

This study evaluates that an increase in Jamshoro parents' self-efficacy can be achieved in two ways. Firstly, in leadership domain, cultural, social and religious leaders' positive participation and co-operation without politicising Islam also boost parents' self-efficacy because in this way Jamshoro parents' trust on television institutions is highly achieved in the polio elimination programme. Secondly, if televised polio messages empower mothers without oppressing their role in child vaccination intending to provide strategies and ways that can restore and negotiate mothers' empowerment with fathers and grandparents for better child health outcomes. These analyses are in line with the perceptions and efforts of combination which was mainly and widely discussed in the literature review and in-depth chapters. Jamshoro parents also focused on health literacy training and professionalism among television journalists and news anchors so that they are more knowledgeable and experienced in communicating health and polio issues. Jamshoro parents felt an increase in their self-efficacy when televised messages focused on gaining support from their social surroundings as family members for encouraging them towards positive health attitudes. Thus, all these arguments offer an understanding that self-efficacy of parents and collective efficacy of socio-cultural leadership motivates parents to consider television as a resource of reinforcement in adoption and recognition of health practices.

### 8.1.2 Four Components of Self-Efficacy

#### 8.1.2.1 Vicarious Experiences

According to Bandura (1997), vicarious experiences are the beliefs that a person can change his behaviours when he sees someone similar to him/her (see section, 3.21). In this

regard, there were mixed views of parents. Vicarious experiences in this study were related to learning from society or social surroundings for encouraging parents. The majority of parents were not attracted with these political leaders' efforts on television to increase their self-efficacy for positive health attitudes and perceptions in order to make Pakistan a free polio state. Parents' self-efficacy was enhanced in situations when social particularly religious leaders showed hard work and dedication towards polio disease without politicising Islam. Further, parents' self-efficacy has a huge impact in situations when sensible coverage of polio disease was portrayed on television with more space and time provided to showcase polio stories related to traditions, norms and society rather than just presenting polio advertisements on a temporary basis. Jamshoro parents found that the role of these socio-religious leaders in polio messages is not vast and appealing enough to present a model to change or encourage polio activities in the country. Moreover, parents termed polio messages representation as a space to fill the national and international requirements rather an attempt to increase their self-efficacy. Jamshoro parents also viewed that political leaders only ask parents to vaccinate their child and ignore educating people about its necessity by reaching parents' common needs and mind-sets.

#### 8.1.2.2 Enactive Mastery Experiences

Bandura (1997) termed past experiences as the strongest indicator of self-efficacy in social cognitive theory (SCT) as earlier discussed in chapter two. However, parallel to SCT, this study explored parents' low self-efficacy in relation to their past experiences of viewing television messages for health and polio. Fathers did not expect any positive polio coverage from television in terms of polio because they believed the past polio messages were weak and did not influence their apprehension of polio issue. Mothers' self-efficacy

in this concern was also decreased and was based on their male partners' self-efficacy due the fact that television cultivate messages as gender stereotypes in representing mothers and highlight patriarchal approach of fathers' autonomy. Thus, mastery experiences in this study were linked with television polio content. Further, qualitative findings of this study revealed that mastery experiences do not have a direct relationship with parents' self-efficacy. On observing the past experiences in this study, perhaps parents' self-efficacy was decreased.

#### 8.1.2.3 Verbal and Social Persuasion

Verbal and social persuasion in this study was expanded to social/counsellor support in televised messages. In this study, polio messages which portrayed encouragement in the form of other parents, family members and opinion leaders' voices showed as how parents' decisions of polio were affected resulting an increase in their self-efficacy. This gradually led to confidence and satisfaction of parents upon their own capabilities to decide better health for their children so that the burden of communicable diseases in Pakistan can be reduced. This construct of self-efficacy found to be the most effective indicator and construct that affected parents' self-efficacy. The study presented that only positive verbal messages and voices on television can have a huge impact on parents and can persuade them to put a little extra effort in overcoming the obstacles related to polio vaccination and their decisions based on health issues.

#### 8.1.2.4 Psychological and Emotional Affects

This last construct of self-efficacy in this research was based on parents' emotions and feelings of stress/ anxiety transpired through polio messages that have an effect on their

self-efficacy. For example, when parents were socially convinced by social and cultural leaders' feedback, their fear of vulnerability to polio disease was less which raised their self-efficacy. Similarly, when parents suspected the intentions of political leaders for their political interests maligned with television authorities for channels' commercial benefits, parents' self-efficacy was negatively linked with emotional attitudes.

### 8.1.3 Collective Efficacy and Socio-Cultural Leadership

It was observed earlier in analysis chapters that parents' self-efficacy alone cannot be increased unless a combined effort is applied to achieve desired results of awareness regarding polio messages. It is because the system is politically handled and the influence of politics is strong in every field especially in Pakistani media. Further, television institution in Pakistan has been hijacked by political leaders and these leaders only use television for political purposes as gaining votes and underlining their governmental policies. Therefore, parents' self-efficacy is diminished and affected by collective efficacy of political leadership. It was identified that parents' self-efficacy is positively associated with socio-cultural factors as family members, religious leaders and social leaders that contributes positively to serve the society. So if the televised polio messages are embodied keeping in consideration parents' social surroundings, increased self-efficacy of parents can be achieved. Thus, parents' self-efficacy is attributed to collective efficacy of leadership, and television content in the present research.

### 8.1.4 Self-Efficacy and Gender Roles

There are few studies in academic research that focused the role of self-efficacy on gender roles and its discrimination in health messages. However, all these studies emphasised upon the autonomy of men in order to achieve targeted goals. Further, researches on

gender roles in health only investigated the outcomes of certain diseases on behaviours of men and women. However, this present study underlines mothers' role in child's health. This study argues that within Pakistani patriarchal mind-sets, mothers are less empowered in child care. However, there was a hope of negotiation and flexibility among fathers for allowing health decisions in the hands of mothers due to fathers' busy schedule and duty hours. Further, in certain circumstances, Jamshoro fathers were also motivated by mothers' conviction of polio information.

However, televised polio images in Pakistan still frames male-dominated culture in their cultivation of thoughts where mothers are independent and weak. Television portrays gender stereotype in shaping fathers' images of being strong-headed in child's health decisions. Therefore, parents, in particular mothers postulated that they do not identify themselves with televised polio messages as mothers are the individuals who consume health information larger than fathers. Further, child's health is always considered mothers' responsibility. Jamshoro parents also argued that television present images and voices of fathers taking their children for vaccination, which is not the ideal case in lower middle class society. It is because polio vaccinations are provided for free at door services in day time when most fathers are at their jobs. However, this was also justified by the fact that fathers studied in this study were employed in three public universities. Thus, television polio messages in this study have an indirect relationship with parents' self-efficacy because from mothers' perceptions, it was noted that mothers are loyal to their male partners. Hence, if televised messages appraise mothers' significance in polio vaccination programmes, there are chances of restoration and negotiation among Jamshoro parents on mothers' empowerment that in turn can influence self-efficacy and gender perceptions of health.

## 8.2 Contribution to Knowledge

The findings of this study will bring a substantial guidance in the field of information. This research study is of great importance due to its theoretical contribution in the field of health communication research.

### 8.2.1 Theoretical Contribution

This thesis draws following contributions in the theory in the following ways:

Research gaps identified by the researcher add and expand theory to the next level. This thesis argues television medium as the key institution in the dissemination of health messages in creating awareness among Jamshoro lower middle class parents on polio illness to increase their self-efficacy. It is because heavy engagement of Jamshoro parents with television is evident from chapter four However, it was noticed that parents' level of trust on televised polio messages was low due to the political hijacking and dominancy. Therefore, it is recognised that if televised messages are free and emancipated from political machinery and function as an independent organisation with the influence of religious and cultural elements, and emphasise mothers' empowerment, television can be a tremendous force in accelerating polio eradication targets in Pakistan. Therefore, social scientists claim that "barriers to community or individual action do not lie primarily in a lack of information or understanding alone, but in social, cultural, and institutional factors" (Tompkins & Adger, 2004, p. 15)

As it can be seen in the chapters of literature review and methodology, a study with a critical perspective, using frames of self-efficacy and collective efficacy have not been used previously. This new construct of self-efficacy and collective efficacy of socio-religious leadership collected rich findings. Therefore, this construct can also be applied in

other developing nations with a strong political scenario where people's trust over government is less due to state's incapability and misuse of power. However, research studies identifying collective efficacy of socio-political leadership in the line of social cognitive theory is very limited. Therefore, it was also noticed that only Thaker (2012) research study offered an examination over collective efficacy and the state's policies in order for a change in behaviour among people of India. He argued that in order to enhance collective beliefs and efforts of individuals in a community altogether through mass media, a positive influence can be seen in escalating adaptive ability to drinking water susceptibility in the Indian community. Whereas, the current research lies on the impact of health and polio messages with a significance of collective efficacy and socio-cultural leadership to increase parents' self-efficacy with the means of television. The present study, therefore, has added practical evidence to the theoretical configuration in the field of health.

Secondly, this study provides new insight to gender roles and mothers' oppression in televised messages that determined mothers' support and recognition necessary for Jamshoro parents to adopt positive changes. Most of the studies on gender roles and immunisation stressed fathers' independence and empowerment in health issues. However, the present research measures and draws reader's attention to adopt mothers' empowerment in polio vaccination for their child vaccination process.

Thirdly, it is the first observed and pragmatic study of its nature to use social cognitive theory with self-efficacy and collective efficacy of leadership concepts on valuable data from Pakistan. In addition, as far as researchers' knowledge, this is the only study that added and contributed to the insight of parents' perceptions on televised polio messages in academic research especially in Sindh province of Pakistan. The conceptual

framework was developed by looking into parents' views and attitudes that can be developed by satisfying their needs and requirements such as social, cultural and gender roles.

Fourthly, no study has used lower middle class parents in investigating the concepts defined above in this last chapter (see Section 8.2.1). This study makes a theoretical contribution by examining lower middle class parents' thoughts and mind-sets in televised messages. Most importantly, another contribution lies in bringing the inside accounts of lower middle class parents, their views, social milieus, stories and life incidents that has an influence over their comprehension of polio messages. Thus, a vivid and living experience comes with the involvement of parents who are actually affected by their children polio vaccination and other health related messages.

Lastly, self-efficacy has been used by various researchers and its components are also being studied in media, health and other fields. This study was unique as it used four elements of self-efficacy altogether to observe its role and relationship with parents' perceptions. This showed how these four constructs are used in this study and what impact it derives on self-efficacy of parents.

### 8.2.2 Contribution: Critical Perspective on Television

The role of Pakistani television in health communication has always been minimal. Pakistani television channels, whether private or national always hue and cry for the health issues after the country is being exposed to certain diseases. This can be proved by the 2012 measles outburst in the country where the news and talk shows about the epidemic disease on television were floating like a first-time disease exposed to the nation. Additionally, the programmes on private television channels are controlled within political

interests and less coverage is being given to health awareness issues. In this regard, this present work is useful for private television channels to design televised polio messages, specifically for the sake of health promotion and polio elimination from Pakistan. Distinctively, this thesis offers details to media practitioners and television authorities to identify practices and constituents involved in parents' acceptance or rejection of polio immunisation. In this way, it will help media practitioners to consider socio-cultural aspects in their polio targeted messages for Pakistani viewers in order to find the communication gap between them. The contribution is also of great importance for future researchers or even decision-makers of polio vaccination campaigns to distinguish the influence of social relationships as social esteem, economic status, attitude, parents' perceptions and most vitally the social roles of mothers in children's health in a family.

To far best of researcher's acquaintance, there is only one scholarly research literature of Sultan (2008) that deals with the effects of media awareness programmes on polio in Pakistan. However, this study focused on the effects of electronic media rather than the present study that proposes a critical paradigm to examine power, status and hegemony of social and political leaders on televised polio messages in relation to parents' perceptions. Sultan (2008) generalised his study to both mediums, i.e. radio and television and his research work mainly examined the effectiveness of electronic media itself rather than parents' viewing of television polio messages. Sultan (2008) identified his research participants as parents from lower and higher socio-economic backgrounds and conducted his research work in another province named NWFP, Pakistan. His work was of quantitative in nature.

Whereas, this current research work studied lower middle class parents as its research participants. Therefore, this qualitative research thesis is of its first kind in the

Sindh province of the state where numbers of polio cases are the second highest among all provinces and the figure is increasing every year in comparison to other provinces. Moreover, there are other research studies that cover the issue of polio immunisation and parents in Pakistan, but they merely focus on the polio disease itself. This is because these studies do not take into account the critical aspects and the impact of television messages on health and polio in Pakistan.

## 8.3 Practical Implications

Polio disease is an important issue in the context of health in Pakistan. For many years, the country is combating with this disease, but effective results have not been achieved. For this, television in any state can be best endeavour for awareness. However, eventually, change or positivity in any field influences attitudes and perceptions because of combined efforts and time. The findings of this research have many practical implications, but few of them regarding policy makers are described as below.

### 8.3.1 Implications for Television Officials

The study found that there is a communication gap between parents and television channels for designing polio messages. This leads to improper and unappealing polio programmes that ultimately leave no greater impact on parents. If television officials do some surveys, door-to-door research or follow such guidelines in the form of this thesis and other documented materials, efforts can be made in the eradication of polio. Further, this study provides the socio-cultural influence among parents so this is also one of the guidelines to follow while designing polio messages. In the responses of parents, television polio messages are just confined to polio advertisements. Therefore, if dramas, talk shows and other discussion programmes also take this issue on first priority, this will definitely

benefit parents to change their health decision-making attitudes. This study also exhibited mothers' less autonomy over polio decision-making between parents. Therefore, in particular circumstances, mothers' appraisals and encouragement in polio activities over television should be enhanced and supported in the efforts of eradicating polio.

### 8.3.2 Implications for Health Policy Makers

This research can be guidance for policy makers in terms of polio messages to undertake the considerations and thoughts of people, especially parents who are the first care takers of child's health. Polio project in Pakistan is causing millions of rupees and vaccination is provided free to children. But still due to lack of awareness and improper management, there has been a fluctuation in the number of polio cases every year. This study also suggests that television independently can guide parents about polio vaccination, but then there is dire need of improvement in its content that should not involve any partiality or politics. This study, therefore, is valuable for officials to pinpoint their behaviours and errors to overcome the hurdles in disseminating awareness to people. The research also found a prevalence of unprofessionalism and unethical behaviours in the field of health institutions as hospitals by appointing untrained doctors and staff. The main reasons for this were favouritism and poor governance of the state. It is, therefore, recommended that health institutions, especially hospitals, which are the basic care units of patients should be nepotism free so that professionals are appointed to guide and treat patients with proper care. For this, a committee should be made at provincial levels that review the policy and appointment criteria of doctors and should collect facts in the form of complaints against illegal doctors and immoral behaviours of staff in hospitals.

This existing research produces documented details on the subject of parents' participation and contribution in the eradication of polio vaccination campaigns. Global eradication programmes of polio have been started in Pakistan but still there seems a long way to abolish polio in the country because of the social structure. Thus, this kind of practical study can help policy makers and programme planners in designing the communication programmes for polio in Pakistan. Therefore, Niazi and Sadaf (2014) articulated that the outbreak of measles in 2012 has lifted serious questions to immunisation and health in Pakistan, that besides of greater coverage to measles than average in terms of immunisation, Pakistan's continuously report failure in immunisation including polio.

Moreover, the international health agency WHO (2014) in a teleconference in Geneva suggested the global immigration departments to impose travel restrictions to polio endemic states like Pakistan and Afghanistan in respect to control the transmission of polio to other countries. In this context, it was proposed that the people of polio epidemic countries should provide a polio-free certificate to travel to other countries. Therefore, the findings of this study provide descriptive comprehension to the local government, particularly in exploring the problems and solutions for parents in neglecting polio immunisation television campaigns in Pakistan.

## 8.4 Limitations of the Study

Like any other study, this present study has also certain limitations. The findings should be considered under the following limitations. These limitations should be taken in concern while conducting future studies.

### 8.4.1 Sampling Size

As far as researcher's knowledge, since this is the first study to conduct parents' perceptions of television polio messages with socio-political impact, a diverse and large sample would strengthen the research findings because this study took 35 research participants by using the saturation point rule of thumb. However, this study was qualitative in nature, so the sample frame or quantity does not matter but a deep consideration of thoughts is a matter of concern in qualitative researches. Further, though the researcher for the diversity and richness of data considered different ethnicities of parents to be interviewed, but more ethnicities belonged to Sindhi ethnicity who participated during interviews. Using other ethnicities may have provided vast and different findings.

## 8.5 Generalisabilty of Results

The foremost limitation is associated with the generalisability of the results. This study mainly focused on parents' perceptions of three university colonies of Jamshoro district, Sindh. Further, among private television medium, three private channels were considered in this study under investigation. So, the results cannot be generalised for all the universities in Sindh province and for all private channels of Pakistan.

### 8.5.1 Generalisability of the Study

This section discusses possible generalisabilities of the current study within and outside Pakistani context in academic research. It makes useful recommendations for future studies as well.

Critical realism maintains that reality must be critically examined in order to facilitate and apprehend the actual reality of events and experiences as closely as possible (Guba & Linclon, 1994). Hence, critical perspective in this study attempted to criticise and explore the elements in the form of parents' voices and experiences to investigate the real problems faced by them, that directs their attention towards televised polio messages. However, this attention and influence can be either positive or negative. Critical realism in existing study also draws readers' attention by identifying mothers' oppression in gender roles and investigated that lower middle class women (mothers) are still being denied for their participation in health decision-making due to the lack of autonomy even in the 21st century where women's roles due to globalisation around the world has been changing with time.

In this regard, this research signifies very significant position that can be valuable and knowledgeable for undertaking similar studies in Pakistan and other countries fighting with polio and other infectious diseases. Moreover, keeping in view, the dearth of researches on a combination of self-efficacy and collective efficacy with socio-cultural leadership, present study offers to identify the problems related to polio awareness programmes in polio endemic countries as Afghanistan.

## 8.6 Implications for Future Studies

Below are some suggestions for future research.

- A study can be also be carried out in the future in order to examine health practitioners, health officials and television authorities' perceptions regarding televised polio messages and the challenges polio disease is facing in Pakistan. It

can disclose the contradiction that parents (as observed by Jamshoro parents in this study) often counter with health and television officials.

- As discussed earlier in this chapter that no study has explored the idea of self-efficacy and collective efficacy with leadership context in health and television polio messages in Pakistan. Thus, further exploration of these mentioned phenomena can help media professionals and policy makers for better strategies and management in polio and other health diseases.
- Future studies can explore gender roles as fathers' roles and portrayals in polio messages. This could be done in order to gain more insight knowledge about the experiences and hurdles faced by fathers in polio awareness messages.
- Very few scholarly researchers have identified the political scenario and the influence of political leaders in polio content. So future studies by using social cognitive theory's main constructs can discuss more about political leadership for polio eradication and media studies.
- The present study used semi-structured in-depth interviews as research technique to collect data. Although this technique provided rich knowledge and deep examination, but using different techniques as focus group discussions, case studies, ethnographies or action research. For instance, ethnography involves a living experience with the research participants that can provide more insight of their social and political background that have a huge impact on research participants' perceptions and ultimately on the consumption of television messages in context of polio disease.

- Thus, this study used parents from semi-urban area as Jamshoro, future researchers can apply this sort of study by taking parents from rural areas or the comparison of rural and urban areas parents' perceptions on polio messages.
- Future studies can explore the coverage of polio and other health diseases in newspapers and promotion of health awareness programmes on social media as well.

## 8.7 Final Thoughts

The study highlighted lower middle class Jamshoro parents' perceptions on polio and health televised messages in the province of Sindh, Pakistan. Parents were not satisfied with political actors and their control over television institution because parents termed these leaders as dishonest and their negligence towards the country is evident from the fact that Pakistan is included among three countries still battling against polio disease despite spending huge amount of money over promotional awareness campaigns. However, it was observed that parents' self-efficacy was related and influenced by religious leaders' perceptions of polio messages and misconceptions regarding polio vaccines in televised images put a question of concern over parents' mind-sets due to their extreme faith in the religion of Islam. Therefore, it is contended that collective efficacy of religious leadership participation in polio messages without forcing parents to adopt certain religious doctrines and sects can raise parents' self-efficacy. Further, mothers' empowerment can be useful for lower middle class parents in enlightening mothers' autonomy in decision-making raising their self-efficacy. In this way, parents can realise the importance of immunisation of their children, on priority basis.

In Pakistani context, such findings may open a plethora of issues to discuss the social and political inequalities and dishonesty in television channels for designing polio messages. The above findings may pinpoint towards an urgent need to re-design polio programmes as the elimination of polio disease is the dire need of the hour, internationally till 2018 (GPEI, 2013). This study may help policy makers to develop a strategy with the combined efforts of television channels in which parents have the opportunity to get awareness and satisfy their polio related queries for vaccinating their children.

The disturbing and alarming situation of television channels in terms of health coverage in Pakistan, improper functioning of health institutions, lack of professionalism in television the industry, limited information related to polio, traditional medications and gender oppression, this all keep parents disadvantaged to polio awareness, therefore, parents are still associated with their old and rigid attitudes of polio. Their dilemma could be observed in the interviews and discussions. The findings revealed parents' challenges regarding polio messages and their abilities of learning and educating themselves for the sake of polio knowledge. In accordance with the views of parents, it was observed that only some parents were aware of the polio disease itself. Otherwise, mostly television polio messages did not perform any positive role in shaping and changing parents' perceptions in adopting new health practices in terms of polio vaccination. Jamshoro parents even did not know the benefits and risks associated with polio.

Finally, on the basis of research participants' views and recommendations, this thesis reinforces the idea that polio messages in terms of parents' perceptions are crucial to be addressed in polio health plan and designing of polio awareness programmes. It is important to re-consider television presentation of polio disease in terms of socio-cultural settings. Moreover, television should be provided a free-hand without the involvement of

political leaders as their trust level on lower middle class parents is limited. Thus, television offers a huge influence and impact on lower middle class society if it is used in properly for persuading parents.

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# APPENDICES

## Appendix-1: Semi-Structured in-depth Interview Guide in English

**SECTION NO. 1 Demographic Questions/ Basic Information:**

**Name of Research Participant: ----------**

**Sex: a. Male/Father b. Female/Mother**

**Age:---------- Religion:----------**

**Educational level: ----------Source of Monthly Income:----------**

**Monthly Income:---------- Mother Tongue:----------**

**Time Duration of Living or Migration Period in Jamshoro:----------**

**SECTION NO.2 Information about Consumption of Media**

Q.1. How regularly do you use consume mass media for information?

Q.2. Which medium from the following you consume the most?

a. Radio:
b**.** Television:
**c.** Newspaper:
d**.** Newsmagazine:

Q.3. How many hours do you watch television daily?

a. One Hour b. Two Hours c. Three Hours d. Others (Specify)

Q.4. How free do you think that the television channels are in Sindh today? If yes, then please explain in what capacity these channels are free?

Q.5. Which media has more reliability among the viewers in Sindh?

a. Prime Media (Government- based television channels)

b. Alternative Media (Private television channels)

Q.6. Which type of television segment you prefer to watch?

Q.7. Do you prefer official television channel or private television medium for the consumption of polio information?

Q.8. How private television's polio awareness messages broadcast the polio programming more intense, objective and deep in comparison to Pakistan Television Network (PTV)?

Q.9. In your perception, are televised polio messages impartial enough to provide you the complete picture of polio activities, if yes then how?

**SECTION NO. 3 Parents' Perceptions on Televised Polio Messages**

Q.10. What are your views on the health discourse in Pakistan (Please Explain)?

Q.11. Are you satisfied with the government efforts taken for the endemic diseases in Pakistan (Elaborate in detail )?

Q.12. What do you know about polio?

Q.13. Which is the source or medium through which you receive polio information?

Q.14. Do you give polio vaccinations to your child?

Q.15. How do you think that polio vaccination is effective for the health of your child?

Q.16. How do you perceive private television channels' polio messages?

Q.17. Please, share your experiences as how polio messages practically help you in increasing awareness regarding polio disease or Are these messages only a part of the fulfilment of the polio campaigns?

Q.18.What is the drive or force which compels you to be encouraged through televised polio messages and get your children vaccinated?

Q.19. Are you motivated to change your minds to get their children vaccinated after television exposure of polio activities? If yes, then explain in detail?

Q.20. What is your vision on the actions taken by government to eradicate polio from Pakistan or are these polio messages only publicise the polio issue in order to justify the international health agencies' concerns? Yes or No, Please share your views?

Q.21. Do you agree that if televised polio coverage is provided in your own local or regional languages will be more beneficial for you to understand the polio messages more clearly?

**SECTION NO. 4 Parents' Views on Socio-Political Leaders**

Q.22. What is the role of opinion leaders in your lives in relation to your decisions of polio vaccinations?

Q.23. What sort of opinion leaders you trust more and is it necessary in your families to seek opinion leaders' consent before you go for polio vaccinations? If yes then please elaborate the nature and necessity of opinion leaders' consent?

Q.24. Are these religious and political leaders misuse polio messages for their own personal interests, if yes then explain?

Q.25. How, you consider religious leaders' school of thought regarding polio vaccinations as in favour/against the modernisation of Islam/?

Q.26. Why polio vaccines were considered non-Islamic as quoted by few religious leaders during 2012 polio programmes on private television channels?

Q.27. Is private televisions' polio message in order to compete with each other mishandle the information for their higher ranking or having political groups' favours for their respective channels?

**SECTION NO. 5 Presentation of both Genders in Polio Messages**

Q.28. In your opinion, how both mother and father equally participate in the decision-making process of their children immunisation of polio in Pakistan?

Q.29. Please, tell in detail how these private polio awareness messages cater mothers to aware parents in convincing their male spouse to immunise their children in a male-dominated society as Pakistan?

Q.30. How do you see private television channels' polio messages in presenting mothers as symbols for attitude change in eliminating polio from Pakistan? Share your views?

## Appendix-2: Interview Transcript

**Date of Interview**: 3-4-2015

**Location:** Sindh University Colony Research Participant's Home

**Research Participant Number:** RP Sindh University Colony Father_1

**Age: 25** **Religion: Islam**

**Educational level: Intermediate** **Source of Monthly Income: Government Job (Grade 4)**

**Monthly Income: 5,000 Pakistani Rupees** **Mother Tongue: Sindhi**

**Time Duration of Living or Migration Period in Jamshoro: 5 Years**

### Transcript

**Q.1 How regularly do you use consume mass media for information?**

- We consume media in a way to know what is happening in the surroundings. We cannot go and directly support the projects of health introduced by government but we do it by hearing the news on television.

**So, it means you watch television mostly?**

- I generally watch television in evening times for more than 2 hours

**Q.2 How free do you think that the television channels are in Sindh today? If yes, then please explain in what capacity these channels are free?**

- Television channels today report the news with more power and freedom but not on all the issues. These channels favour certain political parties by benefitting them through more

coverage to their political parties and in return expect monetary funds for their respective channels.

**Q.3 Which media has more reliability among the viewers in Sindh?**

- Though private television channels are exploited by the owners and do not run informative and health programmes for viewers but these channels are much free than government based channel, i.e. Pakistan Television Network (PTV).

**Q.4 Which type of television segment you prefer to watch?**

- I love to watch political shows as it gives you information about your surroundings.

**Q.5 Do you prefer official television channel or private television medium for the consumption of polio information?**

- There is a huge difference. What the private channels as Geo telecasts PTV does not. PTV still follows the government lobby and the old method of reporting. While, the private channels are progressing day by day in terms of content. However, as far as health and polio messages are concerned, there is not much progress and information in both official and private television mediums.

**Q.6 What are your views on the health discourse in Pakistan (Please Explain)?**

- Health is good in cities. In remote areas, there is no growth and government is not interested in maintaining health of the poor. But during elections times, government or strong political leaders only visits these remote areas and villages and announces budget for health awareness campaigns only on verbal basis. No practical implementation has ever seen.

**Q.7 Are you satisfied with the government efforts taken for the endemic diseases in Pakistan (Elaborate in detail)?**

- There is improvement as we see the polio teams come and gives polio drops to the children at homes for free but the parents are not still encouraged and aware of the necessity of polio vaccines. I have seen my neighbours refusing the polio teams.

**Q.8 What do you know about polio?**

- It is a deadly disease. All I know, if my child does not take polio vaccination, he can be disabled and can lose his life.

**Q.9 Which is the source or medium through which you receive polio information?**

- I receive polio information from my colleagues who works with me in Sindh University, Jamshoro, Pakistan.

**Q.10 How do you think that polio vaccination is effective for the health of your child?**

- There are many doubts concerning polio vaccinations in our minds. After hearing from my friends and sometimes on television I do realise that it is important to give vaccination to my daughter and son but then what is the correct dosage, how many times I should repeat vaccination? Such questions stress my mind and I do not find answers neither through television nor my friends elaborate me the necessity and significance of polio vaccination. Therefore, I urge government not to interfere with private television channels' health content and allow them to work independently for the benefits of public.

**Q.11 How you perceive private television channels' polio messages?**

- PTV is government run institute therefore, they are obliged to broadcast polio information that favours establishment and hides the corruption involve in polio campaigns. Therefore,

though the private channels are profit base but there should be fair reporting on polio so that a common man like me who do not have much resources to go to hospitals can get polio information in detail.

**Q.12 Please, share your experiences as how polio messages practically help you in increasing their awareness regarding polio disease or Are these messages only a part of the fulfilment of the polio campaigns?**

- Television gives a huge coverage to political and religious controversies but when it comes to polio, it does not show the same vibe and inspiration to guide people for its necessity. Our different Muslim and national festivals are being celebrated on television with so much hype and zest, but polio messages on television channels are only the reflection of fulfilment of time. Therefore, the impact is very limited due to ineffective content and curtailed programmes of polio on television.

**Q.13 What is the drive or force which compels you to be encouraged through private television polio campaigns and get your children vaccinated?**

- Small children in polio messages motivate us not to ignore vaccinations in order to keep our own kids fit and healthy. Moreover, I saw one documentary that highlighted polio victims' families' stories that inspired me. I was shocked to see the social and financial hitches that generated in their lives due to their negligence of polio vaccinations.

**Q.14 Are you motivated to change your minds to get their children vaccinated after television exposure of polio activities? If yes, then explain in detail?**

- Actually, I have to seek permission of my father in every decision of my kids especially my son. I have only one son and he is our possession, he will support all of us as my daughter will get marry when she grows up so I am more concerned of my son's health and

vaccinations. Therefore, though televised polio messages inspire me but without my fathers' approval I do not give polio vaccination to my son.

**Q.15 What is your vision on the actions taken by government to eradicate polio from Pakistan or are these polio messages only publicise the polio issue in order to justify the international health agencies' concerns? Please share your views?**

- The government is not taking the responsibility seriously, it has lost their trust on people due to their corruption and dishonest in many health projects. Government makes public announcements of polio rounds but do not make sure that all children are given polio vaccinations. There is no internal check and balance on polio teams and as Pakistan is a hot country and it has problems of load shedding of electricity, shortage of water, extreme hot weather. So polio teams just visits few houses and fill the polio forms or their records by themselves that show all children being vaccinated in a certain area.

**Q.16 Do you agree that if televised polio coverage is provided in your own local or regional languages will be more beneficial for you to understand the polio messages more clearly?**

- Yes, people relate more with their mother tongue and regional languages. Polio messages should be in every regional language so that everyone can understand as I am also not much educated and my wife is also a house wife. She even does not understand official language as Urdu, therefore, for wide polio coverage and in order to increase vaccination rates, polio messages should be in every regional language. Further, people are more emotionally connected and attached to their culture and language in lower middle class families so a message reflecting their routes and culture can motivate parents' thoughts regarding polio vaccinations.

**Q.17 What is the role of opinion leaders in your lives in relation to your decisions of polio vaccinations?**

- May be not directly but unconsciously yes these religious leaders play an important role in our decisions of polio vaccinations. For instance, any religious leader provokes me regarding the falseness of vaccination as it been occurred in the past, I do become more conscious and concerned about the safety of vaccination for the sake of my children.

**Q.19 What sort of opinion leaders you trust more and is it necessary in your families to seek opinion leaders' consent before you go for polio vaccinations? If yes then please elaborate the nature and necessity of opinion leaders' consent?**

- My opinion leaders are my family members and religious spiritual leaders, they know that I give polio vaccination to my children and they have never been against it. So in future, if sometimes, they ask us not to give polio drops to our children I will not give it.

**Q.20 Are these religious and political leaders misuse polio messages for their own personal interests, if yes then explain?**

- Yes because these political and religious leaders want to be in power so they misuse polio messages for their personal benefits. For instance, being in the opposition side in the government, these opinion leaders present indefinite facts in their conferences and statements to show negative image of ruling party and provides their own solutions to handle the issue. Therefore, if televised coverage of polio is in detail and answers the confusions of parents regarding polio vaccinations, it will be easier for parents to be alert of these opinion leaders that misguide them.

**Q.21 How, you consider religious leaders' school of thought regarding polio vaccinations as in favour/against the modernisation of Islam/?**

- There are few influential religious leaders that mix religion with polio vaccinations and consider polio as Haram. It is because these religious leaders claim that polio vaccinations are imported from America so these leaders term Americans against Islam and Muslims. Therefore, in the past there were some statements on television that whoever parent will give polio drops to his/her children, he will go to hell as it is against the will of God.

**Q.22 Is private televisions' polio message in order to compete with each other mishandle the information for their higher ranking or having political groups' favours for their respective channels?**

- Still the television channels are scared of reporting or broadcasting about the wrong acts and evils of high officials in all sectors especially health. Further, every channel has their desired groups or segment of people to which they whole heartedly support. Every channel works under a lobby system of political as well as religious parties and even different sects of Muslims as Shias and Sunnis, so they support their favourite party and the sect and caste they belong which reflect that television is not free in Pakistan. This all monopoly shows that television in the name of competition and ratings sensationalise polio news and facts.

**Q.23 In your opinion, how both mother and father equally participate in the decision-making process of their children immunisation of polio in Pakistan?**

- As I told you earlier, my father takes my son's polio decision and it is my wife's major duty to obey us Therefore, when my wife take any decision of our child's health, she asks us because as we go out and meet different people so we men are more aware of the things or health issues.

**Q.24 Please, tell in detail how these private polio awareness messages cater mothers to aware parents in convincing their male spouse to immunise their children in a male-dominated society as Pakistan?**

- Private television channels broadcast polio issue with the urban culture illustration where they sometimes show mothers in their messages but these channels are not only on-aired in one city and are watched all over the country therefore, fathers should be shown as representatives of parents in supporting a good cause of polio campaigns on television. Because in our society though a mother takes care of her child when he is ill, she prepares food and perform all household chores for her husband and children but at the end, men/fathers are the ultimate authorities.

**Q.25 How do you see private television channels' polio messages in presenting mothers as symbols for attitude change in eliminating polio from Pakistan?**

- Televised polio messages are the representation of male-dominated culture and ignore the significance of mothers in child's health. Therefore, these messages oppressed mothers and show them as survivors and not symbols.