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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Farheen Qasim Nizamani

A thesis submitted
In fulfillment of the requirement for the degree of Doctor of Philosophy
(Communications Studies)

Faculty of Social Sciences
UNIVERSITI MALAYSIA SARAWAK
2018
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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In many instances during this doctoral dissertation journey, I have wondered when the day will come I will pay my gratitude to all the people responsible for putting this thesis forth. Today my words have fallen short to justify all the acknowledgment during this journey. Thank you Almighty Allah for providing me the strength to produce this research knowledge in the form of this doctoral thesis.

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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
PENGANTAR


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