

Socio-Economic Factors Affecting Journalistic Expression in Africa: The Case of Ghana

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Abstract

This study uses qualitative and quantitative methods to content-analyse a sample of mass media, and solicit information (through focus group discussions — FGDs) from media personnel in Ghana in an attempt to find out how socio-economic factors affect their performance. The subject of study was coverage of health-related issues in both broadcast and print media. It found that, in general, there was very poor coverage of health issues, qualitatively and quantitatively, compared to that given to, say, politics, agriculture, economics and sport. It concludes that, among the topmost impediments to proper and adequate coverage of health-related issues are lack of specialization and professionalism among Ghanaian journalists. But systemic factors such as the state of the economy, lack of financial resources and equipment also adversely affect journalistic performance.

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Les facteurs socio-économiques qui affectent l'expression journalistique en Afrique. Le cas du Ghana.

Résumé

Cette étude a utilisé des méthodes qualitatives et quantitatives pour analyser le contenu d'un échantillon de média de masse et interroger des personnels de média au Ghana pour essayer de vérifier comment les facteurs socio-économiques affectent leur rendement. L'étude portait sur la couverture des questions liées à la santé aussi bien par la radio que par la presse écrite. On a trouvé que, en général, on donne peu d'échos aux problèmes de santé aussi bien qualitativement que quantitativement par rapport aux questions politiques, agricoles, économiques et sportives. La conclusion est que parmi les obstacles les plus importants à la couverture adéquate et correcte des questions sanitaires il y a le manque de professionnalisme et de spécialisation des journalistes ghanéens. Mais des facteurs systémiques tels que l'état de l'économie, le manque de ressources financiers et l'équipement affectent défavorablement la performance journalistique.

Introduction

Traditionally, the issue of communication and the democratic process in Africa has been approached from the perspective of government-press relationship, censorship, ownership, etc. (Hachten 1975; Utomi 1981; Ainslie 1967; Twumasi 1985; Obeng-Quaidoo 1987; Boafo 1987; 1985; Karikari 1987). While this approach has been useful in explaining the performance of the African mass media, we prefer to examine the socio-economic content within which journalists operate, and the effects that such contexts have on their work and output. This approach is useful in the sense that it looks at the total societal system instead of isolating just one component, for example, the government, for analysis. In this case, we may perhaps look critically at the African publics and journalists for solutions to the problems of communication and democracy instead of harping on government behaviour all the time.

As a means of delineating the liberating strategies for communication in Africa, and the freedom and responsibility within which journalists and publics interact to make such lofty ideals possible, we have used throughout this paper, examples of how journalists in Ghana perceive and cover health issues. The media clearly play an important role in alerting the public to health issues as part of their responsibility, and 'the impact of the media may be problematic if the media either ignore or misrepresent health information' (Kristiansen and Harding 1984).

In our efforts to understand why African journalists in many cases do not perform at the level that the public expects of them, we normally lose sight of the socio-economic contexts within which African journalists find themselves. Researchers at times forget certain structural and systemic factors which impinge on journalistic performance.

The African press and broadcast media and, for that matter, the Ghanaian media system, were conceived more in a political milieu than any other considerations, e.g., developmental, economic, health, agriculture, etc. and the political tradition has persisted till today. Kwame Nkrumah (1965) confirmed this: 'The African press, born of incipient nationalism, nurtured on political consciousness, and developed side by side with a growing sense of responsibility, is now strong and healthy, despite the many obstacles placed in its way.' And, in the same political vein, Nkrumah described the journalist thus: 'The true African journalist very often works for the organ of the political party to which he himself belongs and in whose purpose he believes'.

Due to the concentration of coverage on political and social matters, Ghanaian journalists, for example, have come to perceive communication as mainly persuasive instead of the creation of mutual understanding,

consensus and collective action. Constant selective attention and perception of persuasion lead to frequent acceptance of person-blame causal-attribution definition of the social problems that are analysed by journalists. 'Individual-blame is the tendency to hold an individual responsible for his or her problems, rather than society. Obviously, what is done about a . . . problem, including research, depends upon how it is defined' (Rogers and Kincaid 1981:40).

Apart from journalists viewing every issue from the political perspective, there are other factors impinging on their work. In Ghana, for example, we have too many generalist journalists and lack specialists. Walter Lippmann, the doyen of modern day journalism has observed that

Not every reader of every newspaper cares to know about or could understand all the activities of mankind. But there are some readers, specialized in some subject, who have to be alerted to important developments of even the most specialized activities. For this, the profession of journalism is becoming specialized. The journalist is becoming subject to the compulsion to respect and observe the intellectual disciplines and the organized body of knowledge which the specialist in any field possesses.

If we use health issues as an example, we would realize that the proper reporting of health information would require a journalist who is specialized in health issues. It is unlikely that any journalist would venture to do a national budget analysis or talk about national financial issues if he/she is not well-grounded in financial matters. Thus, when we come to the specialized area of health reporting, we realize that not many Ghanaian journalists have acquired knowledge in such an area of reporting on the job. This form of generalist journalism has given rise to a situation where the Ghanaian journalist innocently follows the health personnel or the government official in the locale, and reports what the personnel or official says without the necessary background or in-depth analysis of the particular health issue. This problem has been examined at three levels. 'First, the journalist can write or talk about immunization, vaccination, maternal/child nutrition, or family planning without...fully understanding what he/she is writing or talking about. Second, most of the health analyses centre on what some official has said, not what the journalist says or has discovered through painstaking research. Third, the rich subjectivity which should enhance and enrich the objective reporting is lost because the journalist has externalized and distanced himself/herself from the subject or the object of analysis' (Obeng-Quaidoo 1988).

The occupational self-concept of Ghanaian journalists impinge on their performance and, moreover, affect their journalistic expression. It has been alleged (Donsbach 1981; McLeod and Rush 1969; Kim 1974) that the socio-economic situation of Third World journalists is relatively poor.

They enjoy less respect among the public. Some of the educated people in the developing countries look upon their journalists with disdain. Only some illiterates admire and appreciate the work of some broadcast journalists (Obeng-Quaidoo 1978b). The issue of poverty among journalists is real, but poverty does not necessarily lead to lack of self-respect. It is the behaviour of the poor person that leads to people's reaction to him/her. For instance, although the African journalist is poor compared to other professionals such as accountants and soldiers, yet he/she is not expected by the public to dress shabbily when he/she is on an assignment. Of course the public might not be fully aware that the remuneration for journalists is very low. The pay is not commensurate with the hazardous work and this affects job satisfaction.

In Ghana, for instance, the resultant effect of the low financial reward is that journalists have become apathetic and less committed to their work. In some regional capitals, journalists have become cynical towards the journalism profession and to the politicians who court them daily for media coverage.

These introductory statements are necessary to put the subsequent discussions in focus. In order to find out how socio-economic factors affect journalists' output in Ghana, we looked at the content of some media in the country. We also conducted individual interviews with newspaper editors, broadcast journalists and, finally, organized focus group discussions (FGD) with media personnel in Accra and eight regional capitals. In both the individual interviews and the FGDs, we focussed the attention of media personnel to the discussions or lack of discussions of health issues in the Ghanaian media and the rationale for this state of affairs. We then related the results to the prevailing socio-economic structure in the country. The focus of the content analysis was also on health issues, and the results were used to complement the interviews and the FGDs.

Methodology

We used both qualitative and quantitative methods in examining the contents of the media and soliciting information from journalists. We carried out in-depth discussions (qualitative research) with radio producers, scriptwriters, presenters and reporters. Three focus group discussion (FGD) sessions were used. Three other FGDs were conducted with television producers, scriptwriters, presenters and reporters. With regard to print journalists, we had three FGDs with newspaper and magazine journalist. All the above journalists were based in Accra.

Another qualitative method, individual interviews, was used to obtain information and opinions from radio and television station managers,

senior producers, and editors of newspapers. All these people were also based in Accra.

The research team travelled to eight regional capitals — Ho, Cape Coast, Sekondi-Takoradi, Kumasi, Sunyani, Tamale, Bolga, and Koforidua — to carry out FGD in each area and conduct other individual interviews among some journalists. The month of July, 1988, was used for this aspect of data gathering.

The FGDs and the individual interviews were means of finding out from the journalists themselves why they do or do not cover issues on maternal child health. A focus group discussion guide was developed and pretested by the researcher. A lengthy questionnaire with numerous unstructured questions was also developed and pretested for the individual interviews.

With regard to the examination of newspapers, we undertook a quantitative content analysis of four Ghanaian newspapers. These are the *People's Daily Graphic*, the *Ghanaian Times*, the *Pioneer* and the *Christian Messenger*. The study of the papers covered the months of April and July, 1988. The first two papers were used because it was felt that as daily newspapers they are likely to give more coverage to important everyday health issues. Also, since they are state-owned papers they have more reporters and are likely to gather news from all parts of the country, both rural and urban.

The *Christian Messenger* and the *Pioneer* are two well-known private newspapers in the country which have been around for a very long time. The *Messenger* comes out monthly while the *Pioneer* is published three times a week.

All the issues of the four newspapers were content analysed. Thus a total of 128 newspaper issues were used. A total of 309 stories were eventually analysed. We looked at the frequency of items, period of coverage, item position, dimension of item (categories like immunization, oral rehydration therapy, AIDS, family planning, nutrition, breast-feeding, environmental hygiene, donations, clinics, general, others), nature of item, and direction (favourable, unfavourable, neutral).

We look at how the newspapers reported health issues, and then use one FGD session report, as an illustration, how journalists perceive their work, and then relate the result to the socio-economic contexts.

Findings

Frequency and Volume Newspaper Coverage

As we stated above, we examined the content of all the issues of four Ghanaian newspapers for the months of April and July, 1988, to find out what the papers fed their readers with, with regard to health. We found that of all the health items in the papers, *People's Daily Graphic* covered

60.5%, *Ghanaian Times* 33%, *Pioneer* 6%, and *Christian Messenger* 6%. It must be noted that the number of newspapers analysed for the two-month period were the same for *Times* and *Graphic* (50 issues each), while there were 26 issues for *Pioneer* and 2 issues for *Christian Messenger*.

Table 1 indicates the total space devoted to the various subject categories for all the four newspapers. The table shows that more space was given to general hospital/clinic matters, donations to hospitals/clinics than issues on immunization, family planning, and nutrition.

The space given to health items is very small, and the volume of coverage is very low when we compare the space for health with that of politics, agriculture, economics, sports, and general entertainment. Even the *People's Daily Graphic*, which appears to be doing more in terms of health coverage, devotes less than 1.5% of the total space to health items.

The striking feature of the data is that the four papers paid little attention to breast-feeding, nutrition and family planning. It is also surprising that at a time when there is a clarion call for 'health for all', the newspapers should devote so many stories to inform their readers about clinics and donations to hospitals, instead of educating the readers on how to prevent basic diseases.

We also find that most of the stories for the four papers were political speeches on health. These are stories in which politicians like State secretaries, under-secretaries, district secretaries, and top medical health personnel featured prominently. Indeed, it could be said that such stories became newsworthy or saw print only because of the presence of a political figure or personality.

Some of the results are as revealing as they are surprising. Health for all by the year 2000 is now a household phrase, but the print media have not done much to educate the people about how to achieve this health dream because health issues have not been given much prominence.

Analysis of Individual Views of Fifteen Media Men

We used a questionnaire in soliciting the views of media personnel concerning maternal child health (MCH) issues. (We used the direct interview approach instead of the self-administered one since there were particular persons that we were looking for). In all, we interviewed 15 individuals: editors, sub-editors, radio and television producers and presenters. We used this qualitative approach in order to gain insight into attitudes, beliefs, motives and behaviours of these high-ranking media men concerning MCH problems.

We interviewed 4 people each from GBC-Radio and Television, 2 from *People's Daily Graphic*, 2 from *Ghanaian Times*, and one each from *Mirror*, *Spectator*, and *Christian Messenger*.

Table 1. Proportion of Subject Categories According to Length (Space) in Square Centimetres

Name of Newspaper	Graphic				Times				Pioneer				Messenger			
Form of Coverage	SN*	F	Ad	SPH	SN	F	Ad	SPH	SN	F	Ad	SPH	SN	F	Ad	SPH
<i>Categories</i>																
Immunization	585.5	—	522.3	623	—	556	—	—	—	—	—	67	—	—	—	—
Family planning	511.7	647	670	796	94	—	—	60	—	—	—	—	—	—	—	—
Breast feeding	—	—	—	38	—	63	—	—	—	—	—	—	—	—	—	—
Nutrition	179.8	—	—	—	124	—	—	179	—	—	—	—	—	—	—	—
Environmental																
Hygiene	1621.5	1024	—	417	405	721	—	213	130	330	11	—	—	—	—	—
ORS	156.5	327	692	—	154	—	495	—	—	—	—	—	—	—	—	—
AIDS	420.8	—	—	326	31	—	—	—	140	330	—	—	—	—	—	47
Donations	2788	—	—	—	652	—	—	79	61	—	—	145	—	—	—	—
Clinic	2085	—	—	462	1181	—	—	200	—	—	—	187.5	—	—	—	—
General	3202	2798	35	3761	1774	3278	247	2115	646	330	—	887	—	—	—	—

*SN = Straight news
F = Feature

Ad = Advertisement
SPH = Speech on health

Generally, interviewees were hesitant in answering our initial question about the maternal child health issues facing Ghana. Although they finally came round to answer questions, they initially grumbled that such questions should be directed at mothers or medical doctors.

Apart from an editor of a national paper, all the respondents agreed that 'mother and child health is a topic that should be discussed more often by our media systems.' Some 'agreed' and others 'strongly agreed' that topics like oral rehydration therapy (ORT), immunization, family planning, nutrition and general hygiene should be discussed more often. Again, the editor disagreed with most of these issues. He argued that, 'we should stop talking about problems facing women, especially family planning, until we understand the causes of hunger. Children are an asset. It's power, it's pride to our people.'

The editor also disagreed that the media should have more discussions on ORT because, he argued, 'such problems are not urban problems. They are for the villagers and the papers do not reach the villages.' But it appears that this editor did not consider the multiplier effect of information. For instance, a teacher in a village might read about a discussion on health and subsequently pass on the information to some illiterate mothers.

All the interviewees, including our national newspaper editor, agreed that MCH issues are not 'turn off' topics for the media. It is just that they do not pay more attention to such issues. Some of the respondents named UNICEF, Ministry of Health personnel, UNESCO, WHO, and 'talking directly to people' as their sources of MCH information.

The broadcasters, unlike the print media men, have certain health-related programmes. These are not specifically on MCH issues but, occasionally (especially during national immunization week), certain MCH issues are discussed on radio and television (in English and the different ethnic languages). The formats are mostly discussions and interviews. Programmes like 'Health Education', 'Housewives Favourite' and 'Women's Magazine' on radio at times discuss MCH issues. GBC-TV also carries certain programmes.

One point that clearly came out of the interviews was that, although MCH issues do not 'turn them off', yet such issues do not 'turn them on'. For journalists, maternal child health problems do not constitute a priority in their scheme of things until there is an epidemic, or during a celebration, like 'Nurse Week', or when the Head of State talks about the particular issues.

Most of the respondents claimed that they do not have problems contacting medical doctors or health personnel for information on MCH. However, there are some journalists who maintained that some doctors are unwilling to talk to them. Some doctors are afraid that the journalists

might misquote them. Other doctors believe that certain pieces of medical information are not meant for public consumption.

Perhaps the journalist-health personnel relationship should be examined from another angle. It is a fact that at times there is too much bureaucracy in obtaining health information, but it is also a fact that most of our journalists need to be educated on health issues in order to ask intelligent questions during interviews. Some of our respondents confessed that they do not have 'expert' knowledge on MCH topics and, therefore, they find it difficult at times to communicate adequately on such issues.

We asked respondents: 'Can you name two things which you lack that hinder you from communicating effectively on child health care in Ghana?' All the eight people from broadcasting mentioned lack of transport as the first major constraint. They also mentioned portable tape recorders, video tapes and cameras, U-matic camera and computer for information storage and retrieval. Three out of the eight indicated lack of education in the subject area as the second constraint in communicating effectively on child health care. We found out that some of the producers of the ethnic language programmes have not had any formal training in journalism, but have 'reached their levels of incompetence' and have been made producers because they have worked with the Corporation for quite a long time. Two interviewees responded that two things they lack are depth of information, and lack of knowledge about where to go for particular information.

It appears that quite a number of the respondents need to be trained in basic and specific areas of journalism like investigative journalism, library research, reporting, and scientific reporting, and rudiments of social science research. Perhaps such training would give them self-confidence to search for information.

In concluding what the 15 journalists said about health reporting and MCH issues, we would like to delineate what the editor of the national newspaper said since his responses were quite unique and outlandish from the other interviewees. In his media organization, there seems to be no editorial conference to select materials for publication, because when we asked him 'Who decides which materials on maternal child health to be used by your media?' he said that the sectional head or the editor did.

We have already indicated that his particular editor does not want family planning and ORT issues discussed in 'his' paper. According to him these devices (family planning) are for money making for European research companies. He gave an example of the AIDS epidemic. He said the AIDS virus was produced accidentally in a research laboratory in Europe and since these researchers have spent too much money in doing the research, they would want to retrieve their money by deceiving the

world about the hazards of AIDS so that moneys would be voted for research into getting a vaccine, and thereby get back the money they have poured into the original research. Consequently the editor is against any campaign against AIDS in the national paper. Unfortunately, this editor's attitude, beliefs, and behaviour are affecting other journalists working on this paper. This was manifested in one of the focus group discussions we had with other journalists from one of the national newspapers.

Results of FGD with Journalists at Ghanaian Times and Spectator

Maternal Child Health (MCH) Issues in Ghana. Participants discussed whether publicity given to maternal child health issues in the media is adequate. All the discussants were of the view that media coverage on MCH issues is not enough. Excerpts:

We need more coverage of mother and child health issues. The problem is that we take it for granted that everybody knows about such issues so we do not lay enough emphasis on them.

...

We need more information on maternal child health issues. We have taken so many things for granted. For instance, we feel all mothers know about breast-feeding but even the method of doing it should be taught.

...

We do not publish a lot of information on mother and child issues because the media in the country concentrate more on economic and political issues.

...

Media systems in the country do not give enough coverage to such issues because the society is adult-oriented.

On the issue of whether coverage of oral rehydration therapy (ORT) in the media needs more attention all members of the group answered in the affirmative.

Not enough has been done in this direction. Most of those who need such information are in the rural areas where the newspapers, for example, do not get to.

...

The media has not done enough about informing the public on ORT and its preparation.

...

We need to educate women on the preparation of the local solutions for use in the house before children are sent to the hospital.

...

The media have to inform the public that when the child has diarrhoea, it loses body fluids and that ORT would help the child not to die from dehydration.

During the discussion on the coverage of immunization in the media, most participants expressed the opinion that publicity in the media has not been sustained.

Coverage of immunization issues is done only during special days set aside for vaccinations against the six child killer diseases.

...
Publicity has been limited to activities on occasions such as holidays and anniversaries.

...
Media coverage is not enough. It is done once in a while.

Two other participants, however, said that media coverage is not enough because of lack of space in the papers.

Coverage is not enough because of lack of space in the paper. *Times*, for example, has not set aside any column for health education, so news on health issues is very negligible.

On the coverage of family planning issues in the media, the media personnel unanimously agreed that publicity given to it is not enough.

I think coverage of matters on family planning is not enough because those who select stories to be published in the paper hate to hear anything on family planning.

...
There is lack of publicity because some high media personnel think family planning is a ploy by the white race to reduce the number of blacks in the world.

...
Some top media men believe family planning is a device to reduce the black race so they would not support it.

When we discussed mother and child nutrition and the amount of publicity it receives in the media, members of the group were of the opinion that coverage is not enough. Reasons for the lack of publicity were however varied. Two participants said coverage is not enough because journalists lack the depth of information to continue writing on specialized health issues. 'I think the main problem is depth of information. We are not specialists to be able to write very good articles every time on specialized health issues'. Two participants, however, disagreed with this reasoning and said that if media men are interested in writing on mother and child nutrition, they will undertake research to be able to write good articles.

I disagree with you because nobody here is a politician, economist or an agriculturalist but there are a lot of articles on such issues. If you want to write on such things you'll do your research on them.

Two other participants attributed the lack of publicity to disinterest in matters on women and children by high media personnel. 'The main problem is lack of interest on the part of senior media personnel who select stories for publication.' One participant said it is the orientation of the paper which does not allow the publication of many stories on mother and child nutrition. In fact, we mentioned this during the analysis of the individual interviews.

I believe it is the orientation of the paper. Most of our newspapers are politically oriented so if there are two stories — one on MCH and the other on politics, obviously the latter would be chosen for publication.

Other health issues were discussed but the main points that emerged

were that journalists (1) do not know their publics and audiences well enough. They credit the public with more knowledge about health than what it actually possesses; (2) the journalists themselves lack health information and knowledge to communicate adequately on health issues with the public; (3) those journalists who venture to specialize on health reporting are discouraged by their superiors and colleagues who are disinterested; (4) health reporting is not as interesting as discussing politics and economics.

Discussion and Conclusion

What we have illustrated is that when we discuss liberating strategies and responsibility for communication in Africa, we should not look at government-press relationship alone. It is a fact that our media systems are inundated with political issues. This situation is a legacy from the colonial period, but the African media systems can break away from the jinx and make room for coverage in the areas of agriculture, health, economics, education, etc.

Using health coverage in the Ghanaian media as an illustration of how journalists are less liberated and less responsible in paying attention to certain issues in the African society, we have demonstrated that African governments alone should not be blamed for the poor performance of the African media.

From the content analysis, the interviews with 15 top media personnel and the focus group discussions on health, it has emerged that there is lack of professionalism among our journalists. Apart from the fact that many working journalists have no formal education in the profession, there are only a handful who can be considered as specialists in certain areas of reporting. Specialization might not be taught in the African journalism schools, but a responsible journalist who wants to write on agriculture, military, education, economics, or health issues should read more in the particular field and self-educate himself/herself. In terms of health, it would involve keeping close contact with health personnel, frequenting medical libraries and generally getting interested in health issues. For instance, during our focus group discussion in one regional capital in Ghana, we were informed by one journalist that if health officials in the region wanted certain health issues covered, the officials should approach the journalists instead of the latter chasing the health officials for information. This remark illustrates the lack of professionalism, apathy, and non-commitment we have mentioned.

This study has also revealed that most news sources are apathetic and are not ready to talk. Some sources are outright hostile to journalists. Some health sources claim that certain health issues are not meant for

public consumption. Others maintain that in order to give certain information to journalists, they have to obtain clearance from 'above'. Health personnel who are at times hostile to journalists assert that journalists have misquoted them in the past and they do not want a repeat. Needless to say, such behaviour from the public affects journalistic expression and performance.

There are certain systemic factors which strongly affect journalistic work and expression. Depending on the prevailing economic atmosphere of a particular country, simple things like cassette tape recorders and cameras may not be available. Journalists are expected to rely on their wits. Without any proper information storage and retrieval facilities in this computer age, African journalists are supposed to perform magic with their memories. They keep doing the same thing everyday and thus become disinterested in their work. In fact, during our data collection trips, it became clear to us that journalists who are supposed to cover the rural areas are quite immobile. There are no vehicles to move around with. Journalists are at the mercy of the regional political administration. If there is a political event in some parts of the region, the administration staff would come with their vehicle, collect the journalists and the event would appear in the national media the next day. It is not strange, then, that most of the health issues we came across in the content analysis evolved around political personalities. Public transportation in the rural areas are quite unreliable. Even in the urban centres, a journalist might use his/her own money to take a taxi to cover an event, but reimbursement of such money takes such a long time that the journalist would think twice before venturing again on such an assignment.

Our interviews have revealed that the journalism profession in Africa can be extremely hazardous. African governments are not the only ones who whimsically throw journalists into jails. Officials and individuals of high standing in African society can let the police 'rough up' a journalist they believe has 'misquoted' or reported wrongly about an issue concerning them. In Kumasi, Ghana, spectators at a soccer match beat a journalist whom they thought was working for a paper which had reported negative things about their favourite team. Such behaviour from the public affects journalistic expression.

The tabloid dailies in Ghana with their few pages do not give room for detailed journalistic expression and experimentation. Newsprint is a scarce commodity in Ghana, and since information is a commodity highly difficult to measure, allocating a resource like newsprint to media houses is a very difficult decision for government officials who do not know anything about journalism.

Apart from low remuneration which increases job dissatisfaction, Ghanaian journalists lack accommodation facilities which affect their performance. Unlike journalists in India, for example, who can live at the 'Press Enclave' (apartments allocated to press men), journalists in Ghana at times find it extremely difficult to rent apartments.

Lastly, our discussions with journalists revealed that there is a knowledge gap between journalists and their publics. Journalists do not reflect the attitudes of certain social groups in African society. Journalists are 'inward looking' as a group. This behaviour at times leads to distorted conception of their audiences. Journalists can lecture you for hours about how the illiteracy, disinterest, and poverty of ruralites make them attend less to mass media outputs, but if you corner such journalists and request for some basic data, you find that such journalists are just repeating the unsubstantiated views of their professional 'in-group' colleagues. Such attitude stifles imagination, creativity, and freedom of expression.

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