Analysis of the Representation of Medical Scenes in Selected Nigerian Hausa Video Films

[1]Ibrahim Uba Yusuf [2]Mohammed Auwal Umar & [3]Ashiru Tukur Inuwa

Abstract

The study investigates how medical scenes are constructed and represented in selected Hausa home videos. In achieving this, the study adopts mixed method: textual analysis and analyses four purposively selected Hausa video films *Kwana Casa'in* Episode 1, *Dr Sadeeq, Islaha* 1&2, and *Halitacce* that depict medical scenes; and survey respondents from the University of Maiduguri Teaching Hospital (UMTH). The study uses media representation and perception theories as basis for understanding the representation of the medical scenes as well as the perception of the medical practitioners. Findings reveal that there are flaws in the construction of medical scenes especially in revealing the nature of illness and condition of patients as well as handling medical equipment by the characters acting as medical health workers. On the basis of the flaws identified, the study recommends that medical personnel across the various professions in the field (such as nursing and midwives, radiography, laboratory science, medicine and pharmacy etc.) should be given more room to participate whenever their reality is going to be represented, so that they can give more insight into how the projection will reflect reality.

Keywords: Hausa Video Films, Perception, Representation and Medical Scenes

Introduction

Films and home videos are platforms used for communicating ideas, phenomenon or practices. It has been a component of communication for several years. As a medium of mass communication, films portray various stories in styles and lush in order to impress the audience. Part of its technicalities is the use of scenes, flashes and transitions in a way to have a sway on the perception of its audience. The way certain things are presented have the likelihood to influence the views of the audience. These features made film a powerful tool in communicating campaigns, peace building, cultural promotion, show of force, show of technological advances and expertise. Health facilities such as hospitals, clinic, pharmacies and laboratories are sometimes part of stories that film industries like Kannywood include in the Hausa video films. The importance of the health sector is such that a significant number of films are been produced to portray the quality of health care facilities and system, attitudes of healthcare personnel, corruption and negligence.

[1] **Ibrahim Uba Yusuf (PhD Fellow)** is a lecturer in the Department of Mass Communication, University of Maiduguri. Email: Ibrahim.mcm@unimaid.edu.ng

[2]**Mohammed Auwal Umar** is with the Daily Trust newspaper. Email: muhammadauwal32@gmail.com

[3] **Ashiru Tukur Inuwa Ph.D**. is a lecturer in the Department of Mass Communication, Faculty of Communication, Bayero University, Kano. Email: atinuwa.mac@buk.edu.ng

The Hausa home video industry, which is widely known as Kannywood, which started in 1990 has emerged to be a force in the movie industry in Nigeria. Since inception to date, Kannywood has witnessed an avalanche of new producers, directors, actors, marketers; and increasingly, new film videos—with each film focusing on a specific issue and theme. In its endeavours over the years, it has produced several film videos representing or portraying different sectors of the Nigerian society for the purpose of education, entertainment and education. It is noticeable that a number of scenes have been represented by the Hausa home video industry in Nigeria. For example, in representing education: a school scene with only four or five students in a whole school, the presentation of a state of the art office facilities but a different interior is used, The use of cars without plate numbers, poor make up for what should be an old woman but looking like a teenager or a pregnant woman with a bump that does not look real. These are some representation issues in the Hausa home videos. There are also movie review programmes on the popular *Arewa 24* (A Hausa based satellite TV) that among other things point out gaps in representation of realities in Hausa film videos. Considering the importance of the health sector and its vital place as an element of several movies, the need to portray reality correctly is necessary. This study fills a gap in Knowledge by examining how medical scenes are represented in Nigerian Hausa video films as well as measure the perception of medical personnel on the representation of medical scenes.

Statement of the Problem

Just as every patient needs the attention of a medical practitioner, every film requires a peer perusal of critics in order to improve the subsequent productions. Issues and sectors appear as content of Hausa video films. Every film revolves around a theme. This theme differs, depending on what the producer and story idea seeks to achieve. Producers of Hausa video films have found the medical sector as one fundamental issue to represent. This is not unconnected with their artistic routine of telling a story, the magnitude and perhaps, human interest. Medical scenes have, therefore, become trite that keeps recurring in Hausa video films. Of concern, is the way and manner the medical scenes are represented: whether or not they depict reality. However, the medical health workers perform the reality while the film tries to depict the reality. Rushton (2011) while explaining the thoughts of Slavoj Zaizek said that films do not occupy a domain of fantasy that can be straightforwardly distinguished from reality. What this implies is that films do not portray reality.

Medical health workers constitute media audience. Arguably, media audience do not automatically accept representation or even view what was represented from the producers or directors perspectives. In view of this, the study seeks to examine how medical scenes were represented vis-à-vis measure the perception of the health workers on the representation of the medical field in the selected Hausa video films.

Objectives of the Study

The aim of this study is to analyse how medical scenes are represented in the selected Hausa video films. The specific objectives are:

i. To identify how medical scenes were represented in selected Hausa film videos.

ii. To ascertain the flaws in the construction of the medical scenes in the selected Hausa video films
iii. To ascertain the frequency of viewership of Hausa video films among medical practitioners
iv. To measure the perceptions of medical health workers on the representation of scenes related to medical field in selected Hausa video films.

Literature Review

Film and Representation of Social Reality

Film through its content often times, construct a subjective or rather, an objective social reality that may likely influence the perception and judgement of the society about a belief and moral values. Such content, perhaps, serves as an inspiration to researchers, public affairs analysts and critics to study and observe shortfalls and commend were necessary. Arguably, film provides spaces for representation of social reality.

Akinkoya and Odunlami (2019) in a study on the representation of alcohol and its gendering in Nollywood films underscored the depiction of alcohol. The study argued that the selected Nollywood films are projecting an alcohol drinking society with the portrayal of alcoholic beverages far outweighing non-alcoholic beverages. The study found that Nollywood painted a social reality of Nigeria as an alcohol consumption nation, a position tied to the existing drinking culture in the country.

According to Yusuf and Inuwa (2020) while Hausa video films are proficient in documenting events, they present a wide spectrum of ideas and through representing societal issues in a manner that appeals to the eyes. This is in line with public expectation that the Hausa video film is out to correct the wrong societal issues through representation of such issues.

Film and the Representation of the Health Sector

As noted earlier, hospitals, clinics, dispensary and pharmaceuticals have over the years, served as settings for shooting scenes that depict specific locations in Hausa video films. These depictions have specific agenda. Seale (2003a) corroborated that producers of health mediated messages (including films) have particular agendas, and this is likely to influence what is shown.

The health sector in films generally, is represented in form of hospital scenes showcasing a medical doctor attending to patients, patients joining queue in awaiting medical doctor, a pregnant woman attending antennal, post-birth, or patients admitted on hospital bed. The scenarios, not only explain the setting of shooting films, but also the characters in the scene and the artistic roles assign to them.

The Hausa Video Film Industry and the Representation of Reality in Several Sectors

Media content are purposively selected and manipulated to suit producers and directors perspective and viewers taste. According to Hassan (2013), there is unequal representation of

various strata of the society. Some are over represented, others under represented, while some are not even represented. Seale (2003b) observes that media studies on representation (film inclusive) involve analysis of media messages themselves. Such studies may seek for ideological biases, or the discursive dominance of particular theme(s) and construction, or be concerned with whether the messages are likely to promote or damage the health sector.

Notably, Ibrahim (2013) contends that, film is a vital media technology endowed with ample efficacy through which much propaganda – for good or bad – is sold out to the people. According to him, people can understand the language of film and its appeal. Film is conferred with the communicative power that often mobilizes people to react peacefully or otherwise. Be that as it may, film-makers in Kano as well as other didactic, Shari'ah-abiding and substantially Muslim northern states of Nigeria are in constant ideological clash with the larger society, the government and the religious institutions. The film-makers are accused of misrepresenting and attacking the socio-cultural and the religious value systems. Observably, Hausa video films tend to showcase issues that do not correspond with the culture and religion of the people of North.

The content of Hausa video films as noted by Adamu (2007) has a tendency of depicting some Indian films in presenting topics like forced marriage or love triangle, and songs and dance to entertain audience. These representations, often times, are imports of other people's culture and contradict the values and traditions of the people of North.

Khalil (2016) conducted a perception study of Islamic Sharia and the response made by the Hausa Muslims of Northern Nigeria in their respective films, Holy Law (Sharia) and *Tafarki*. The study focused on the perception and corrective reactions in representing the Sharia in films. The study was anchored on exploring the ideals of the Sharia and comparing it with contents in the Hausa video films. The study examined Sharia representation, particularly the penal code system which is perceived to be archaic and in human and found that there is disconnect in the representation and perception of Sharia. Based on this, it is safer to infer that the perception of the Muslim scholars in the North on Hausa video films, lies in the assumption that it is *Kafir* (infidelity), meant to perpetuate immorality and hybrid culture. This is evident from the myriad of issues represented in the films.

Sarki (2015) attributed the representation in Hausa video films to the fact that Kannywood film industry is producing for economic gains. The nature of representation is tied to what it would bring as quick turnover in the market. Against the backdrop, Sarki, conducted a study to ascertain whether or not there is a balance between ensuring economic benefits and Hausa cultural representation. The study content analysed twenty randomly Hausa home videos and found that the films do not represent the culture of a typical Hausa man. The study recommended that the players in the industry should ensure balance of interests' representation in the home videos they produce. And, this could be achieved through the mechanisms of censorship boards and various associations within the industry.

Theoretical Framework

The study used the tenets of Perception Theory and Media Representation Theory. According to Tawil (2019) media representation refers to how media, such as television, film, books, portray certain types of people, activities or communities. The representation is done by constructing certain meanings through media about reality or fiction of people, places, objects, events, cultural identities. Key in the study of representation concern is with the way in which representations are made to seem natural while the system of representation is the means by which concern of ideologies are framed (Griffiths, 2019). The theory is relevant to this study because of its central tenet which states that: the way certain groups of people are represented in the media can have a huge social impact. Secondly, when media producers want you to assume certain things about character, they play on existing representations of people in the media – this can reinforce existing representations. Another tenet to reckon with is that media producers can change the way certain groups are presented and thus change the way we see that particular group.

Another relevant theory that provides back up for this study is Perception Theory. Key issue on which psychologists are divided is the extent to which perception relies directly on the information present in the stimulus. The proposition of the theory suggested that perception processes are not direct, but depend on the perceivers' expectation and previous knowledge as well as the information available in the stimulus itself. Gregory (1970) derived his proposition from this controversy. He proposed 'top-down' constructivist theory and refer to it as 'Perception Hypothesis'. Gregory's proposition provides a theoretical backup to the perception survey of the medical practitioners.

The main thrust of his perspective is that signals received by the sensory receptors trigger neural events, and appropriate knowledge interact with these inputs to enable receivers make sense of the world. Against this background, what audience receive with their sense organs (eye, nose, skin, ear, or mouth) would be coupled with appropriate knowledge to give them particular understanding of a particular phenomenon. In this sense, the medical practitioners receive content of the films and couple them with the reality they practice in order to form a particular judgement of the representation. This will enable them to form a specific perception toward the content of the selected films.

Methodology

This study adopted Mixed Method. Combinations of qualitative and quantitative approaches (Textual Analysis and Survey) were selected. Burke, Onwueegbuzie & Turner (2007, p. 123) defined Mixed Method as: "…the type of research in which a researcher or team of researchers combine elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration." The essence of adopting the mixed method is to corroborate the data generated from the two methods: textual analysis and survey.

Textual analysis according to Allen (2017) is a methodology that involves understanding language, symbols, and/or pictures present in texts. The essence is to gain information regarding how people make sense of, and communicate life and life experiences. Additionally, visual, written, or spoken messages provide cue to ways through which communication may be understood. Textual analysis was adopted to study and offer a critique of the selected Hausa home videos that represented the medical scenes. Four Hausa video films: *Kwana Casa'in* episode 1, *Halittace, Dr Sadeeq and Islaha* were purposely selected based on the depictions of medical scenes.

The researchers used the following procedures in the textual analysis of the 4 selected Hausa video films:

1. Step 1 encountering the text: the researchers retrieved the selected films via YouTube search engine.
2. Step 2 analysing the text: contents of the selected films were broken down into categories regarded as units of analysis. The units include the theme(s), plot, the settings, characters and conflicts.
3. Step 3 encoding the texts: the researchers examined how the audience (medical health workers) decode the messages in the films in connection to the units of analysis as well as their perception to the representation of the medical field in the selected Hausa video films.
4. Step 4 context: the researcher(s) looked at the context of the production within the confines of time the films were produced and visual elements (costumes, sets and props) they represent and the imagery.

Meanwhile, survey method was also used to measure the perception of the medical health workers on the portrayal of scenes related to the medical field. Survey is quantitative research methodology which implies collecting data from respondent through questionnaire or interview. The survey focused on medical health workers of the University of Maiduguri Teaching Hospital (UMTH) cutting across members of Nigerian Medical Association; Association of Resident Doctors, Medical Consultant Association of Nigeria, and Association of Medical and Health Workers Union of Nigeria as well as Nurses and Midwives Association of Nigeria. The population of the study is the total number of members of the above selected associations. The total number is 2059. The study used cluster sampling to select well informed respondents that will meet the requirement of the survey. The 5 Associations listed above were subdivided into clusters. The study randomly selected twenty five 25 respondents from each cluster with the exception of Association of Medical and Health Workers, which has over 1050 members- where 30 were selected. The sample size is 130. The study used questionnaire as instrument for data collection. The questionnaire was designed on Google document. Close ended questions were designed and segmented into two sections. The first section sought the demographic data of the respondents while the second section explores the objectives of the study. The study used tables and narrations in presentation of data.

Findings from Textual Analysis

Table 1: Showing summary of the selected films

FILM	THEME(S)	PLOT	SETTING	CHARACTERS	CONFLICT
Kwana Casa'in Episode 1	Dilapidated health care services	Beginning, middle and end	Took place in *Alfawa*	Sani Mu'azu, Falalu Abubakar Dorayi, Maryuda Yusuf, Aliyu Hussain Musa, Shehu Hassan Kano, Hindatu Sheriff, Umar Malumfashi and Surayya Aminu.	The refusal of medical experts to attend to patients.
Halitacce	Sacrifice for Love	Beginning, middle and end	No specific place was mentioned	Ibrahim Maishinku, Hadiza Muhammad, Zaharadeen Sani, Rabiu Rikadawa	The refusal of his mother to sacrifice his kidney for Nafisa. Rivalry between
Dr Sadeek	Illegal abortion	Beginning, middle, flashback and the end	No specific place was mentioned	Adam A Zango, Hajara Usman, Fati Washa, Sadiq Ahmad, Sani Garba SK, Mallam Inuwa Ilyasu, Ladidi Fagge and Nana Fiddausi	Unsuccessful abortion that led to the death of Fadila. The grudge between Dr Sadik, his mother and wife.
Islaha 1&2	Desire to have a child	Beginning, middle, flashback and the end	No specific place was mentioned	Jamilu Yakasai, Halima Atete, Rabiu Rikadawa, Ladidi Fagge. Aminu Acid, Kamalu Isa and Aisha Muhammad.	Insistence by Islaha to get a child by hook or crook and the infertility of her husband.

Summary and Analysis of the Films

1. *KWANA CASA'IN*: It is a fictional film series, broadcast on *Arewa24,* every Sunday 8-9 pm. The Episode One lasted for one hour, 43 minutes. The central theme of the episode is dilapidated health care system in rural and urban hospitals, and this was attributed to the little or no attention giving to the health sector by government. Scene one of episode one kicked off in a dispensary. The scene centered on Zinatu, the wife of Shafiu, who was about to put to bed. However, due to lack of facilities, Shafiu was advised by the medical health worker to transfer Zinatu to a hospital in the city. On arrival at Alfawa Hospital, Zinatu, despite her critical condition, was denied entrance because the health worker claimed there was no bed space. Later, the health worker demanded a token as bribe to grant them entrance. Shafiu was unable to offer what she requested, a situation that led to the demise of his wife. In the same episode, preferential treatment was accorded a pregnant woman who happened to be a relative to one of the health workers in the hospital.
2. *HALITACCE*: The central theme of the film is sacrifice for love. Broadcast on *Arewa24* (November 10, 2019), the film focused on the life of a primary school teacher—Nafisa, who was diagnosed of Kidney failure. Medical scenes were portrayed differently in various scenes such as the theatre room, side room, doctor's office and other units found in the hospital. They portrayed the sacrifice made by Nafisa's fiancé, a serving police officer that secretly donated his kidney against the wish of his mother. Surprisingly, Nafisa and her father were not aware of the donor. It was at a later date that the father insisted that the doctor must disclose the identity of the donor, to reward him. It was an arrangement between the doctor and her fiancé.
3. *DR SADEEQ*: A production of Halifa Investment (2018), was directed by Aminu Saira. The theme of the film is illegal abortion. Dr Sadeeq (Adam A. Zango) acted as an unapologetic medical doctor whose facility is renowned for conducting illegal abortions. The film portrayed the painful exit of Fadila, who died in the course of the planned abortion. The exorbitant charges, patient's authorization form, the claim by Dr Sadik that he is a registered gynaecologist licensed by his professional body and has the legal backing in the case of any unfortunate situation that may require legal action were some of the recurring scenes in the Hausa video film.
4. *ISLAHA*: An Al-Mubarak International film production was produced by Jamilu Ahmad Yakasai (2018) and directed by Sheikh Isa Alolo. The theme of the film focused on the desire by Islaha (Halima Atete) to have her own children. Her insistence compelled her husband to embark on medical check up to ascertain their fertility status. Unfortunately, the result showed that her husband (Jamilu Yakasai) is infertile—thus the beginning of conflict in their matrimonial home. Islaha became worried, and sought divorce against the wish of her husband. After the divorce, Jamilu decided to stay away from anything called marriage. His parents insisted that he must re-marry. He re-married a lady. Months later, his divorced wife realized she was 3 months pregnant. His new wife too became pregnant, a chaotic moment for Jamilu.

Flaws in the construction of medical scenes in the selected Hausa video films

The major flaws observed in the four home videos can be summarized as follows:

i. Wrong use of medical terms. For instance in *Kwana Casa'in,* the health worker claimed that the scanning machine is not in a good working condition. The scanning machine is not a requirement for patients undergoing labour, once they have reached their expected delivery date (EDD). In the same movie, Sambo's mother was admitted in the hospital. There was no sign of drip being administered or receiving medical attention. She was only shown lying in a critical condition.

ii. Revealing status of medical condition of patients. In all the home videos, the pattern of revealing the condition and sickness of the patient was the same. The medical doctors were quick in making revelations in the presence of a third party. Although, Haruna (2011) while situating the theory of symbolic interactionism within the discourse of social context of illness disclosure, said interaction, and of course, disclosure is limited between medical staff, patients and/or their relatives (third party), however, some revelations need to remain in confidence, because it is the privacy of the patient, except on rare occasions when the patient is unconscious.

iii. Announcing timeframe for dead: In *Halittace* for instance, the medical doctor confirmed that Nafisa would die in the next 24 hours. While it is easy to predict conditions of patients, however, the condition of patients contradicts the prediction. There was no sign of critical condition. Nafisa (the patient) was communicating with people in a logical, meaningful, instead of meaningless, illogical and incoherent manner, which are key attributes of patients in a critical condition.

iv. Sweating in Theatre Room: In *Halittace,* the medical doctor was shown sweating while conducting kidney transplant. A scene was shown where one of the nurses was wiping the sweat of the medical doctor. Ideally, Theatre Rooms have state-of-the-arts facilities including cooling system.

v. Discrimination: Public hospitals do not discriminate on the grounds of financial capacity. In *Kwana Casa'in* for instance, Shafiu and his wife were discriminated and denied entrance to the hospital for medical attention due to his financial status. Such scenarios only happen in private hospitals. Additionally, the lack of courtesy and human feelings exhibited by the health workers, contradicts the ethics of medical work.

Visual Elements in the Hausa Video Films

This research question attempts to find the application of visual elements in the selected Hausa video films. The elements include:

i. **Application of sound effects (SFX)**: Special effects are key components of film editing. The essence is to give audience a sense of believability and reality of the

screen. Basically, sound effects create mood and stimulate reality. Scenes of hospitals depicting pathetic conditions of patients require sound effects that amplify sober mood. In all the four video films, sound effects were used. For instance in *Dr Sadeeq,* when Fadila and her friend went for abortion to the point Dr Sadeeq announced her death, the sound effects stimulated reality: announcing terrible news. There was also a combination of background music reiterating the title of the film *Dr Sadeeq* in all the film.

ii. **Costumes:** According to Schrumm, Barzen et al (2012), costumes or clothes are visual communication media used in transporting particular information. Costumes in film give hint to the audience on the period of the film; the career or profession of the characters and financial status. In fact, costumes are aids to identification of characters in film. Based on the analysis of this element—costume, in all the four video films, the costumes used by key characters representing medical workers depicted the real laboratory coat used in conventional medical centers. Additionally, the workers, used stethoscope to buttress their identity as medical health workers. However, there were rare occasions that medical doctors used normal clothes. For Instance in *Halittace,* when Rabiu Rikadawa and Nafisa went to see the doctor to request for the identity of the kidney donor, the doctor dressed casually.

iii. **Cinematography:** Although the films studied were shot in 2016, 2018 and 2019 respectively, there are instances that show lack of creativity in their production. The 21st century is no doubt, a technologically driven era in film and ethnography. Camera shots, camera angles and sequencing of films can be manipulated using special effects and computer assisted software. For instance in *Kwana Casa'in,* Zinatu was said to have been bleeding since from the dispensary at the village. Long shot was used interchangeably with close up shot. There was only one shot at the beginning of the film, showing sign of bleeding. However, there was no sign of blood staining the bed, and subsequent scenes did not show any sign that she was bleeding, in spite of what the dialogue portrays.

Findings from the Survey

The study administered questionnaire on 130 medical health workers and retrieved 115 which were found useful for the study. Tables and statistical tools (numbers, frequencies and percentages) are used to aid the data presentation and analysis.

Table 1: Age Distribution of the Respondents

S/N	Age	Frequency	Percentage
1	18-27 years	9	7.8%
2	28-37 years	34	29.6%
3	38-47 years	43	37.4%
4	48-57 years	17	14.8%
5	58 and above	12	10.4%
Total		**115**	**100.00%**

Source: Survey, 2019

The table above indicate the age group of the respondents. The result shows that 9(7.8%) of the respondents aged 18-27 years, 34(29.6%) aged 28-37 years, 43(37.4%) aged 38-47 years, 17(14.8%) aged 48-57 years while 12(10.4%) aged 58 and above years. The result indicated that the highest perceptage of the respondent were aged between 28-47 years. They constituted 67% of the entire respondents.

Table 2: Gender Distribution of the Respondents

S/N	Gender	Frequency	Percentage
1	Male	68	59.1%
2	Female	47	40.9%
3	Others	0	0%
Total		**115**	**100.00%**

Source: Survey, 2019

Table 2 above presents the gender distribution of the respondents. The result shows that male respondents constituted the 68(59.1%) of the entire respondents while the female respondents constituted 47(40.9%). It shows that majority of the respondents were male.

Table 3: Designation of the Respondents

S/N	Designation	Frequency	Percentage
1	Medical Doctor	25	21.7%
2	Nurse	25	21.7%
3	Consultant	25	21.7%
4	Laboratory Scientist	13	11.3%
5	Radiologist/Radiographer	17	14.9%
6	Midwife	10	8.7%
Total		**115**	**100.00%**

Source: Survey, 2019

The table above presents professional designation of the respondents. The result shows that 25(21.7%) respondents were Medical Doctors, 25(21.7%) respondents were Nurses, 25(21.7%) respondents were Consultants, 13(11.3%) respondents were Laboratory Scientists, and 17 (14.9%) respondents were Radiologist/Radiographers while 10 (8.7%) respondents are midwives. This shows that the respondents were sampled from different professions of medical and health practitioners which would provide the study with a better standing ground to obtain valuable responses about the various representations of medical scenes.

Table 4: Viewership of Hausa movies

S/N	Response	Frequency	Percentage
1	Yes	110	95.7%
2	No	0	0%
3	Undecided	5	4.3%
Total		**115**	**100.00%**

Source: Survey, 2019

The table above shows the viewership of Hausa Home Videos among the respondents. The result indicates that 110(95.7%) of the respondents watch Hausa home videos while 4.3% remained undecided about watching the Hausa home videos. Majority of the respondents watch the Hausa Home videos which provides them with idea of what the study intends to find out. The analysis will remove those that are undecided about watching the movies because they might not have idea of what is being studied.

Table 5: Frequency of viewership of Hausa movies

S/N	Response	Frequency	Percentage
1	Most Often	33	30%
2	Often	37	33.6%
3	Rarely	24	21.8%
4	Very Rare	16	14.6%
Total		**110**	**100.00%**

Source: Survey, 2019

The study also measured the frequency of viewership of the movies among the respondents. The result shows that 33(30%) respondents watch films most often, 37(33.6%) respondents watch films often, and 24 (21.8%) respondents rarely watch films while 16 (14.6%) respondents watch film very rarely. The result shows that majority of the respondents watch the film at high frequency.

Table 6: Viewership of Hausa video films that showcase medical scenes such as *Kwana Casa'ain* episode 1, *Halittace, Dr Sadeeq and Islaha*

S/N	Response	Frequency	Percentage
1	Yes	105	95.5%
2	No	3	2.7%
3	Undecided	2	1.8%
Total		**110**	**100.00%**

Source: Survey, 2019.

The table above indicates the result obtained from the respondents who watch Hausa video films and the selected films for this study (*Kwana Casa'ain* episode 1, *Halittace, Dr Sadeeq and Islaha)* that showcase medical scenes. The result shows that 105(95.5%) of the respondents have watched the selected films, 3(2.7%) respondents do not watch the films whereas 2(1.8%) respondents remained undecided. The result indicates that respondents 105(95.5%) are informed about what the study wanted to find out. This study analysis will, however, proceed with informed respondents in the subsequent inquiries.

Table 7: Perception of the representation of medical scenes in the films

S/N	Response	Frequency	Percentage
1	Amateur	23	21.9%
2	Professional	8	7.6%
3	Unprofessional	37	35.2%
4	Wrongly represented	15	14.3%
4	Totally misrepresented	22	21%
Total		**105**	**100.00%**

Source: Survey, 2019

The table above shows the result from the perception of the respondents about the representation of the medical scenes in the selected Hausa Video films. The result shows that 23(21.9%) of the respondents said they perceive the representation as amateur, 8(7.6%) of the respondents said they perceive the representation as professional, 37(35.2%) of the respondents perceive the representation of medical scenes in the selected Hausa Video films as unprofessional, 15(14.3%) respondents perceive the representation as wrongly represented while 22(21%) perceive the representation as totally misrepresented. Based on the result, majority of the respondents' perception about the representation of medical scenes in the selected Hausa Video films is negative. Despite having a significant number who believed it is professional, the overriding position is that the portrayal is still amateur. This cannot be unconnected with the fact that many stakeholders in the industry have blamed the content producers of being feeble in conducting research before the actual production.

Table 8: Respondents' views on whether the representation of medical scenes in the films reflect reality

S/N	Response	Frequency	Percentage
1	Yes	43	41%
2	No	51	48.6%
3	Undecided	11	10.4%
Total		**105**	**100.00%**

Source: Survey, 2019

The table above inquires the opinion of the respondents about the representation of medical scenes in the selected Hausa video films compared to the reality. In this regard, 43(41%) of the respondents affirmed that the representation of medical scenes in the selected Hausa video films reflect reality while 51(48.6%) of the respondents affirmed that the portrayal does not reflect reality. There are 11(10.4%) respondents that remained undecided about the films' reflection of reality. The study found that respondents believed that the representation of medical scenes in the selected Hausa video films does not reflect the reality.

Table 9: Respondents' views on whether there are mistakes in the representations

S/N	Response	Frequency	Percentage
1	Yes	88	83.8%
2	No	11	10.5%
3	Undecided	6	5.7%
Total		**105**	**100.00%**

Source: Survey, 2019.

The table above present the respondents' feedback regarding mistakes made in the representation of the medical scenes in the selected Hausa video films. The 88(83.8%) of the respondents affirmed that they noticed mistakes in the representation while 11(10.5%) affirmed that they did not notice any mistake whereas 6(5.7%) respondents remained undecided. The study found that majority of the respondents noticed mistakes in the representation of the medical scenes in the selected video films. This came in tandem with the textual analysis made earlier in the selected Hausa video films which indicates errors, mistakes, professional flops, misuse of tools or explanations.

Table 10: Aspects where respondents noticed mistakes in representations of medical scenes

S/N	Age	Frequency	Percentage
1	Use of medical equipment	23	21.9%
2	In the setting	21	20%
3	Relating with patient	19	18.1%
4	Managing patient record	23	21.9%
5	Ethical Violation	7	6.8%
6	All of the above	11	10.4%
7	None of the above (specify)	1	0.95%
Total		**105**	**100.00%**

Source: Survey, 2019

The table above indicates the aspects which the respodnents noticed mistake in the representation. The result indicates that the major mistakes are associated with use of equipment, setting, disclosing nature of sickness to patient or third party, nature and presentation of personnel, managing record or patients, ethical violation and the way medical scenes are shown. The study found that the number of areas where mistakes were identified are much. This exposes the weakness of the production hands in researching the story niche in order to enrich the content and impress viewers.

Discussion of Findings

Objective 1: To identify how medical scenes were represented in selected Hausa film videos.

Medical care is an inevitable life requirement that constitutes a huge space in the film content. Most storylines in the Nigerian films are crisis based, with a huge reflection of cause-effect, evil-regret or struggle-success. In such storylines, accidents happen, disease contractions occur, pregnancy reveals or repercussion of evil manifests on the doer. These conjunctions have huge relationship with medical care. As a result, medical scenes are more often than not, presented in Nigerian films which Hausa video films are not exceptions. Arguably, representation of true-life story or reality show requires intensive research into the reality by consulting experts in order to give a best shot such that it will be seen as simulacrum of the reality. In this study, the finding shows otherwise with regard to the representation of medical scenes in Hausa video films.

The four selected Hausa video films *Kwana Casa'in, Halittace, Dr Sadeek and Islaha,* all contain portrayals related to medical scenes. The settings in the films are reflections of what obtains in the real hospital. Doctors and other medical professionals like nurses were imitated and seen dressed in medical laboratory coats. The study findings indicate professional errors in the representation of medical scenes in the selected Hausa video films. Results from the textual analysis indicated that some of the errors made in the films are avoidable. This means that the producers, in one way or the other, project such scenes with least concern about its professional guidelines or the lines of actual field practice. Results from the survey indicated that the errors made the films look amateur and unprofessional in the eyes of the practitioners.

Objective 2: To ascertain the flaws in the construction of the medical scenes in the selected Hausa video films

Results from the textual analysis identified few areas where mistakes were made ranging from representation of patients, setting, handling tools and equipment as well as departmental referrals. The first two episodes of *Kwana Casa'in* presented a birth case but the scene was shot at the radiology department. This is a professional error because labour emergency is not primarily referred to the radiology department until when the situation persists the response of the medical doctors in the labour room. However, professionally, the radiology department does not keep patients (as in bed spaces) but the scene depicted that staff of the department complained that there was no bed space to admit them. There was wrong use of medical terms. For instance in *Kwana Casa'in,* the health worker claimed that the scanning machine was not in a good working condition. The scanning machine is not a requirement for patients undergoing labour, once they have reached their expected delivery date (EDD). In the same movie, Sambo's mother was admitted in the hospital. There was no sign of drip being administered. She was only shown lying in a critical condition. Professionally, critical conditions get emergency response not as depicted in the film.

The study also found that there was unprofessional delineation of medical conditions of patients. The textual analysis shows that in all the video films, the pattern of revealing the condition and sickness of patients was the same. The medical doctors were quick in making revelations in the presence of third parties. It is against the professional ethics to reveal the type and condition of sickness of a patient to the third party except in the outlined situation in the code of conduct. The study also found that there are contradictions in the announcing timeframe for death to patients. In *Halittace* for instance, the medical doctor confirmed that Nafisa would die in the next 24 hours. While it is easy to predict conditions of patients, the condition of the patient contradicts the prediction. There was no sign of critical condition.

Professional conduct in a theatre room has its own prescriptions and guidelines for the protection of the patient and the medical team conducting surgeries. Violation of such guidelines may lead to sanctions. The representation in the home videos does not take into cognisance the guidelines. In *Halittace,* the medical doctor was shown sweating while conducting kidney transplant. A scene was shown where one of the nurses was wiping seen the sweat. Ideally, Theatre Rooms have state-of-the-arts facilities including cooling system.

Objective 3: To ascertain the frequency of viewership of Hausa video films among medical practitioners

Viewership of the media provides audience with knowledge about the content. Because the media work to present the happenings in the society either in true life story or fiction, they tend to produce films that send message across to the public. Viewership is key to the successful delivery of the message to the public. However, not just the delivery, the viewership enables film critics and other members of the society to either accept or reject certain film projections. Where the ideas presented were accepted by the audience, they tend to influence their action- whereas where it contradicts the reality; the viewers reject the representation of the content. Against this background, the study inquired into the level of viewership of the Hausa video films among medical practitioners since they play a part in the reality practice. This will give an adequate platform for them to compare what they watch in the films and the reality they practice to indicate whether films are representing their practice well or otherwise.

The result obtained from the survey indicated appreciable viewership of Hausa video films among the practitioners. It was found that 95.7% of the respondents watch Hausa video films while 4.3% remained undecided about watching the Hausa video films. This connotes that the medical practitioners watch the Hausa video films, which make them well informed respondents in this study. As found by studies on viewership of Kannywood films in Northern Nigeria, the films are watched across different states, tribes, cultures, languages, economic and social classes of members of the society (see Ibrahim, 2019). This study stands to reaffirm the findings from this end. This means that medical practitioners, despite the nature of their work, they still find time to watch Hausa video films.

The study also probes the frequency of viewership of the medical practitioners and found that 30% respondents watch the films most often, 33.6% respondents watch the films often,

21.8% respondents rarely watch the films while 14.6% respondents watch the films very rarely. From the above statistics, it can be implied that the respondents watch Hausa video films at high frequency. This finding is very significant in this study. It means that ardent viewership of the film will make them follow the new released films and watch them during their peak time. For instance, the film series *Kwana Casa'in* shown on *Arewa 24,* is a weekly broadcast which generated attention of many because of its time of broadcast. The film is shown every Sunday 8:00pm-9:00pm. This means that the respondents are among thousands of viewers of the series.

Objective 4: To measure the perceptions of medical health workers on the representation of scenes related to medical field in selected Hausa video films.

The discussed flaws in the analysed movies indicate mistakes in the representation of the medical scenes. In order to authenticate the stand of this finding, the study surveyed the opinions and perception of the medical personnel who watch the selected Hausa video films. The study found that majority of the respondents' perception about the portrayal of medical scenes in selected Hausa video films is negative. Despite having a significant number who believed it is professional, the overriding position is that the portrayal is still amateur. This cannot be unconnected with the fact that many stakeholders in the industry have blamed the content producers of being feeble in conducting research before shooting a movie. However, the negative perception is an indication of lack of involvement of experts in the production of films in the industry.

It was also found that majority of the respondents believed that the representation of medical scenes in Hausa video films do not reflect the reality. The respondents' feedback regarding mistakes made in the representation of the medical scenes in the Hausa video films shows that the respondents noticed mistakes in the representation. Major mistakes are associated with use of equipment, setting, disclosing nature of sicknesses to patients or third parties, nature and presentation of personnel, managing records of patients, ethical violation and the way medical scenes are shown. This came in tandem with the textual analysis made earlier in the selected Hausa home videos which indicated errors, mistakes, professional flops, misuse of tools or explanations, breakages in actual medical timeline. This harmonises the findings from the textual analysis and the perception of experts with regard to the errors and misrepresentations of medical scenes in Hausa video films. This exposes the weakness of the production hands in researching the story niche in order to enrich the content and impress viewers. The media representation theory, as argued by its proponents, holds that when the representation is erroful or against the reality, the audience tend to reject what was presented.

Conclusion and Recommendation

Representation of medical scenes in Hausa video films is not a new thing. This is so because; many Hausa films have captured a significant number of scenes. Video and films play a substantial role in the construction of groups. In doing so, sometimes the films fail to represent the reality as demonstrated in the findings. It is, therefore, the conclusion of this study that there were flaws in the representation and construction of medical scenes- which is

far from the reality. The number of identified errors made in the representation of the medical scenes in the survey and the textual analysis indicated that there is a long way to go in the industry. It is also the argument of this study that such errors are responsible for the low nature of the films compared to other international film hubs. This is because; the acceptance of the content is weak and often generates criticisms from viewers. Based on this, the study recommends that experts from different fields of endeavours should be given more room to participate whenever their reality is going to be represented, so that they can give more insight into how the projection will reflect the reality. This will go a long way in upgrading the content of Hausa video films.

References

Adamu, A. U. (2007). Currying favor: Eastern media influences and the Hausa video film. *Filmint*, *5* (4) 77-91.

Akinkoya, O. F. & Odunlami, D. (2019). Representation of alcohol and its gendering in Nollywood. *Ebonyi State University Journal of Mass Communication* 6(1) 37-46.

Allen, M. (2017). *Textual analysis: The Sage encyclopaedia of communication research.* Retrieved https://dx.doi.org/10.4135/9781483381411.n623

Burke J. R., Onwueegbuzie, A. J., & Turner, L. A. (2007). Towards a definition of mixed methods research. *Journal of Mixed Methods Research*, *1*(2), 112-133. http://dx.doi.org/10.1177/1558689806298224

Griffiths, T. (2019). Media representation theory. Sourced on 16th November, 2019 from: http://www.slideshare.net/mobile/Tomaskas/media-representation-theory

Haruna, M. A. (2011). The social context of illness disclosure. In Abdullahi, S. A., Mohammed, I. Z. & Casey, C. (Eds) *Studies in Cultural Sociology.* Ibadan: Foludex Printers.

Hasan, S. (2013). *Mass communication: Principles and concepts.* New Delhi: CBS Publishers & Distributors PVT Ltd.

Ibrahim, M. M. (2013). Hausa film: Compatible or incompatible with Islam?' *Performing Islam* 2: 2, pp. 165–179, doi: 10.1386/pi.2.2.165_1

Ibrahim, M. M. (2019). *Kannywood and the 'menace' of appropriation of romantic movies.* Paper presented at the Kano Indigenous Language of Africa Film Market and Festival (KILAF) in Kano, Nigeria; 27th October to 3rd November 2019.

Khalil, N. (2016). *Perception and Reaction: the representation of the Shari'a in Nollywood and Kannywood films* Retrieved from SSRN: https://ssrn.com/abstract=2775458orhttp://dx.doi.org/10.2139/ssrn.2775458

Rushton, R. (2011). Filmic reality and ideology in fantasy. In Richard, R. (Eds), *The Reality of Films: Theories of Filmic Reality* 148-171. Manchester: Manchester University Press. Retrieved from www.jstor.org/stable/j.ch155j8v.ii

Sarki, Z. M. (2015). The Portrait of family size in the Hausa home videos: culture or economy? *J. Mass Communication Journalism 5:283.* doi:10.4172/2165-7912.1000283

Seale, C. F. (2003a). Health and media: an overview. *Sociology of Health and Illness* 25(6) 513- 531.

Seale, C. F. (2003b). *Media and Health.* London: Sage.

Schumm, D., Barzen, J., Leymann, F. & Ellrich. L (2012). A pattern language for costumes in films. In Kohls, C. & Fiesser, A. (Eds) *Proceedings of the 17th European Conference on pattern languages of programs.* New York: ACM Publishers.

Tawil, Y. (2019). What exactly is media representation anyway? Sourced on 9th January, 2020 from: https://arabfilminstitute.org/what-exactly-is-media-representation-anyway/

Yusuf, I. U & Inuwa, A, T. (2020). Representation of Nigeria Police in Bosho Singham. *SAU Journal of Communication Studies*, *1*(1), 174-182.