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Maternal and Child Health Media Programmes and Accessibility in Selected Northern Nigerian Communities

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Abstract

This study examined Maternal and Child Health Media Programmer and Accessibility in selected northern Nigeria Communities. The goal of this research is to generate evidences required for planning behavior change communication towards the attainment of an end to preventable maternal and child mortalities in Nigeria. Behavior change model was used as the theoretical framework. The study adopts quantitative and qualitative research approaches, in which questionnaire and in-depth interview guide were used as instruments for data gathering. Findings show that the stations occasionally report maternal and child health news and discussion programmers. However, majority of women in the selected northern communities do not own or but have access to accessibility devices and as such have difficulties in accessing programmers on maternal and child health. The station's constraints are difficulty in getting resource persons to take part in the programmers, to finance, and other administrative bottlenecks. While respondents have access to radio and television sets and largely listen to the broadcast on maternal and child health, notwithstanding the challenges of receiving the transmitted programmer such language, signal, timing, lack of power supply and accessibility device. One can conjecture that while respondents in the communities have accessibility devices and receive the transmitted programmes on maternal and child, it is imperative to reposition the media organizations to aid the fight against maternal and child mortality in rural communities of Northern Nigeria.

Keywords: Maternal and Child Health; Media Programmes; Accessibility and Northern Nigerian Communities

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Introduction

Maternal and child health remains a critical global health challenge of increasing concern in developing countries. Reducing maternal and child mortality globally is among the major yardsticks in the Sustainable Development Goals (SDGs). Thus, Maternal and Child Health has been incorporated in the development strategies of various countries in pursuit of the 2030 SDGs goal on health.

Nigeria makes up only two percent of the world's population but accounts for 20 percent of the global maternal death burden [1]. The country has a maternal mortality rate (MMR) of 576 deaths per 100,000 live births and estimates indicate that maternal deaths are responsible for about a third of all deaths among women of reproductive age in the country (NPHCDA) [1]. The situation is much worse within the northern parts of the country, where the Maternal Mortality Rate is estimated to be over 1000 deaths per 100 000 live births [1]. Records have shown that between 1990 and 2015. Nigeria made no progress towards reducing Maternal Mortality Rate with the figure being 576 per 100,000 live births approximately 52,000 women die each year (WHO, 2019). This means that 1 in every 9 maternal deaths worldwide occurs in Nigeria.

Similarly, estimates in the 2018 Nigeria Demographic Health Survey (NDHS) show that neonatal mortality rate in Nigeria is 38 per 1,000 live births which represent about eight percent of global neonatal deaths. Of the causes of these deaths, as much as 70 percent are preventable (NPHCDA). The under-five mortality rate stands at 132 per 1000 live births (approximately 1 million deaths per year) making up about 10 percent of the global total (NDHS 2018). This means that one in every eight Nigerian children

dies before his/her fifth birthday.

In tackling preventable maternal and child mortality in Nigeria, the Primary Healthcare (PHC) has been singled out as the most suitable health care setting to meet the increasing need for health promotion interventions and to curb the poor indices (Frankish, et al 2006, Wise, 2007 &Watson, 2008). This is because 80% of the mortalities occur at PHC and community levels (NPHCDA) [2].

Primary Healthcare service was introduced to Nigeria in 1975 with the objectives of increasing the proportion of the population receiving health care from 25 to 66 percent and to establish a health care system best adapted to the local conditions and the level of health technology in this information age (Sorungbe, 1989 cited in Anie, 2011). According to Ademiluyi and Aluko-Arowolo (2009:3), Primary Healthcare Centers are meant to provide healthcare services for the treatment of malaria fever, cold, nutrition disorder, maternal and pregnancy matters, related diseases, among others [3].

Undoubtedly, governmental, non-governmental, and international partners have carried out several campaigns, health talks, sensitization, and awareness of the dangers associated with high maternal mortality in Nigeria. Intervention programmers towards social and behavior changes have continued to be developed and implemented at primary health care and community levels in the country.

Communication is indeed key to an effective healthcare system. The ability to communicate information and ideas effectively is increasingly recognized as critical to the success of any health intervention. Several media agencies including Television, Radio, Newspaper, and Social Media have been used to communicate several health behavior change messages. The success recorded by the Nigerian government in the elimination of Ebola and polio is largely attributable to effective community engagement strategies. Mass media have been quite successful in health campaigns in the United States and Asia. However, attempts that are currently being made to engage the media for health campaigns in Nigeria, especially at PHC and community levels where much of maternal and child mortality occur, have been beset with issues ranging from accessibility of the media in the communities to programming around maternal and child health, as well as listenership/viewership of programmers. Against this backdrop, this study was designed to investigate access to radio and television broadcast in selected communities in Sabon Gari and Zaria local government areas of Kaduna state, northern Nigeria. The study is also interested in examining the constraints the media have in programming around Maternal and Child Health and how that connects to the challenges audiences face in accessing or viewing the media in their communities.

Specifically the study was guided by the following objectives:

- determine availability, types and frequency of programs on maternal and child health the selected media transmits;
- identify the kind of maternal and child health issues covered in the programs;
- examine the prominence given to maternal and child health issues (in terms of timing of broadcasts);
- examine the constraints of the media on Maternal and Child Health programming
- examine access and listenership to radio and TV broadcast on maternal and child health in the communities and
- Identify the constraints of the communities in accessing and listening to maternal and child health programs on radio and TV.

Literature Review

Concept and Evidences

The mass media can be a powerful tool to raise public awareness on health issues and have been implicated as a factor influencing numerous health behaviors [4]. The mass media are significant factors of influence on topical issues of development such as safe motherhood and maternal mortality eradication so long as women of childbearing ages get exposed to their messages (Amoo et al 2020; Bhattacharyya, 2020; El-Kak et al., 2020; Lariscy, 2020). The mass media influence maternal health [5]. Sexuality and reproductive behavior (Ogunjuyigbe & Adepoju, 2014); they are also capable of influencing maternal health awareness. The technical devices, known as the mass media transmit messages to sensitize people generally comprise the radio, television, film, book, video, newspaper, magazine, and internet [6]. According to Khan and Ali (2017), the role journalism plays in promoting maternal health awareness when there is exposure to the mass media is essential. According to Bernsten & Hansen (2006) The Mass Media can help increase capacity and provide people with the information they need to learn about reproductive health and where to seek services.

A study by Ghosh in 2006, suggests that a significant relationship exists between women's mass media exposure and maternal health awareness. Ghosh pointed out that, women's exposure to mass media makes aware of the need for basic maternal and child healthcare and enables them to receive information regarding essential healthcare and recent developments in health issues. One can conjecture that information is key to achieving and maintain good health and, in this instance, is it critical in any attempt towards ensuring the safety of pregnant women and nursing mothers. Studies have identified many factors that are impediments to successful health communication. Some of which are ignorance, social, demographic, literacy levels, language, and paucity of trained professionals etc. [7].

Building awareness among women through the mass media to provide information about health issues holds significant importance (Jahan et al., 2017). The mass media, as opined by Igbinoba et al. (2019), aid individuals in making sense of their world as they propagate maternal health awareness through their messages. However, the mass media are not all-powerful in knowledge generation, acquisition, or dissemination, though designed to meet various information needs. Maternal health awareness, in this instance, has some level of dependence on mass media exposure. Sedlander and Rimal (2019) consider access to the world and other interactions through the media as an important factor for conducting interventions; the provision of greater access to the media is the best first intervention step.

They stress the crucial position that is being occupied by the mass media in situations that require one form of intervention or the other. It is, therefore, safe to posit that efforts aimed at tackling maternal mortality rates across the globe and particularly in Nigeria require the promotion of maternal health awareness through the mass media [2].

Examined media coverage of the Millennium Development Goals (MDGs) of which maternal health is one Adeniran, who content-analysed two Nigerian newspapers – The Punch and The Guardian over a period of six months, found that MDGs about hunger and poverty, environmental sustainability, and global partnership were the most reported, while MDGs concerning maternal health, child health, and universal primary education were the least reported. Just like the other studies discussed earlier, this one also found a similar trend of low awareness creation on maternal health, an issue for which Nigeria has been 'notoriously' popular, according to the statistics (630 per every 100,000 live births) [8].

The findings of the studies alluded to the implication is the mass media must 'rev up' reportage of maternal and child health. Because the mass media have the power to shape opinions and mould behaviors, it is reasonable to believe that a much higher level of reporting on the health of the mother and her child will help deepen awareness about the issue. Consequently, doing so will help reduce Nigeria's maternal mortality, currently at 1000 (NDHS, 2018). In corroborating the essence of mass media exposure, Fitzpatrick et al. (2019) note that media content and quality matter. As essential as quality media and content may be, inadequate exposure to them poses a big limitation to interventions regarding maternal health awareness. The study by Kamau et al. (2019), however, portrayed adequate exposure of pregnant women to the mass media as those adjudged to have the highest level of maternal health knowledge from brochures which are under the print division of the mass media were the majority. Increasing maternal health awareness among pregnant women improves their maternal health compliance, whereas their limited knowledge or lack of information on maternal health remains a set-back that adversely affects societal health and development [9].

Nigeria's Maternal and Child Health Situational Analysis

Sub-Saharan Africa, by the 2000 United Nation (UN)'s millennium declaration at the fifty-fifth session of the UN's general assembly, had the highest maternal mortality rate globally. Nigeria, the most populous country in Africa, has the highest maternal mortality ratios in the world (Okonofua et al., 2017; Ogu & Orazulike, 2017; Bankole et al., 2009). Nigeria, in virtually all development planning, has failed in performance (Amoo, 2018). Weak policy frameworks that pertain to maternal health should be strengthened via the joint effort(s) of the state and its development partners in monitoring as well as accounting for the progressive realization of reducing maternal deaths, using a human rights-based approach (Mpembeni et al., 2019; Smith-Estelle et al., 2015; DFID, 2005). In spite of the several initiatives and efforts devoted to curbing maternal mortality, only relatively little improvement has been achieved (WHO, 2019). The millennium development goal (MDG) of decreasing the maternal mortality ratio (MMR) by three quarters between 1990 and 2015 is encapsulated in the third SDG of ensuring healthy lives and promoting well-being for all at all ages through universal health coverage [10].

Estimates by 2018 Nigeria Demographic Health Survey (NDHS) show that Maternal mortality rate is 576/100,000 live births, this means 33,000 women die each year in Nigeria from pregnancy related causes, this further means that the country contributes 1 to every 9 maternal deaths worldwide. The Infant mortality rate stands at 75 per 1,000 live births, making up 8% of the global total. This means that one in every eight Nigerian children dies before his or her fifth birthday. While, Child mortality rate is 132 per 1,000 live births which mean Nigeria losses 1 million under children per year to preventable, making up about 10 percent of the global total and currently, Penta3 Coverage is within 33%. Of the causes of these deaths, as much as 70 percent are preventable (NPHCDA).

In recent times, there have also been initiatives involving the utilization of mass media campaigns to achieve wider coverage towards the attainment of improved well-being (Odorume, 2015). Communication is a vital component of healthcare delivery. It has long been invaluable in health promotion which, in the last few decades of the 20th century, became a critical part of public healthcare delivery programs (Bhattacharyya, 2020; Calvert, 2011; Fatema and Lariscy, 2020; Mahmouda & Omarb, 2018; De Wet et al., 2014). Public health concern on maternal mortality and morbidity has not dwindled and is becoming increasingly parameter for measuring societal performance (Amoo, Ajayi, Olarewaju, Olawande & Olawole-Isaac, 2020). Maternal mortality reflects the capacity of health systems, specifically; it is a test of the effectiveness of measures to address the pregnancy complications and challenges of childbirth. It could also be a measure of nutrition adequacy and reproductive rights of women especially during pregnancy (Amoo, Ajayi, Olarewaju, Olawande & Olawole-Isaac, 2020; El-Kak et al., 2020). In a bid to tackle varying maternal health concerns, the Nigerian government and other nations across the globe had resorted to the utilization of communication campaigns to reach out to the public with the aim of influencing their engagement in desired health practices. Specifically, governments at all levels in Nigeria have resorted to the use of communication campaigns through the mass media to reach out to the people, with the main purpose of influencing them into embracing standard health seeking behavior (Amoo et al 2020; Bhattacharyya, 2020; Lariscy, 2020).

Research Method

This study used survey and in-depth interview to gather the data required for answering the objectives. The survey method was specifically used to gather the quantitative data for research objectives one, two, three, five to six while the in-depth was utilized to the qualitative data to answer objectives four.

The survey participants are women of reproductive age, living in Bomo, Basawa, Dogorawa in Sabon Gari local government and Tankarau, Tudun Sarki, and Kanfanin Tsaye in Zaria local government of Kaduna State. These communities were randomly

selected to avoid data bias. Twenty participants were drawn from each of the communities in the local government area. This gave rise to one hundred and twenty (120) survey participants in total.

A structured questionnaire was designed and piloted in each of the local government areas to ensure adequacy. Data collected were analysed and presented with the aid of Statistical Package for the Social Sciences (SPSS).

An in-depth interview was conducted with the Producers and Managers of news and programs of four (4) community radio and one (1) television stations in Zaria and Sabon Gari Local Government areas of Kaduna State. The stations are ABU Samaru Radio, Queen FM Radio, FCE Radio, Alheri Radio, and Nigerian Television Authority, Zaria sub-station. Informants were purposively chosen because of their positions and experience either as managers, reporters, or producers.

Each of the respondents, given the confidentiality clause, agreed with the respondents, was identified by initials derived from their first names and surnames. This is in line with the suggestion of in line with the suggestions of Cresswell (2008). The generated code names for identification were: (1) MA (2) IA (3) MI (4) NW (5) SA (6) TA (7) AS (8) BE

Data Analysis and Presentation

Findings from Survey

Names of Communities

Table 1, Table 2, Table 3

Do you have a child aged 0 to 5 years?

The distribution in the table shows that majority of sampled respondents (n-120= 70.3%) have

Children 0 to 5 years of age **(Table 4).**

The table above indicates that majority of sampled respondents

Table 1: Data Analysis and Presentation.

Data	Frequency	Percent	Cumulative Percent
Bomo	20	16.7	16.7
Dogorawa	20	16.7	33.3
Basawa	20	16.7	50.0
Tankarau	20	16.7	66.7
Tudun Sarki	20	16.7	83.3
Kanfanin Tsaye	20	16.7	100.0
Total	120	100.0	_

Table 2: Do you have a child aged 0 to 5 years.

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	83	69.2	70.3	70.3
	No	34	28.3	28.8	99.2
	7	1	.8	.8	100.0
	Total	118	98.3	100.0	_
Missing total	System	2	1.7	_	_
	_	120	100.0	_	_

Table 3: Respondents Demographic Information.

Age	20-30 43(*n*-19= 35.8%)	31-35 34(n-19=64.2%)	36-45 24(n19=84.2%)	46 and above 19 (n19=15.8%)
Gender	Male 9 (n-19=7.5%)	Female 110 (n-19=99.2%)	Other 1 (n- 19=7.5%)	_ _
Marital Status	Single 4 (n-19=3.3%)	Married 111 (n-19=95.8%)	Widow 3 (n-19=98.3%)	Divorced 2 (n-19=1.7%)
Religion	Islam 113 (n-19=94.2%)	Christianity 7 (n-19=5.8%)	_ _	_ _

Table 4: Do you have a Primary Health Care centre in your community?

	Frequency	Percent	Cumulative Percent
Yes	83	69.2	69.2
No	36	30.0	99.2
7	1	8	100.0
Total	120	100.0	_

Table 5: Showing table Number of Children.

	Frequency	Percent	Valid Percent	Cumulative Percent
Don't have	15	12.5	12.7	12.7
Specify number	103	85.8	87.3	100.0
Total	118	98.3	100.0	_
System	2	1.7	_	_
Missing total	120	100.0	_	_

(n-120 = 69.2%) have noted that they have health care center in their communities **(Table 5).**

The distribution in the table indicates that majority of sampled respondents (n-120 = 69.2%) have noted that they have health care center in their communities **(Table 6)**.

The table above indicates that majority of sampled respondents (n-120 = 65.3%) have signified that the primary health care center is close their homes **(Table 7)**.

Of the total (120) sampled respondents, (n-120 = 76.5%) own or have access to a radio receiver. While, (n-120 = 23.3%) neither own nor have access to a receiver **(Table 8)**.

The table above indicates that majority of sampled respondents (n-120 = 67.2%) own or have unrestricted access to a television set **(Table 9)**.

The table above indicates that majority of sampled respondents (n-120 = 74.8%) noted that they do receive radio broadcast on maternal and child health **(Table 10)**.

The table above indicates that majority of sampled respondents (n-120 = 62.7%) noted that they do receive television broadcast on maternal and child health **(Table 11)**.

The table above shows that majority of sampled respondents (n-120 = 72.3%) indicate that they listen to radio broadcast on maternal and child health **(Table 12).**

The table above indicates that majority of sampled respondents

Table 6: How accessible is this primary health care centre from your home?

	Frequency	Percent	Valid Percent	Cumulative Percent
Near	77	64.2	65.3	65.3
Far (Accessible by Vehicle with ease)	20	16.7	16.9	82.2
Very far(Hard to reach)	21	17.5	17.8	100.0
Total	118	98.3	100.0	_
System	2	1.7	_	_
Total	120	100.0	_	_

Table 7: Do own/have unrestricted access to a radio receiver.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	91	75.8	76.5	76.5
No	28	23.3	23.5	100.0
Total	119	99.2	100.0	_
System	1	.8	_	_
Total	120	100.0	_	_

Table 8: Do own/have unrestricted access to a television set.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	80	66.7	67.2	67.2
No	39	32.5	32.8	100.0
Total	119	99.2	100.0	_
System	1	8	_	_
Total	120	100.0	_	_

Table 9: Do you receive radio broadcast on maternal and child health.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	89	74.2	74.8	74.8
No	30	25.0	25.2	100.0
Total	119	99.2	100.0	_
Missing System	1	8	_	_
Total	120	100.0	_	_

Table 10: Do you receive television broadcast on maternal and child health.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	74	61.7	62.7	62.7
No	44	36.7	37.3	100.0
Total	118	98.3	100.0	_
Missing Total	2	1.7	_	_
Total	120	100.0	_	_

(n-120 = 52.1%) indicate that they do not view television broadcast on maternal and child health **(Table 13)**.

The table above shows that majority of sampled respondents (n-120 = 82.1%) indicate that they have constraints listening to radio

Table 11: Do you listen to radio broadcast on maternal and child health.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	86	71.7	72.3	72.3
No	33	27.5	27.7	100.0
Total	119	99.2	100.0	_
Missing System	1	8	_	_
Total	120	100.0	_	_

Table 12: Do you view television broadcast on maternal and child health.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	56	46.7	47.9	47.9
No	61	50.8	52.1	100.0
Total	117	97.5	100.0	_
Missing System	3	2.5	_	_
Total	120	100.0	_	_

Table 13: Do you have constraints or challenges listening to radio or viewing television broadcast on maternal health.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	96	80.0	82.1	82.1
No	21	17.5	17.9	100.0
Total	117	97.5	100.0	_
System	3	2.5	_	_
Total	120	100.0	_	_

Table 14: If yes, what are those challenges? Please tick from the options below.

	Frequency	Percent	Valid Percent	Cumulative Percent
Language	29	24.2	29.3	29.3
Poor signal	29	24.2	29.3	58.6
Timing	12	10.0	12.1	70.7
Accessibility device	13	10.8	13.1	83.8
Unavailability of power supply	16	13.3	16.2	100.0
Total	99	82.5	100.0	_
Missing System	21	17.5	_	_
Total	120	100.0	_	_

or viewing television broadcast on maternal health **(Table 14)**

The above presentation of data shows the view of the respondents concerning the challenges the respondents faced with regards accessing and or listening to programs. It depicts that majority of the respondents (29 29.3%) (29 58.6%) identified language and poor signal as their major challenges. 12 respondents or 70.7% of the sampled respondents believes that the timing of the programme is a challenge. While 83.8 and 16.2 respondents noted that they do not have accessibility device and challenge of unavailability of power.

Discussion of Findings

From the data analysed, respondents' bio-data showed that they were 110 (99.2%) females and 19 (7.5%) males. This means that a majority of the respondents were females. Findings also revealed that a majority of the respondents were within the age range of 36-45 years (95.3%) and most respondents were married 111, 94.2%) and Muslims too. The data analysed indicate that most respondents own or have access to radio and television (), but are highly constrained by the language used, signal, timing, lack of power supply (see table 10 and 11). The findings also show that the respondents have access to radio and television sets and largely listen to the broadcast on maternal and child health, notwithstanding the challenges of receiving the transmitted programme such as language, signal, timing, lack of power supply, and accessibility device. One can conjecture that while respondents in the communities have accessibility devices and receive the transmitted programs on maternal and child, it is imperative to reposition the media organizations to aid the fight against maternal and child mortality in rural communities of Northern Nigeria.

Findings from Interview

On the availability, frequency, and types of programs on maternal and child health in the selected stations, findings show that the stations occasionally report maternal and child health news and discussion programs.

Regarding the frequency of transmission of programmes on maternal and child health, the interviewees expressed varying opinions, as MA indicated that they do transmit programs on maternal and child health frequently. While, MI, NW, SA, BE, IA indicates that, they rarely priorities issues of maternal and child health hence, don't give it frequent coverage.

The interview data also revealed that the stations do carry out any training to their staff on programming and reporting health matters due to funding constraints and inadequate technical support. Notwithstanding, it was gathered that the staff often get invitations by non-government organizations for training workshops.

When asked about the general constraint they face in programming and reporting on maternal and child health, the interviewees expressed similar views, ranging from difficulty in getting resource persons to take part in the programs, to finance, and other administrative bottlenecks.

Conclusion and Recommendations

Consequent to these findings, this study affirms that communities in northern Nigeria have access to radio and television sets and largely listens to broadcast on maternal and child health, notwithstanding the challenges of receiving the transmitted programs such as language, signal, timing, lack of power supply and accessibility device. This can be said to have affected their and health seeking behavior. Likewise, the journalists also face challenges in their programming on health, particularly on maternal and child health, such as difficulties in getting resource persons, inadequate funding, etc.

This study has empirically established the journalists do not get trained on reporting and programming on maternal and child health. More than any other factor had gnawed at the success of the Scheme and had set the stage for its gradual demise.

Finally, the study did not observe that the media mass, notwithstanding their propitiousness, would impact the people who own nor have accessibility devices, as well as other constraints such as the language of broadcast, signal, and timing of broadcast.

In consonance thereof, this study recommends that the mass media in Northern Nigeria should be repositioned to serve its purpose, particularly as it pertains to programming on maternal and child health issues. This will help in the fight against maternal and child mortality in rural communities of Northern Nigeria.

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