ASSESSMENT OF SOCIETY FOR FAMILY HEALTH (SFH) COMMUNICATION STRATEGIES FOR MATERNAL AND CHILD HEALTH IN MAKARFI AND SABON GARI LOCAL GOVERNMENT AREAS

BY

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A THESIS SUBMITTED TO THE DEPARTMENT OF MASS COMMUNICATION, AHMADU BELLO UNIVERSITY ZARIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF SCIENCE (M.Sc.) DECREE IN MASS COMMUNICATION

DECLARATION

I declare that the research dissertation tilled: “An Assessment of SFH Communication Strategies for Maternal and Child Health in Makarfi and Sabon Gari LGAs” has been carried out by me and all the materials used have been properly acknowledged by way of reference.

Nti, Agnes Ekor **Date**

CERTIFICATION

This dissertation titled: "An Assessment of SFH Communication Strategies for Maternal and Child Health in Makarfi and Sabon Gari LGAs" meets the regulations governing the award of the degree of Masters of Science in Mass Communication, Ahmadu Bello University, Zaria and it is approved for its contribution to knowledge.

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DEDICATION

This work is dedicated to my very ever-present-help, the Holy Spirit and to my lovely parents.

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ACRONYMS

1. SFH: Society for Family Health.

2. HBM: Health Belief Model

3. PMT: Protection Motivation Theory

4. ESMPIN: Expanded Social Marketing In Nigeria

5. PHCs: Primary Health Centers

6. LGA: Local Government Area

7. FGD: Focus Group Discussion

8. MCH: Maternal Child Health

9. USAID: United State Agency for International Development

10. WHO: World Health Organisation

11. MDGs: Millennium Development Goals

12. NGO: Non - Governmental Organisation

13. UNICEF: United Nations Children Fund

14. ARFH: Association for Reproductive Family Health

15. UNFPA: United Nations Family Planning Agency

16. BCC: Behavioural Change Communication

17. MSD: Merck Sharp & Dohme

Abstract

This study examined the communication strategies used by Society for Family Health (SFH) on Maternal and Child Health (MCH) in Makarfi and Sabon Gari Local Government Areas in Kaduna State. The aim of the study is to assess the effectiveness or ineffectiveness of the communication strategies used by SFH for maternal and child health. The study adopted Health Belief Model (HBM) and Protection Motivation Theory (PMT). Data was collected using Focus Group Discussion (FGD), Key Informant Interview (KII) and Questionnaires. 4 KIIs and 9 FGDs were conducted on SFH staff and pregnant women/nursing mothers respectively, while 45 questionnaires were distributed to health workers in the selected health facilities covered by SFH. Probability and non-probability sampling technique were adopted; the simple random sampling was used in selecting 9 PHCs in Makarfi and Sabon- Gari LGA and 4 key informants from Society for Family Health were purposively selected for the key informant interviewed. The data was analysed using the descriptive statistics and percentage frequency distribution table. Findings show that the Communication Strategies used by SFH are interpersonal communication, mass media, posters, antenatal visits, and women and men meetings. Also, the research reveals that these strategies are effective as the women have attested to the fact that they now practice exclusive breastfeeding, attend antenatal, do family planning and many other components of Maternal and Child Health (MCH). Based on the findings the study recommends that there should be constant repetition of the different MCH messages through various strategies especially interpersonal communication which the women prefer.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Communication is at the centre of any development activity. It cuts across various spheres of human endeavors such as health, agriculture, education, infrastructure, among others. Communication has become an indispensable tool used in pooling ideas across all divides, aimed at promoting an enduring environment for humanity. For this reason, it is considered a transactional process, such that all the stakeholders involved in any development are brought together to achieve a definite goal. One key area of communication for development is health – a situation described by WHO as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Communication in this context is considered as goal-driven, since all the relevant stakeholders of health are involved in decision making towards effective health delivery system in the society.

One of the areas of interest in communication for health development is 'maternal and child health' – one of the eight Millennium Development Goals (MDGs) set by the United Nations to be accomplished by 2015. The United Nations set this as priority with a view to promoting healthy living among the vulnerable groups in the society. As Adeniran (2009) recalls, their vow was to "spare no effort to free women and children from the de-humanising conditions".

The health of women and children has been a priority to the Nigeria government for the past two decades. While motherhood is often a positive and fulfilling experience, for too many women, it is associated with ill health and even death (Olatoye, 2009) in Ogunjimi (2012). According to World Health Organisation (2003), more than 25, 000 children in Nigeria, die every day and every minute a woman dies as a result of childbirth related complications. It also

records that worldwide, every year, about 500,000 women die due to child birth and over 9million children under age five die mostly from preventable and treatable diseases and everyday in 2015, about 830 women die due to complications of pregnancy and child birth (WHO, 2017).

Merson (2006) opines that Nigeria ranks second in the world behind India, in terms of the maternal mortality ratio and ranks eighth in sub-saharan Africa among seven other countries. Merson (2006) also conducted a research that supported the need for an increased response in maternal health care and advocacy campaign to focus the public, Non-Governmental Organization (NGO) and policy attention on the issue of maternal health in Nigeria.

This is why this research is focused on an assessment of the effectiveness or ineffectiveness of the Society for Family Health (SFH) (NGO) communication strategies to improve maternal and child health in Kaduna State. A statement in 2007 by Northern State Governors Forum in Nigeria, declared their commitment for free maternal and child health programmes in their respective states with the aim of reducing the alarming maternal mortality rate in Nigeria. Kaduna State happens to be among these states. In 2006, the scheme FREE MATERNAL AND CHILD HEALTH SERVICES, guided by a policy document and transitional operational guideline, 26 state governments-owned and local government-owned hospitals, 113 primary health care facilities participated in the programme in which about 184,783 pregnant women benefited. Apart from the efforts of the federal government, NGO's (USAID, UNICEF e.t.c) have also made effort towards the MDG goal of improving maternal and child health. More so on the 17th January 2017 Merck Sharp and Dohme (MSD) announced its $10 million commitment to the Global financing facility in support of every woman and child in low and lower middle income countries worldwide. This commitment represents a critical

step toward meeting the Sustainable Development Goals (former MDG) in order to reduce and child and maternal death in the world (WHO, 2017).

According to the National Primary Health Care Development Agency (NPHCDA) (2013), all these efforts and programmes have been introduced over the years to reduce mortality among women in Nigeria, Kaduna state inclusive, yet maternal and child health is still one major challenge facing the country. Therefore, the researcher intends to assess the communication strategies used by NGOs specifically SFH, and how effective or ineffective these communication strategies have been in improving maternal and child health in Kaduna state.

Society for Family Health is an NGO, incorporated in 1985, focused on providing health needs of which Maternal and Child Health is part of its project in 2015. The NGO uses behavioural change communication (through radio dramas, jingles, interpersonal communication, etc) as a strategy to achieve its aim. In 2005, SFH became the 1st Nigerian organization to receive fund from USAID to implement programmes on reproductive health. It now has 18 regional offices and 12 active projects present in the 36 states of Nigeria.

The organization (SFH) also helps to ensure healthy pregnancies, safe deliveries, child spacing and emergency interventions for women at risk, with funding support from several national and international donors including the Bill & Melinda Gates Foundation, United States International Development Agency, Department for International Development UK, Oxfam Novib, United Nations Population Fund and the Global Fund to fight HIV & AIDS, Tuberculosis and Malaria. (ESMPIN project report, 2013-2014)

There are many maternal and child health projects carried out by Society for Family Health, among them is the Expanded Social Marketing Project in Nigeria (ESMPIN), Project on family planning, antenatal care, diarrhea, and nutrition. The Expanded Social Marketing Project

in Nigeria (ESMPIN) is a five-year $56 million project funded by the United States Agency for International Development (USAID). Through ESMPIN, Society for Family Health in collaboration with Population Service International (PSI), BBC Media Action (BBCMA) and Association for Reproductive and Family Health (ARFH), aims to expand access to family planning and improve child survival in Nigeria through the private sector market. Approximately $30 million of the project value is in donated commodities. Contracted in April 2011 to SFH—the lead implementing partner—the project's operations commenced in July 2011. ESMPIN project report (2013-2014).

According to ESMPIN project report (2013-2014), "The project's key objectives are to significantly expand family planning access and availability; increase knowledge, attitudes, perception, and practices towards child spacing; engender a sustainable partnership with key stakeholders; and enhance the capability of the commercial sector in Nigeria to provide family planning products. The ESMPIN team proposed to act as a spur in Nigeria's family planning intervention efforts in three significant ways: first, Providing direct provision of more than 23 million couples years of protection (CYP) and contribute to achieve national CPR of 19.7% over the life of the project; second, Growing the overall market for family planning in Nigeria by generating increased demand; and third Promoting graduation of short-term method users to increasingly use mid-term and longer-acting methods".

Apart from family planning, which is the major component of the project, ESMPIN also aims to promote child survival interventions with focus on nutrition (breastfeeding), malaria prevention and treatment, and diarrhea treatment and prevention (including point of use water treatment and oral rehydration salts and zinc) in an integrated manner.

In September 2011, the State Specific HIV/AIDs Reproductive and Child Health Survey (SPARCS), a household baseline survey, was conducted in 19 states in Nigeria. Findings of the quantitative study provide the basis for the ESMPIN Behavior Change Communication focus in 2012 and 2013, including the interpersonal communication (IPC) strategy and implementation plan. This report outlines the evidence-based IPC strategies that ESMPIN will implement at the local community level.

In essence, Communication is vital in every aspect of life especially when it has to do with health. This is why this research assesses the Communication Strategies used by SFH and its effectiveness in the place of MCH.

1.2 Statement of the Problem

According to the United Nations Family Planning Agency (n:d), over half a million women die each year due to complications during pregnancy and child birth. Also, Lindros and Lawkkainen, (2004) found that about 69% of women still give birth in a traditional setting either at home or in a church and that only 30% of people in the rural areas have access to health care within 4 km distance. This also relates to the findings of USAID (2013) which says 43% of women in Nigeria receive no Maternal and Child Health related information within a year. According to UNFPA (n:d), at the millennium Summit in 2000, States resolved to reduce maternal child mortality in three quarters by the year 2015, among which the popular MDG is a part. Nigerian government have made it a commitment to its citizens to see that each of the goals especially MDG 4 and 5 is tackled. Also the report of Ndep Antor (2014) says that Nigeria saw a 27% decline in Maternal death between 2005-2010 that is, in 2005 (820 per 100,000) live birth) and 2010 (630 per 100,000 live births), still Nigeria remains among the top 13 highest maternal mortality in the world. However, Nigeria through the help of some sponsoring agencies like

USAID, UNICEF, UNFPA, WHO, Ministry of health etc, has made several efforts in allocating resources, building health centers, training facilitators, commissioning different projects such as ESMPIN, social Franchise in collaboration with National NGOs like SFH; all in a bid to improve health services and standards in Nigeria. In essence, most of these supports can be seen in LGA in various states especially in the North (USAID, 2008). Despite the availability of all the provision and facilities, Nigeria loses about 2,300 under-five year old and 145 women of childbearing age, this makes the country the second largest contributor to the under–five and maternal mortality rate in the world UNICEF (2016).

Maternal and child health promotion is one of the functions of Society for Family Health (SFH), with offices spread across Nigeria. In order to sensitize the public on MCH and other functions, various communication strategies are used to reach their audience. Despite these strategies, the rate of child mortality in Kaduna State remains high in the past10 years with an estimate of 163/1000 live births (Bako et al, 2016). Although, there have been various research like Zamawa (2015) and Odesanya et al (2015) conducted in Nigeria that see communication as key to reducing Maternal and Child Mortality yet most of this research work ignore the fact that there are specific Communication Strategies that suit specific kinds of people not minding their level of exposure or education; this is revealed in the findings of UNICEF (2005), Brown and Small (2016), Okechukwu et al (2015) and many more found in literature review. However, this is a major gap the present research has filled. In other words this study takes a look at the communication strategies being used by the SFH such as interpersonal communication, mass media, talk shows, drama, flipcharts and cinema, in promoting maternal and child health in Kaduna State with a view to assessing their effectiveness or ineffectiveness. It also attempts to identify its most effective communication strategy for the campaign.

1.3 Aim and Research Objectives

The study aims at assessing the Communication Strategies used by SFH for Maternal Child Health in Makarfi and Sabon Gari Local Government Area of Kaduna State, with a view to determining whether they are effective or ineffective. The specific objectives are:

RO1. To know the communication strategies used by Society for Family Health in creating Awareness, Knowledge and Practice on Maternal and Child Health in Makarfi and Sbon Gari LGA.

RQ2. To know how the Communication Strategies used by SFH to create awareness, knowledge and practice are used to reduce Maternal and Child Health in Makarfi and Sabon Gari LGA.

RO3. To assess the Communication Strategies used by SFH in creating awareness, knowledge and practice on Maternal and Child Health in Makarfi and Sabon Gari LGA.

RO4. To examine the constraints in Communicating Maternal and Child Health by SFH in Makarfi and Sabon Gari LGA.

1.4 Research Questions

The following are the research questions that guide the study:

RQ1. What are the Communication Strategies used by Society for Family Health in creating awareness, knowledge and practice on Maternal and Child Health in Makarfi and Sabon Gari LGA?

RQ2. How are the Communication Strategies used by SFH to create awareness, knowledge and practice to improve Maternal and child Health in Makarfi and Sabon-Gari LGA?

RQ3. What influences do the Communication Strategies have on the target audience (pregnant women, and children under five) in Makarfi and Sabon-Gari LGA?

RQ4. What are the constraints faced by SFH in Communicating Maternal and Child Health in Makarfi and Sabon Gari LGA?

1.5 Scope and Limitation of the Study

This study involves pregnant women, nursing mothers in the Primary Health Centers, SFH staff in Kaduna state. The areas covered is limited to Sabon-Gari and Makarfi local Government areas in Kaduna state. This is because SFH has carried out its campaign in these areas within the last 10 months, using the various communication strategies such as mass media, interpersonal communication, drama, talk shows, among others.

1.6 Significance of the Study

Maternal and child mortality in Nigeria has consumed millions of lives due to improper communication among other reasons; effective communication programmes are meant to identify the right channels and content that will draw attention to the use of health information (WHO, 2012). International Agencies, Non-Governmental Organizations, Federal Governments have contributed their quota, but it seems their efforts are not yielding the desired results: Could it be that the right communication strategies are not employed for the right target audience? This is why this study seeks to assess the communication strategies used by SFH in communicating MCH messages and know if the strategies are effective or ineffective.

A major gap discovered in the review of different literature like, Digamar (2011), Ogunbijimi (2012), Gray-Fielder, Osola (2012), UNICEF (2005) and many others, show that most NGOs do not care about communication strategies, the few ones that care, like Odesanya et al (2015) have no knowledge of the right kind of channel for the right kind of audience. A study by Zamawa (2015) reveals that the media as a communication strategy should be used as instrument for designing programmes that engage men in maternal and child health, but is

limited in identifying the best communication strategies to be employed. Digammar and Harribar's (2011) review of MCH service reveals that educational level of women and birth order are some factors that influence the low usage of MCH services, but have failed to see communication as a major factor.

Another gap identified is that the study areas of this research Makarfi and Sabon-Gari, has not been covered by the research works reviewed. As such, this research contributes to knowledge as it finds out the best communication strategy to be used for different audience with the aim of reducing the high rate of maternal and child death in Nigeria. This was achieved through the responses gotten from the field.

The findings and recommendations of this study will be significant to NGOs and international donors, as it will make them understand the right communication strategies to be used for any intervention programme like (ESMPIN) and guide them on how to manage resources. This research will also benefit women and children by making recommendations to NGOs, donor agencies and the government on more effective communication strategies. The research will also be significant to the Federal government of Nigeria, because it will help them improve the Nigerian Health system, health policy programmes, and organize training for health development facilitators.

The research will benefit Communication specialist, mass media practitioners, Health communication coordinators and interpersonal communication agents by improving their writing skills and understanding their target audience. It will guide the actual writing of a communication programme or project in order to achieve its development goal. Health workers will not be left out as they are great instrument that will bring about change the desired behaviour. This research will serve as a guide for their daily activities in the hospital by

consistently teaching the health workers how to communicate to pregnant mothers and nursing mothers.

The study will also contribute to existing literature on the improvement of maternal and child health through effective communication strategies, because most literature have failed to identify the right kind of channels used for the right kind of audience. The study therefore will help in creating awareness, understanding as well as knowledge of how to communicate well to pregnant women and nursing mothers in Nigeria.

1.7 Operational Definition of Terms

The following terms are used technically in the study.

Assessment: In this research assessment is seen as an examination or an evaluation of the different communication strategies used by SFH in communicating MCH components.

Communication Strategies: The different channels or means of passing messages to a target audience.

Maternal and Child Health: The complete well-being of a mother and child during and after child birth. i.e physical, psychological and social well-being.

Communication Agents: These are the people trained by SFH to communicate MCH messages to the Women

Maternal mortality: is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, from any cause related to or aggravated by the pregnancy or its management.

Child Mortality: Also known as under-5 mortality is the death of infants and children under the age of 5.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews relevant literatures on the subject matter of this research, the chapter aims at ascertaining what other researchers have done in the related areas as regards conceptual reviews, empirical reviews and theoretical review.

2.2 Prevalence of Maternal and Child Mortality in Nigeria

Without healthy mothers, you cannot have healthy children. The issue of maternal health actually begins with the conception of the girl child in the mother's womb. The health of the baby within the mother, the circumstances and events of her birth, her early infancy, childhood, adolescence, early adulthood, her experiences as regards nutrition, childcare, education, physical, mental, intellectual and emotional development; all have vital and interdependent roles to play in what we term Maternal Health, (Sariki, 2008). Also, children who are raised in physical and emotional nurturing environment will be more likely to survive and less likely to succumb to illness and disease.

In Nigeria, for every 1,000 new born babies, 90 to 100 die within the first week of life mainly due to complications during pregnancy and delivery reflecting the intimate link between survival of the newborn and the quality of maternal care and providing justification for the integration of maternal, newborn and child health interventions. According to WHO (2007) as cited by Ndep (2014) about 536,000 women due of pregnancy related causes annually and close to 10 million women suffer complications related pregnancy or childbirth. Ndep (2014) further states that Nigeria's MMP yet to reach the reduction rates as recommended by the MOGs. Although MMP saw 27% decline in MMR between 2005 (820 per 100.000 live births) and 2010

(630 per 100,000 live births). The country is still among the top 13 highest MMR in the world. in 2010 Nigeria still records a high fertility rate of 3.5 a drop from 5.7 in 2005. Therefore women in Nigeria are exposed to a higher risk of dying due to childbirth related issues than women some poorer African countries such as Botwana, Ghana, Namibia and Togo. (WHO, 2012).

The United Nations Children Funds (UNICEF, 2013) observes that "Child and Maternal Mortality have many triggers, both direct and indirect. Poorly funded and culturally inappropriate health and nutrition services, food insecurity, inaccurate feeding practices and lack of hygiene are direct causes of mortality in both children and mothers". The indirect causes may be less obvious externally, but play just as large a role in mortality statistics. Female illiteracy adversely affects maternal and child survival rates and is also linked to early pregnancy. In many countries, especially where child marriage is prevalent, the lack of primary education and lack of access to healthcare contribute significantly to child and maternal mortality statistics. UNICEF also notes that discrimination and exclusion of access to health and nutrition services due to poverty, geographic and political marginalization are factors in mortality rates as well (Saraki, 2008).

The major reported causes of maternal deaths in developing world include: Severe bleeding, Infections, Obstructed or prolonged labor, Unsafe abortion, Hypertensive disorders of pregnancy especially eclampsia among others (Marchie and Anyanwu, 2009). Hemorrhage, sepsis, toxemia and complications from abortion account for 62% of maternal deaths in Nigeria (Lindros and Lukkainen, 2004). According to Olatoye (2009), North West has the highest maternal mortality rate, seconded by North-East. Death from post-partum hemorrhage (PPH) ranges between 23% and 44% of total maternal deaths especially in the Northern States.

2.3 Causes of Maternal and Child Mortality in Nigeria

The ratio of women dying from PPH is 1 in 6 in the North East and North West as against 1 in 18 between South West and South East geopolitical zones in Nigeria. In percentage terms generally, the records read as follows: Eclampsia - 27%, PPH - 25%, Infection – 15%, Unsafe abortion – 13% and Other causes – 20%. Other health issues which affect women's chances of healthy livelihood in the pre-natal and post-partum period are high blood pressure, cancer, heart conditions and other non-communicable diseases. According to Amankwah (2009) the following are the causes of maternal child death in Ghana: Bleeding – 17%, Hypertension – 19%, Anemia – 12%, unsafe abortion – 11%, Infections – 10% Obstructed labour – 7% and other causes – 24%.

The underlying factor of most maternal deaths is ignorance and apathy by women and the society in general. Most women ignore early warning signs due to lack of adequate knowledge and information about danger signals during pregnancy and labor and so delay to seek care Amankwah (2009). Also, adequate preparation for any emergency before, during and after delivery is also lacking, this is common with most men in Nigeria as they do not prepare for their wives time of delivery even though they have nine month notice before the birth of the child.

Individual characteristics of mothers found to influence maternal deaths include maternal age, educational attainment, socio-economic status and antenatal attendance. Poor socio-economic development, weak health care system and socio - cultural barriers to care utilization are also contributory. Socio-cultural variables in the prediction of maternal mortality are thus explained.

Early Marriage

According to Amankwah (2009), early marriage account for about 23% of maternal mortality due to severe hemorrhage resulting from obstructed and prolonged labor. The narrow pelvis of these women may also result to fistula and often time still births.

Family Planning Practice

Unsafe abortions accounts for at least 13% of all maternal deaths. If people are not aware of good contraceptive methods, there will be a lot of unwanted pregnancies among the young age group. These most often resort to unsafe abortion with its resultant infections, hemorrhage and injuries to the cervix and uterus. This is why different organizations are making efforts to increase the knowledge of people about family planning. More so, SFH (2015) reveal that they reduce maternal death through education and empowerment of couples through the provision of information, services and products for both modern and natural birth spacing methods.

Female Genital Mutilation (FGM)

According to WHO (2006) women who have had Female Genital Mutilation are significantly more likely to experience difficulties during child birth and their babies are likely to die as a result of the practice, it is a risk factor for obstructed labour, Pains, infections and hemorrhage, tetanus and HIV infections. Problem following FGM is that scar tissue stretches poorly in child birth leading to perineal tear and hemorrhage which also accounts for maternal deaths due to inadequate emergency obstetric care. However this depends on the types of FGM: Type I (excision of the prepuce, with or without excision of parts or all of the clitoris), Type II (excision of the clitoris with partial or total excision of the labia minora) and Type III (also known as infibulations, it is the excision of part or all of the external genitalia and stitching of the vaginal opening)

Obstetric and Post-Partum Care

About 69% of women still give birth in a traditional setting either at home or in religious places. Only 30% of people in the rural areas have access to health care within 4 km distance. The same issue is applicable to people in the urban setting (Lindros and Lawkkainen, 2004). Most of these traditional birth attendants at homes and religious places are unskilled, as complications are treated unprofessionally, resulting in death of the mother or child or even both. This corroborates with the findings of USAID (2013) on Maternal and Child Health Programme indicator survey reveal that 43% of most health centers do not have adequate health workers and the women get their information from mother in-laws, relatives and friends and this can lead to misinformation.

Educational Attainment of Women

Female illiteracy adversely affects maternal and child survival rates and is also linked to early pregnancy. The lack of primary education and lack of access to health care contribute significantly to child and maternal mortality statistics. Ndep (2014) says women who complete secondary education are more likely to delay pregnancy, receive prenatal and post natal care and have their birth attended to by qualified medical personnel.

Child Death

This, in itself is a risk factor for maternal death in the sense that when a mother loses a child at birth, she would want to get pregnant almost immediately not weighing the risk involved. Also included here are: women's decision making power, economic status and access to health care services, food restriction and taboos. Poverty and ignorance also play a part as many families faced with poverty also lack adequate resources for taking care of their health challenges. On the average, 70% of child deaths in Africa are attributed to a few mainly

preventable causes such as acute respiratory infections, diarrhoea, malaria, measles, malnutrition and neonatal conditions which include suffocation, prematurity and low birth occurring singly or in combination. More children die in Nigeria from these simple preventable and curable health conditions. Malaria alone accounts for about 24% of child deaths annually in the country. More than one million children die annually in the country before their fifth birthday with malnutrition as the underlying cause for more than 50% of these mortalities Olatoye (2009).

According to UNICEF (n:d) recent demographic and health survey results, exclusive breastfeeding rate has declined by 3% as compared from 1990 to 2003 when considerable progress was made from 1 to over17% This is also caused by misinformation on the part of the health workers, because children have been known to die because mothers were trying to have exclusive breast feeding even when they would not produce milk, as a result starving this children to death within the first week. Nigeria has a poor nutritional indices which indicate 14% low birth weight, 13% exclusive breastfeeding, 14% stunting and 27% underweight (Obannaya and Aminu, 2009). Nigeria comes third after India and China in the world list of undernourished children and is currently one of the two African countries listed among the twenty responsible for the 80% of global malnutrition, particularly in the Northern region of the country (UNICEF, 2009). Erroneous beliefs informed by ignorance hinders appropriate care for such babies. In most instances, it is considered that the malnourished babies are being dealt with by strange gods hence time and resources are spent in making sacrifices to the gods while the condition of the affected babies worsens. Besides these, lack of essential health services, inadequate access to clean water and lack of basic sanitation contribute to high rate of child mortality. Nigeria is also listed among the four polio endemic countries in the world and accounted for 85% of all cases in Africa.

2.4 Effects of Maternal and Child Mortality in Nigeria.

One of the effects of maternal mortality is on child survival, several researches show that there is a negative relationship between maternal mortality and child survival. Other potential effects on children, households, communities and societies due to maternal mortality includes death, malnutrition, injury, poor hygiene and grief (Ainsworth and Semali, 1998). According to Abdur Razzaque et al (nd) maternal mortality has a negative effect so child survival. his findings show that 61% of the children born shortly before the mothers' death died in their first 60months.

2.5 The Role of NGOs in Nigeria.

Non-governmental organizations (NGOs) have played a major role in the development of Nigeria especially in the health sector, different NGOs have been key drivers of governmental negotiations, ranging from the different health problems such as HIV, Malaria, Ebola, polio and the most recent one meningitis .According to International Institute for Sustainable Development (IISD 2013) NGO is used to describe a bewildering array of groups and organizations - from activist groups 'reclaiming the streets' to development organizations delivering aid and providing essential public services. Other NGOs are research-driven policy organizations, looking to engage with decision-makers. Still others see themselves as watchdogs, casting a critical eye over current events. Some NGO groups may pursue a single policy objective - for example access to AIDS drugs in developing countries or press freedom. Others will pursue more sweeping policy goals such as poverty eradication or human rights protection or for most of them they pursue health. Furthermore, Ejaz et al (2011) reveals that involving the NGOs for health system strengthening may eventually contribute to create a healthcare system reflecting an increased efficiency, more equity and good governance in the wake of the

Millennium Development Goals. The following are some NGOs that have contributed to the Nigeria Health sector: UNICEF, UNFPA, USAID, SFH, WHO, UN etc. this NGOs through the help of national and local NGOs have improved the health of many Nigerians especially those living in the rural communities. However, ,many NGOs in Nigeria are engaged in health services provision, research and advocacy., NGOs have been able to fill the gaps created by the Nigeria health sectors in terms of physical, financial, social and geographical access to the health care facilities.

2.6 Health Communication

Health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health.

Over the years, communication has played a significant role on health issues, which helps in combating a lot of disease and creating awareness to its audience. Hence, health communication tends to create an enabling environment for active participation of both the youths and stakeholders to contribute to the developmental needs of health through various measures that will help to prevent the spread of such diseases that are common globally, and which need to keep the populace informed at all time. According to NHS 2010 (National Health Services), Health communication keeps one informed, conscious and alert of his health, thereby being vigilant of their health and physical fitness.

Jackson and Duffy (1998) explain that Communication occurs in a variety of contexts (for example, school, home, and work); through a variety of channels (for example, interpersonal, small group, organizational, community, and mass media) with a variety of

messages; and for a variety of reasons. In such an environment, people do not pay attention to all communications they receive but selectively attend to and purposefully seek out information. Jackson and Duffy (1998) further state that "one of the main challenges in the design of effective health communication programs is identifying the optimal contexts, channels, content, and reasons that will motivate people to pay attention to, and use health information."

Health communication is the use of communication techniques and technologies to positively influence individuals, populations and organization for the purpose of promoting human and environmental health (Maibach and Parrotte, 1995). It links the domains of communication and health and is increasingly recognized as necessary element of efforts to improve personal and public health (Piotrow, 1997; Jackson and Duffy, 1998).

For Schiawo (2007), Health communication is a multifaceted and multidisciplinary approach used to reach different audiences and share health related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt or sustain a behavior, practice or policy that will ultimately improve health outcomes.

The practice of Health communication has contributed to health promotion in several areas in Ghana. The Ghanian Ministry of Health sponsored a multimedia campaign designed to increase AIDS awareness and promote Aids prevention among young adults and the outcome was encouraging (McCombie, 1992).

Health communication can contribute to all aspects of disease prevention and health promotion and is relevant in a number of contexts, including, health professional-patient relations, Individuals' exposure to search for and use of health information, individuals' adherence to clinical recommendations and regimens, the construction of public health messages

and campaigns, the dissemination of individual and population health risk information, that is, risk communication, images of health in the mass media and the culture at large, the education of consumers about how to gain access to the public health and health care systems, and the development of tele-health applications (Anderson, Aydin, and Jay, 1994).

From the foregoing, it can be elicited that increasing access to information on key practices through effective communication strategy would empower households to effectively prevent and manage pregnancy related and childhood illness, increase capacity at the community-level to support families and households to promote appropriate family/ household/community practices and improve chances of maternal, newborn , better growth and development.

2.7 Communication Strategies

A number of definitions are used in the communication for development field to describe the three basic components of communication. They are; Advocacy, Social Mobilization and Behavioural Change (or behavior development) communication. Although listed separately, "effective communication relies on the synergistic use of the three strategic components" (UNICEF, 1999).

The following are few communication strategies on how communication interventions lead to outcomes, behavioural outcomes and sustained health behaviours. Also for strengthening community capacity, changing social norms, and improving specific health behaviours requires interventions at the three levels in the society.

Advocacy Communication helps to create or strengthen social norms by garnering political commitment and policy change that would facilitate desired positive behaviour change. Advocacy activities will target the political leaders, policy makers and social/religious (sultan of

sokoto and pastors, bishops and imams) leaders at national, district and community level. It also targets NGOs, Community Based Organisations (CBOs), Faith Based Organisations (FBOs), private sector partners and development partners. Advocacy at all levels helps to mobilize resources and services, and to accelerate the implementation of BCC programs. It also helps to cement political and social commitment to the cause. The secretariat of the African decade of persons with disabilities (2006) defines advocacy as a set of targeted actions in support of a cause or an issue, because one wants to build support for that cause or issue, influence others to support it; or try to inform or change legislation that affects it. According to the Federal Ministry of Health and national malaria control programme (2010:30):

> Analysis is the first step to effective advocacy, just as it is the first step to any effective action. The FMOH further say that activities or advocacy efforts designed to have an impact on public policy starts with accurate information and in-depth understanding of the problem, the people involved, the polices, the implementation or non-implementation of those policies, the organisation and the channels of access to influential people and decision-makers. The stronger the foundation of knowledge on these elements, the more persuasive the advocacy can be.

Social Mobilization Communication is a movement at the national, district, local government and community levels, involving civil society, non-governmental organizations, community based organizations, religious groups, and the private sector.

According to UNICEF (2005) social mobilization is a process of bringing together all feasible and practical inter-sectorial social partners and allies to determine felt-need and raise awareness of, and demand for, a particular development objective. The social mobilization communication intends to mobilize human resources of existing networks as well as for getting support for the pregnant women nursing mothers and children under five and health workers. The social mobilization works through local government, NGO, women/men groups, saving and credit groups, school teachers, Junior Red Cross Circle, journalists, civil society and professional

organizations and in this context antenatal clinics etc. Social mobilization communication involves the process of capacity building and inter-sectoral collaboration, from national to community levels to support BCC activities. Communities must be involved from the time the communication strategy is conceived to the development of interventions and through the implementation and evaluation processes. In this process the involvement of deprived, marginalized oppressed and workers population should be considered**.**

In social moblilization of any community the participations are the ministry of health, NGO, media producers, curriculum developer, teachers, health workers, women or youth organization political and traditional religious leaders. This is because these set of people will help in mobilizing the community, going from house to house to sensitize them on the need to embrace natal, antenatal and postnatal health care, so as to reduce the menace. These groups will bring organization orientation programmes, joint planning, workshops, feedbacks from the women, supervisions, participatory research, study tours, focus group discussions. This will help in the identification of problems and needs of the women. If all this are involved in the social mobilization of pregnant participation empowerments and community financing and high quality service.

Behaviour Change Communication (BCC) helps individuals and communities gain the knowledge and skills and develop favourable attitudes (environment) to change or develop their own desired behaviour. BCC activities are intended for direct right holders on rights related matters and concerned legalities such as for women, mothers, children, men's role etc. and general public at large. Sometimes, health workers and NGO facilitators are the intended audience group for the BCC activities.

UNICEF (2005) defines BCC as a research based consultative process of addressing knowledge, attitudes and practices through identifying, analyzing and segmenting audiences and participation in programmes by providing them with relevant information and motivation through well-defined strategies, using an audience appropriate mix of interpersonal, group and mass media channels, including participatory methods. According to FHI, (2002) BCC should include Clearly defined BCC objectives, An overall concept or theme and key messages , Identification of channels of dissemination, Identification of partners for implementation (including capacity- building plan), A monitoring and evaluation plan.

Adeyanju (2008) affirms that field workers and program planners discovered that BCC is very effective in the issue of prevention. In other words, Gloria (2014) in an unpublished thesis opines that communication is useful not only in the area of prevention but also in the other program areas. Gloria (2014) also adds that BCC has developed to be able to perform some basic roles which are: To increase knowledge, Stimulate community dialogue, Promote essential attitude change, Reduce stigma and discrimination, Create information and service, Advocate, Promote services for prevention, care and support, Improve skills and sense of self-efficiency.

2.8 Strategic Communication Chart by UNICEF

The ACADA chart created by UNICEF is an acronym meaning "Assessment, Communication Analysis, Design, Action: it has been developed and is widely used by NGOs. The chart shows ways/steps in planning a communication strategy and how it can be achieved in any given organization especially NGOs like Society for Family Health. According to UNICEF it shows the process of using systematically-gathered data to link a communication strategy to the development problem. The diagram below illustrates this model:

Communication for Development, UNICEF New York

2.9 Attributes of Effective Communication

Communication can be defined as the combination of the processes we implement to share and convey information. However, effective communication only happens if the sender (i.e the person prompting the communication process) is aware of specific elements which cater for an effective transfer of message o the recipient.

Characteristics/features of effective communication by Cutlip M. Scott

1. **Completeness:** To be effective, communication should be complete, i.e it should include all the information the recipient needs to evaluate its content, solve problem or make a decision. Complete communication reduces the need for follow up questions and answers, and improves the quality of overall communication process.
2. **Conciseness:** Conciseness is not about keeping the message short, but rather about keeping it to a point. Conciseness in communication happens when the message does not include any redundant or irrelevant information**.** Concise communication prompt a better understanding of the message, because the recipient can focus on the key point and does not get distracted by a wealth or minor details.

3. **Consideration:** When engaging in communication, a sender should always consider and value the recipient needs, moods and points of view.
4. **Concreteness:** Effective communication happens when the message is supported by facts and figures. Concreteness in communication is also about answering to questions, timely and consistently, and developing your argumentations based on real life examples and situations rather than on general scenarios or theories.
5. **Courtesy:** Courtesy in communication implies being respectful of the recipient cultures, values and beliefs. Also, it involves the need to adopt a register your audience can easily relate to and understand.
6. **Clearness:** To be effective, communication has also to be clear and specific. To achieve clearness the message should focus on a single objective. Thus, emphasizing its importance and catering for a prompt understanding of its content.
7. **Correctness:** Using grammar and syntax correctly vouchers for increased effectiveness and credibility of the message

Leslie Synder (n:d) identified few points on how to create health communication campaign:

1. Follow the steps for strategic communication
2. Use appropriate theories of behavior change & communication
3. Pay attention to contextual factors, including differences among the target populations and their environments.

She added that Media campaigns to reach pregnant & lactating women, fathers and influential older women should also be targeted. These relates to the review of Arokoyo (2014) who opines that what makes a communication effective is: knowing the components of the communication process, knowing the importance of two-way communication (sending a

message and receiving feedback from the set audience) and finally knowing the barriers of effective communication and how to avoid them. Furthermore Arokoyo (2014) explains the component of a message as(1) Information (Awareness creation: what) (2) Persuasion (why do it) (3)instruction (Application; How to do it) and finally (4)Evaluation (How well did it go?)

2.10 Communication Strategies Used by Society for Family Health in ESMPIN Project

Society for Family Health has several behavioral change communication strategies, however, the most frequently used is the interpersonal communication strategy; others are community dialogue, Community drama, flipchart, focus group discussion, music to attract youth, campaign, occasional competition and the use of cinema to display video or audio messages, mass media such as radio.

Based on the visit to SFH Kaduna, the Health communication personnel said the above mentioned communication strategies are carried out by the Health Communication Coordinator (HCCs) and the Interpersonal Communication Agents (IPCAs). The organisation uses the mass media in presenting dramatic jingles, and promo to convey messages on the different ways family health can be improved through various child spacing methods, exclusive breast feeding, antenatal care, and diarrhea prevention.

2.11 Empirical Review

Maternal mortality is also known as maternal death. This is a major challenge in most health sectors in Nigeria. Mojekwu and Ibekwe (2012) reports that an annual decline of 5.5 percent in maternal mortality ratio between 1990 and 2015 is required to achieve MDG; however, figures released by WHO, UNICEF, UNFPA and the World Bank show an annual decline of less than l per cent. For instance, although UNICEF recognizes Nigeria’s efforts at

improving maternal healthcare and reducing maternal mortality, the agency's verdict is that the pace of such efforts is very slow.

On Nigeria, UNICEF says:

> Underneath the statistics lies the pain of human tragedy, for thousands of families who have lost their children. Even more devastating is the knowledge that, according to recent research, essential interventions reaching women and babies on time would have averted most of these deaths. Although analyses of recent trends show that the country is making progress in cutting down infant and under five mortality rates, the pace still remains too slow to achieve the Millennium Development Goals of reducing child mortality by a third by 2015. (cited by Odesanya et al (2015).

Similarly, a research in China discovered that China has the largest population of women and children in the world with 630 Million women and 260 million children aged 0-14 years (UNICEF, WHO, UNFPA 2006). The study systematically analyzed China's achievements in maternal and child health, identified problems and challenges, and provided policy recommendations to improve health and reduce mortality in women and children. The study made use of the quantitative and qualitative research. In the end, the recommendation was that an effective communication strategy be formulated to strengthen the capacity of maternal and child health service providers in China, which is similar to the present study (assessing the effectiveness of Communication Strategies).

Digamar and Harihar (2011) conducted a study titled, "Factors Influencing the Utilization of Maternal Health Care Services in Uttarkhand, India". This study adopts the content analysis method of research with the aim of finding possible factors influencing the use of Maternal Health care services, using data from NFHS III. The results of the findings reveals that educational level of women, birth order and wealth indices are the significant predictors in

explaining antenatal and delivery case. This study relates with the current research as it reveals the factors influencing the utilization of Maternal Health care services in Uttarkhand, India, while the present research looks at the Communication Strategies used in improving MCH in Nigeria Kaduna state. A major difference is the methodology; Haribar (2011) adopted content analysis, while the present study employs survey research in order to get information directly from beneficiaries at the field.

Baqui Abdullahi (2008) conducted a study on "NGO Facilitation of a Government Community Based Maternal and Neonatal Health Programme in Rural India". The study examines whether NGO facilitation of the government community based health programme improved the equity of maternal and newborn health in rural Uttar Pradesh, India. The result of the findings revealed that Programmes need to identify barriers to universal coverage and care utilization, particularly in the poorest segments of the population. A quasi-experimental study design was used, and a house hold survey was conducted between January and June 2003 to establish baseline rates of programme coverage. A major similarity that Bagui's research has with the present study is the use of triangulated methods, but it differs in the location.

Zamawa (2015) conducted a survey research with 3,825 respondents in Malawi on the effect of mass media campaign on men's participation in maternal health. He emphasized the need for men in playing a major role in reducing preterm birth, low birth weight, fatal growth restriction, infant mortality, maternal stress and increases uptake of pre-natal and postnatal care. Zamawa (2015) reveals that "mass media as a communication strategy is one of the popular and effective tools for health promotion and behavioural change globally." And it should be used as an instrument to design programmes that engage men in maternal and child health. His research differs from the present research in the choice of location which is Malawi, similarly the two

studies adopted the same methodology (Survey) and the two researches are geared towards identifying the causes and ways of reducing maternal mortality in the world.

The design and implementation of BCC strategies is an important step in the MCH's efforts to improve its health promotion and communication response. This is evident in a research conducted by Mosque (2008) in Timor-lest Asia, He opines that Behavior Change Communication can be used as an instrument of national development of child health, nutrition, newborn health, maternal health, hygiene and integrated management of childhood illnesses (IMCI). The research also discovered different Behavioural Change communication strategy such as interpersonal communication, community mobilization, mass media, advocacy etc. Timor-lest (2008-2012) recommends "edutainment" used by mass media practitioners as a possible way of imbibing positive characters by women, health workers etc. the research employed survey. The location of the study and the theoretical framework employed is different from the present research.

A study by USAID (2013) on "Maternal and Child Health (MCH) Programme indicator Survey Sindh" aimed at providing data on key indicators required to monitor the implementation of maternal and newborn and child health MCH in Sindh and Punjab. The study adopted the multi-stage stratified sampling design which differs from the present research, findings reveal that 43% of women receive no maternal and child health related information within a year and also states that most common source of information were doctors, relatives, friends, mothers in-law and that the poorest of women had extremely low access to mass media. It also differs in terms of location, although it relates to the aim of the present research which is improving MCH.

Okechukwu .O. Anyamele et al (2015) conducted a research on "Trends and Disparities in infant and child mortality in Nigeria using pooled 2003-2008 Demographic and Health survey

Data " they analysed infant and under five mortality trends in the six geopolitical zones in Nigeria. The pooled data was used to enable them carry out logistic regression analysis in the state level. The study reveals that wealth, educational attainment of the mother, the use of health facility, religion, gender of a child and number of births in the last 3years are correlated or related to infant and under five mortality in Nigeria. These study is similar to the present research in its choice of location which is Nigeria but differs in its method of data gathering.

The Federal Ministry of Health (FMOH) in collaboration with UNICEF (2008) conducted a baseline study on Communication strategy for the implementation of MCH in Nigeria. The study focused on improving Maternal Newborn and Child Health (MNCH) Behaviour Change Communication strategy and ways of increasing the knowledge and skills of parents and the caregivers of pregnant women, newborns and children under-5years of age on the some selected 17 household and community practices that are fundamental to ensuring improved choices of child survival in Ogun, Owerri and Akwa-Ibom where the research was conducted. However the communication strategy for implementation of MNCH is similar to what the present research has done except for the differences in location and Methodology. Baseline study was adopted while the present research adopted the survey method of research.

Odesanya, Hassan, Olaluwoye (2015) conducted a research on "Mass Media and Maternal Health Care" and discovered that mass media does not just have a role to play in our lives but has the ability to create awareness about issues and calling attention to whatever threatens our health (maternal and child health). The study recommends that mass media organisations, health agencies and institutions as well as media educators should collaborate to devise strategies on how best they can equip journalists with specialized knowledge and skills to enable them write articles on health problems based on their expertise on such issues. Odesanya

et al (2015) did not use any form of empirical format of writing research, which is a major limitation.

The findings of a study by the Health Reform Foundation of Nigeria (HERFON) 2008, says no matter how free this equipment/facilities are, if there are no good communication strategies these efforts made by NGO and the Federal government will be in vain. The research employed different methods, the survey method, observation, interview and in-depth interview in the six Geo-political zones in Nigeria. This method is related to this research because the methodologies are the same, although, it differs from the present research in scope because the present research is only focused in two Local Government area in Zaria, Kaduna State.

Many communication initiatives have succeeded in enhancing public awareness, but have failed in going beyond awareness to stimulate positive changes in attitudes and practices towards creating a lasting social change. A paper work by (UNICEF 2005) presents synthesis of the latest experience in applying various communication approaches ranging from mass communication and entertainment, education, interpersonal communication, participatory communication, advocacy and social mobilizations. This confirms Mosque (2008) recommendation of using edutainment as mass communication tool to imbibe positive character.

Brown and Small (2016) reviewed a paper on " Overview of maternal mortality and morbidity" with the aim of knowing an estimated number of maternal deaths recorded in 2015 globally. The study revealed that 300,000 women died globally in 2015 as a result of pregnancy related condition. The study also found other factors associated with maternal mortality reduction which include: the promotion of policies to reduce anemia and mal-nutrition, prevention of malaria in pregnancy, discouraging early motherhood and reduce unsafe pregnancy

termination. However, the study is limited in its failure to seeing any communication strategy as a means to improving MCH globally, this is one of the gap the present study filled.

At the turn of the 21st century, leaders of the then 189 (now 193) member-states of the United Nations (UN) converged in New York which is the headquarter of the body for the Year 2000 United Nations Millennium Summit, where, after adopting the United Nations Millennium Declaration, they pledged their commitment to achieving a set of eight development-related goals. As Adeniran (2009) recalls, their vow was to "spare no effort to free our fellow men, women, and children from the abject and dehumanising conditions of poverty" (p. 30). In other words, their vow was an all-out war against conditions that impede human development. They drew the battle line between humanity and poverty when they set a deadline for year 2015, Goal-5 of the eight MDGs, maternal health is a key development issue, especially for African countries like Nigeria. The targets of these goals are: to achieve a reduction in maternal mortality (childbirth-related death of women) by three-quarters between 1990 and 2015; and to achieve universal access to reproductive health by year 2015. Although MDG has been changed to SDG (Sustainable Development Goals) and extended to 2030.

Afolabi (2009) studied the institutional constraints to achieving the MDGs in Africa, using the example of Akure Millennium City and Ikaram/Ibaram Millennium Villages both in Ondo States. He observed that although both the Millennium City and Millennium Village projects have taken off as programmed, the effects of the programme have not been widespread especially in Akure, though the effects of the programme seem visible in the millennium village. Afolabi (2009) discovers that the problems which programmes are designed to solve are still widespread and lack adequate conceptualization of the project, this militate against full implementation of the project. He identified lack of conceptualization and understanding, both

by the implementers and the beneficiaries (people at the grass root), over politicization by the government, lack of interest on the part of grass root would-be beneficiaries/communities, inadequate funding and capacity underutilization as the major problems militating against the success of the project. He recommends collective participation that will carry the community along in project design, and implementation as crucial to achievement of the MDGs complete removal of civil service bureaucracy.

Leclar (2011) researched on the "Millennium Development Goals and Agenda Setting". This study shows that there is lack of media coverage for the MDGs and how improvement in media outreach and agenda setting for MDG organizations might help the US to improve contributions to the achievement of the goals by 2015. The researcher defined Agenda setting theory as idea that the public uses the media to determine what issues are of most importance based on amount of coverage they receive. However, the difference lies in the methodology which a media outreach analysis was conducted among three of the MDG partner organizations, Millennium campaign, WHO, UNICEF to determine the size, history and budget of the Organization. Also, content analysis was collected from the New York Times, Washington, and USA today. The results were presented in form of tables. Another point of difference can be seen in the theoretical framework, as this research focuses on agenda setting theory, while the present research focuses on HBM and PMT. Similar to this research is the use of Interview as a data gathering method which the present research has also is used. In conclusion, a recommendation for more communication efforts should be made to get support for increased foreign aid, especially in Africa and where there is a need for more media outreach.

The above reviews show that various studies have been carried out on the issue of Maternal and Child Health both in Nigeria and different part of Africa and the world at large.

Only a few have dwelt with the issue of effective communication strategies used by different NGOs established in Kaduna State. This confirms a research carried out by USAID 2008.

Many communication initiatives have succeeded in enhancing public awareness but have failed in going beyond awareness to stimulate positive changes in attitudes and practices toward creating lasting social change. However, communication to impact on sustainable behavior change among individuals and groups on a large scale needs to be strategic.

Against this back drop, is a need to carry out this research that seeks to assess the effectiveness or ineffectiveness of communication strategies used by SFH on Maternal and Child Health in order to fill the identified gaps.

2.12 Theoretical Framework

This study adopts the Health Belief Model (HBM) to provide a framework for the study HBM developed by Rosenstock (1974) holds that prevention and cure of illness, acting together with people's perception of vulnerability to health problems form a set of related problems and a set of related elements which can influence health behaviour in individuals. Individuals' perceptions of perceived susceptibility/seriousness of disease has strong link to the likelihood of behaviour change in human beings.

According to Jones & Bartlett (2010), HBM was also developed over fifty years ago by social psychologist trying to understand lack of participation by individuals in a free tuberculosis screening programmes. Jones and Barlett (2010 says HBM is the most frequently used theory in health education, health promotion and disease prevention. Media information on health related issues leads to public awareness and enlightenment on perceived threats of the disease. This shows that effective communication of the importance of maternal and child health can reduce the rate of mother and child mortality.

The model further shows that the key to the application of health information is the readiness to adopt such messages (MCH Messages). This adoption of health information includes, people's readiness to act which is determined by individual's exposure to such information. The individual's perception of information also depends on how acceptable such information is to the individual which indirectly influences health-related behaviour.

Core Assumptions and Statements

The main assumption in the HBM is that individuals will act if they feel that a negative health condition (i.e. HIV) can be avoided, if an individual has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition and if an individual believes that he/she can successfully take a recommended health action.

HBM has been modified in various ways over time but the original model contains four psychological variables.

1. **Perceived Susceptibility**: Refers to the risk an individual has to a particular disease or health outcome. For example, when a woman does not believe that her refusal to access family planning methods could put her at risk, she cannot see a reason to change her bad behavior.
2. **Perceived Severity**: Is the individual's opinion of the graveness of the condition, it also addresses how serious the diseases a person are susceptible to can be. e.g if a pregnant woman does not believe the risk associated with an unmonitored pregnancy, she would not accept positive behaviours towards antenatal care. This is why this research seeks to assess the knowledge, awareness and practice of the health information received from the different communication strategies by SFH in Kaduna.

3. **Perceived Benefits**: It is one's thoughts concerning the effectiveness of the recommended action to actually avoid or reduce the seriousness of the condition. This is to say that if the pregnant women and nursing mothers are aware of the components of MCH services and have an understanding of the benefits of accessing the services, this will give them insights on whether to accept the recommended behavior or not.
4. **Perceived Barriers**: these are the negative aspects of a specific health action, those barriers that prevent the individual from getting the recommended behavior. However the benefit must be more than the barriers. e.g the mother should see more of the benefit of exclusive breastfeeding than barriers of exclusive breastfeeding.

A recent addition to the HBM is the concept of *self-efficacy,* or one's confidence in the ability to successfully perform an action. This concept was added by Rosenstock and others in 1988 to help the HBM better fit the challenges of changing habitual unhealthy behaviors, such as being sedimentary, smoking, or overeating. Jones & Bartlett (2010) went further to say HBM is geared toward reducing or avoiding a disease condition and aims to explain and predict health behaviors The HBM contributes to nursing knowledge that can be applied to the human-environment health relationship as well as health and healing processes. The perceived susceptibility to being affected by a condition and the perceived seriousness of the condition are both the most vital factors in a person's determination of the perceived threat of a condition (Kwong, Pang, Choi & Wong, 2010).

Glanz and Krimer (1995) opine that the Health Belief Model can be used to effectively guide the development of messages aimed at persuading individuals in undertaken health actions like screening mammography. Hochbaum (1958) states that although the public stands to gain most from the success of health programme targeted at it, its willingness to participate has all too

often been disappointing in spite of well-organized attempt to arouse popular interest and to make participation easy".

The Health Belief Model is relevant and most suitable for this research because it shows that the key to the application of health information is the readiness to adopt such messages. This adoption of health information in this context includes the mothers' readiness to act, which is determined by individual's exposure to such information (achieved through the right communication strategies). The individual's perception of information also depends on how acceptable such information is to the individual which indirectly influences health-related behaviour. Glanz (2002) see all these as cues to action-events either bodily (e.g. a health symptom or environment (e.g. a media message) that motivate people to take action.

To further justify the use of health belief model in this research, it highlighted four basic constructs namely, perceived *susceptibility, perceived severity, perceived benefit and perceived barriers.* It can be applied by the communication Agents defining the population at risk (mother and child), this can be based on their perceived behavior.

Specify consequences of the risk and the condition i.e communicating effectively to the people the risk of not following the rules that leads to maternal child health.

Define action to take; how the action is to be taken, where, when to access the action; clarify the positive effects to be expected, let the people know how to live healthy, where to get the health facilities (hospitals or health centers) and when it should be used. Identify and reduce barriers through reassurance, incentives, assistance.

Provide how-to information, promote awareness, reminders (through interpersonal communication like dialoguing, focus group discussions, mass communication through radio, pamphlets, flip charts etc, Provide training, guidance in performing action i.e constantly training

the stakeholders (communication agents, health workers, facilitators). The health belief Model has been criticized for not considering the people's past experiences and self-efficacy however, Umeh (2004) posits that past behaviour is an important source of information because people generally think about their future behaviour according to how they behaved in the past, it could also be argued that past behaviour and its effects on individuals could be part of psychological factors.

The Protection Motivation Theory

The Protection Motivation Theory was first by Dr. R.W. Rogers in 1975 in order to better understand fear appeals and how people cope with them. However, Dr. Rogers would later expand on the theory in 1983, to a more general theory of persuasive communication and a tool to predict health behaviour (Conner & Norman, 2005). The theory was originally based on the work of Richard Lazarus who spent much of his time researching how people behave and cope during stressful situations. In his book, "Stress, Appraisal, and Coping," Richard Lazarus discusses the idea of the cognitive appraisal processes and how they relate to coping with stress. He states that people, "differ in their sensitivity and vulnerability to certain types of events, as well as in their interpretations and reactions. While Richard Lazarus came up with many of the fundamental ideas used in the Protection Motivation Theory, Dr. Rogers was the first to apply the terminology when discussing fear appeals. Today, the Protection Motivation Theory is mainly used when discussing health issues and how people react when diagnosed with health related illnesses.

Core Assumptions and Statements

Protection Motivation Theory (Rogers, 1983) is partially based on the work of Lazarus (1966) and Leventhal (1970) and describes adaptive and maladaptive coping with a health threat

as a result of two appraisal processes. A process of threat appraisal and a process of coping appraisal in which the behavioural options to diminish the threat are evaluated. Boer, Seydel (1996) classified the threat appraisal as severity, vulnerability and reward while the coping appraisal as self-efficacy and response efficacy.

The Protection Motivation Theory is most suitable for this research because it can be used for influencing and predicting various behaviors, especially in health-related behaviors. According to Rogers, (1983) Protection Motivation theory was best measured by behavioral intention. The main features of application to date are reducing alcohol use, enhancing healthy lifestyles, enhancing diagnostic health behaviors, preventing disease and education. The Protection Motivation Theory proposes that the intention to protect oneself depends upon four factors:

1) The perceived severity of a threatened event (e.g., child or mother death)
2) The perceived probability of the occurrence, or vulnerability (e.g, the perceived vulnerability of the women disobeying will lead to death)
3) The efficacy of the recommended preventive behavior (the perceived response efficacy)
4) The perceived self-efficacy (i.e., the level of confidence in one's ability to undertake the recommended preventive behavior)

Based on Lazarus and Leventhal, the theory can be seen in two processes: the threat appraisal and coping appraisal. For this research the threat appraisal was applied to pregnant women and nursing mothers in Makarfi and Sabon-Gari Local Government.

The threat appraisal as earlier mentioned consists of both Severity and Vulnerability as well as rewards. For severity, it has to do with the damage caused by the unhealthy behaviour of mothers not adhering to the rules that guide a mother and child from the moment of pregnancy to

the point of delivery and child nutrition, and these unhealthy behaviors will lead to complications during pregnancy and after, and can lead to mother or child death. To further explain severity, the dangers or seriousness of the unhealthy behavior can be known by creating knowledge, awareness and persuasion through the use of SFH communication strategies (mass media, interpersonal communication, antenatal classes, women and men meeting etc).

The Vulnerability: This has to do with the probability that one will experience harm, which is to say that if the women in the communities don't accept or are not convinced of the dangers of what leads to maternal mortality, there is a high probability of either mother or child death.

Another aspect of the threat appraisal is the reward, this has to do with stopping or continuing the unhealthy behavior, which is dependent on the effort of the Communication Agents of SFH and how they have been able to communicate effectively, using the right channels, tools and interpersonal communication strategies. To further justify the use of Protection Motivation Theory in this research, the theory explains coping appraisal which consist of the response efficacy, self-efficacy and the response cost.

Response efficacy is the effectiveness of the recommended behavior received through communication strategies in removing or preventing possible harm or danger to the pregnant women by creating awareness, knowledge and persuasion. This can be achieved when the community women in Makarfi and Sabon-Gari LGA decides to stop the negative habit and accept the recommended behavior.

Self-efficacy is the belief that one can successfully practice the recommended behavior, after all the effort to improve Maternal and Child Health by the intervening agents (SFH), Response **cost** refers to the cost, reward or result associated with the recommended behavior;

usually this can either be positive or negative because there are some pregnant women and nursing mothers who will ignore the recommendations, e.g people that believe death will come no matter how may ignore the recommendations and bear the negative outcome, while a positive outcome may be obtained by those who accept the recommended behavior.

However, Criticism of the PMT would relate to the picture of an individual being a puppet and if one pulls the right strings, individual will move the way one wants him or her to move and follow the advice which may not be true, because people sometimes require an evidence to be convinced about a particular recommended behavior. Further research seemed to have recognised other weaknesses such as past experience, self-efficacy or personality (Conner & Norman, 2005).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the researcher basically describes the methodology of the research. The major contents of the chapter are: research design, population and sampling, instruments and methods of data collection, as well as validity and reliability of the instruments.

3.2 Research Design

The Survey research and Focus Group Discussion methods were used for this study. This is because the study deals with the responses of members of the public to an innovation aimed at influencing people's behavior while promoting Maternal and Child Health in Kaduna state. In addition, survey research becomes necessary at a point whenever the source of primary data for a study would be the views of members of the public or any particular group (Oja, 2005). Therefore, the survey method enables the researcher to empirically gauge the effectiveness or ineffectiveness of the communication strategies used by SFH in Kaduna State.

An in-depth interview was used for this study to elicit information about the communication strategies used for by Society for Family Health (SFH). The interview was aimed at getting information from SFH officials about their impressions, experiences and opinions. The study also employed FGD to give some target audience of SFH, the women of reproductive age the opportunity to air their views on the Communication Strategies used by SFH; finally, copies of questionnaires were administered to the Health workers in each of the PHC visited.

3.3 Population of the Study

The population of this study covers the two Local Governments Areas that SFH has carried out its campaign strategies between 2015 and 2016, within the period of six to ten months

in Kaduna state. These include Sabon-Gari with nine (9) Primary Health Centers (PHCs), with a population of five (5) health workers from each PHCs, which was given by SFH and one (1) group of FGD among 6 women from each PHC's, and Makarfi which has 11 primary health centers also with a population of five (5) Health workers from each PHCs which was also given by the SFH staff and one group of FGD among 6 women from each PHC's.

3.4 Sample Size

The sample size used for this study was 9 PHCs and this was gotten on the basis of the 21 PHCs SFH has covered within the last 10 months between 2015/2016 in Makarfi and Sabon-Gari LGAs. The reason for this is to ensure manageability of the target population. The selection was done through balloting, by randomly selecting 4 PHCs from Sabon-Gari LGAs: These are (PHC, Palladan; PHC, Bomo; PHC, Hayin Dogo; and PHC, Basawa) and 5 PHCs from Makarfi LGA these are: (PHC, Tashan Yari I; PHC, Tudun Wada; PHC, Tashan Yari II; PHC, Gimi; and PHC, Makarfi).

Questionnaires were administered on five (5) health workers from each of the PHCs selected, and one (1) FGD was conducted among 6 women from each PHC in the selected PHCs. This brings the total population to forty five (45) health workers, nine (9) Focus group discussions with 54 women and four (4) in-depth interviews (IDI) with SFH staff in Kaduna.

3.5 Sampling Technique

For the purpose of this study, the probability sampling and non probability sampling techniques were employed. The probability sampling is a method in which every member of a population has equal chance of being selected. Ogbuoshi (2010) opines that in this technique the selection of one subject has no influence on selection of another subject. The type of probability sampling used was the random sampling which is based on the principles of randomization, a

process of giving every member or element in a population equal chance. In this regard, the population was randomly picked by balloting the different wards in Makarfi and Sabon-Gari Local government areas, in order to distribute questionnaire and conduct FGD.

The non-probability sampling was used because it does not give equal chance to every member of the area which involves purposive sampling. This was applied to the selection of 4 informants from SFH, where staffs working on the target project (ESMPIN) were selected.

3.6 Instruments for Data Collection

The instruments of data collection are: a structured questionnaire, an in-depth interview and a focus group discussion. The structured questionnaires were administered on health workers selected from the selected PHCs under study; it gave opportunity to the respondents to choose among the options suggested by the researcher. The questionnaire is divided into two sections of A and B. Section A consists bio-data variables of age, marital status, occupation and educational qualifications of the respondents, while section B consist of questions that seek respondents opinion on each of the research questions posed earlier by the researcher.

Interview schedule was used for the in-depth interviews, the interviewees were selected among 4 staff members of Society for Family Health, Kaduna, office. Finally, a discussion guide was used for the FGDs which were conducted among the pregnant women and nursing mothers in the PHCs.

3.7 Validity and Reliability

Results of Validity and Reliability Test

Case Processing Summary

		N	%
Cases	Valid	5	100.0
	Excluded[a]	0	.0
	Total	5	100.0

Case Processing Summary

		N	%
Cases	Valid	5	100.0
	Excluded[a]	0	.0
	Total	5	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.707	.707	15

In order to ensure validity of the instrument for this study, the instruments were drafted by the researcher and reviewed by the supervisors. Their suggestions provided the study face validity of the questionnaire. To establish content validity, the questionnaire was also submitted to the supervisors who reviewed the sections of the instrument and made recommendations concerning clarity, relevance and readability of items. Corrections were made based on their recommendations. A Pilot Study was also carried out using selected health workers. The Statistical Package for Social Sciences (SPSS) v.20 was used to calculate the reliability coefficient of the pilot study using Cronbach Alpha. The Scores yielded a reliability coefficient of 0.707 which is approximated to 0.7.

An instrument is only reliable to a degree that it measures accurately and consistently what it is supposed to measure, yielding comparative results when administered a number of times (Guar and Guar, 2009). In determining the reliability of the instrument, data from the pilot study were tested and calculated using Cronbach alpha. The Cronbach alpha is simply a way of approximating the degree of correlation among items on a test. The closer it is to 1 the more

reliable is the instrument. The test yields 0.707 reliability coefficient and approximated to 0.7 which is regarded as satisfactory seeing that it is closer to 1. Hence, the result according to Guar and Guar (2009) is reliable enough for the instrument to be used in carrying primary data collection for this study.

3.8 Method of Data Collection

Working with one research assistant, the researcher administered 45 copies of the questionnaire, to health workers drawn from the nine (9) Primary Health Centers in both Makarfi and Sabon-Gari LGA. Also, four SFH staffs were interviewed by the researcher and a Focus Group Discussion (FGD) was conducted among 54 pregnant women and nursing mothers, in the selected PHCs, this was conducted by the researcher and an assistant.

3.9 Method of Data Analysis and Presentation

The data collected were analysed using the Descriptive statistics, percent frequency distribution and tables.

3.10 Variable

There are two major types of variables: the dependent and independent variables for this research.

(a) The effectiveness or ineffectiveness of the Communication Strategies used by SFH is the independent variable

(b) The rate of knowledge, awareness and practice of Maternal and Child Health component in Makarfi and Sabon-Gari LGA is the dependent variables.

This is to say that the improvement of Maternal Child Health in Makarfi and Sabon Gari LGA is dependent on the effectiveness of the Communication Strategies used by SFH Kaduna state.

3.11 Measurement

Respondents' knowledge, awareness and practice of Maternal and Child Health component was measured, so as to know the extent of coverage SFH has in Makarfi and Sabon-Gari LGAs (see Appendix 1,2 and 3) . Effectiveness of communication strategies was measured by asking the respondent if the channels, strategies and language of communication used by SFH are effective or ineffective. (Table 4.11, 4.12. and 4.14.). In addition, the cause of Maternal or Child Death and constraints faced by SFH in communicating MCH components were measured in order to access effective communication channels. (Table 4.16).

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

The need to assess the effectiveness of the communication strategies being used by Society for Family Health on Maternal and Child Health with specific emphasis on Sabon Gari and Makarfi Local Government Areas lead to the administration of a structured research instrument to collate data, in this regard for the study and also, qualitative information was gotten from In-depth Interview and focused group discussions conducted in the study areas.

4.2 Presentation and Interpretation of Data

For this study, the researcher administered 45 copies of the questionnaire to the respondents. After a careful coding and processing of data, 41 copies of the questionnaire were considered valid at 91% return rate and were used in the analysis and interpretation of the data collected.

Table 4.2.1 Demographic Characteristics of Respondents

Variable	Frequency	Percentage
Sex		
Female	22	53.7
Male	19	46.3
Total	**41**	**100**
Religion		
Christianity	13	31.7
Islam	28	68.3
Total	**41**	**100**
Age		
18-25	10	24.4
26-35	20	48.8
36-45	11	26.8
Total	**41**	**100**
Marital Status		
Single	14	34.1
Married	17	41.5
Divorced/separated	6	14.6
Widowed	4	9.8
Total	**41**	**100**

From the table above, the analysis shows 53.7% were female while 46.3% of the population polled depicting a proportionate representation of both gender in the health sector, with the female gender slightly higher.

The table also shows that majority, (68.3%) of the respondents were Muslims. This is because the study was conducted in a Muslim dominated area, this also corroborates findings from the FGD conducted where majority of the discussants were Muslims.

It further shows that 48.8% were between the ages of 26-35 years and 26.8% were between the ages of 36 years and above. The high percentage of adult age respondents implies that they are more matured to ascertain the effects of the communication strategies used by SFH.

Concerning marital status, majority of the respondents were married, representing 41.5% being married, 14.6% and 9.8% being divorced and widowed respectively. From the analysis, it

could be deduced that most respondents have been in a marital relationship and forms a better sample population for the study.

Table 4..2.2: **Cases of Mother and Child Death in your PHC**

Variable	**Frequency**	**Percentage**
Very often	0	0.0
Often	0	0.0
Occasionally	11	26.8
Not at all	30	73.2
Total	**41**	**100**

The results of the analyses in table 4.2.2, 26.8% state that they occasionally experienced mother or child death in their respective primary health centres, while other groups said that they have not experienced any case of mother or child death. The Focus Group Discussion (FGD) conducted confirms this result as some of the women state that they have experienced the cruel loss of a child or a close friend during child birth. A discussant narrated how she lost a friend during childbirth in the PHC, while another stated that she once lost a child after delivery in the PHC.

From the analysis and the FGD conducted, the loss of a mother or child during or after childbirth still exist in some primary health centres though not on a regular bases, this finding relates to Lawkkainen (2004) whose findings discovered that only 30% of people in the rural areas have access to health care within 4 km distance.

Table 4.2.3: **Causes of Maternal and child Death**

Variable	**Frequency**	**Percentage**
Ignorance	11	26.8
Inadequate Health Workers	1	2.4
Inadequate Information	3	7.3
Others	7	17.1
No Response	19	46.3
Total	**41**	**100**

From the table above, 26.8% have the view that ignorance is a cause of mother or child death. Also, 7.3% cited inadequate information as the cause. However, 17.1% who chose "other" attributed mother and child death to refusal to attend antenatal care, refusal to adhere to procedures during antenatal and also religious and cultural beliefs. From the analysis, it could be inferred that ignorance is a major cause of mother or child death during or after child birth. In line with this assertion, the FGD conducted reveals that some women do not attend antenatal care during the period of pregnancy only to be brought to the hospital when there are complications, as one of the women revealed, that she once lost a child during delivery due to complications. She also stated that her husband prevented her from attending antenatal until after that incident. The FGD also revealed that some people still practice their cultural or traditional system of delivering at home until when they are faced with complications that they seek the help of a health centre, this is in cognizance with the findings of Lindros and Lawkkainen (2004) that says 69% of women still give birth in a traditional setting either at home or in a church. Other women

say they have friends and neighbors who lost their children due to ignorance of symptoms faced during the period of pregnancy.

Table 4.2.4: **Maternal and Child Health Components Available in your Health Centre**

Variable	**Frequency**	**Percentage**
Antenatal	3	7.3
Exclusive Breastfeeding	1	2.4
Family Planning	1	2.4
Nutrition	1	2.4
Antenatal, Exclusive Breastfeeding and Family Planning	11	26.8
All	24	58.5
Total	**41**	**100**

From Table 4.2.4, respondents reveal that virtually all the components of maternal and child health is available in their primary health centres as 58.5% reveal that all the components are available in their various PHCs. It could be inferred that all the components of maternal and child health are available in the primary health centres in the study area. Also, from the FGD conducted, it was affirmed that these components exist in all the primary health centres visited during the cause of the study, as the discussants reveal that they are being told of these components every time they attend antenatal. They also revealed that SFH agents visit their homes to educate them on the need to practice these components.

From the interview conducted in SFH, one of the officials said they send communication agents to their houses to create awareness on the different component of MCH, this information

helps the women know the importance of visiting the hospital for antenatal when they discover they are pregnant or during nursing.

Table 4.2.5: **Aware of** SFH **Communication Agents to Improve the Community Members Knowledge, Awareness and Practice on the Need for Maternal and Child Health.**

Variable	**Frequency**	**Percentage**
Yes	36	87.8
No	5	12.2
Total	**41**	**100**

The results in table 4.2.5 shows that majority of the respondents are aware of SFH communication agents working to improve the community members' knowledge, awareness and practice on the need for Maternal and Child Health with 87.8% of the sampled population attesting to this. From the findings, it can be stated that SFH through its communication agents has helped to improve the community member knowledge, awareness and practice on the need for Maternal and Child Health, this finding agrees with the FGD where one of the respondents said the communication agents organize what they call MCH week where the agents do a rally round the community creating awareness on the need to improve the health of women and children in the community, in essence, they work with communication agents as confirmed by an SFH official.

Table 4.2.6: **Strategies Used by the SFH Communication Agents to Pass MCH Messages to the Community Members.**

Variable	**Frequency**	**Percentage**
Mass media (radio, TV, newspaper, drama)	7	17.7
Maternal and Child Health Campaign/Sensitization, Posters and Flyers	4	9.8
Interpersonal Communication (face to face)	10	24.4
Women Meeting	8	19.5
All	5	12.2
Others	7	17.1
Total	**41**	**100**

The study enquired from the respondents the communication strategies being used by communication agents to pass across MCH messages to the community members. From the analysis presented above, majority of the respondents, representing 24.4% state that interpersonal communication (face to face) is a major Communication Strategy these agents use to pass MCH messages to community members, while another 8 respondents, representing 19.5% also state that women meeting is another strategy communication agents employ to pass MCH messages to community members. Here also from the table, 17.1% state that communication agents make use of mass media as a communication strategy, and 9.8% also make use of sensitization campaigns, posters and flyers as a strategy. 17.1% stated that communication agents also make use of other strategies like the use of demand creators (people who create awareness on the existence and benefit of products). In this context the communication agents tell the women the

benefits of family planning and why they should adopt it and also the benefit of child nutrition. They also use the MCH week to pass information on maternal and child health to the community. From the analysis, it could be surmised that communication agents make use of several communication strategies to pass information on maternal and child health to the community members from the areas of study. From the FGD conducted, the discussants reveal that they heard about maternal and child health through the various Communication Strategies being employed by communication agents especially the interpersonal Communication Strategy (face to face) as this happens all the time during their antenatal week meetings, women meeting and also the use of adhoc health workers who come to their houses.

From the in-depth interview conducted with one of the SFH official, she reveals that the Communication Strategies employed by SFH includes: interpersonal communication, mass media (majorly radio), posters with pictures, women and men meeting. She also reveals that presently, they are running a particular radio programme (Yaya take Arewa) which they use as a medium to sensitize the public on Maternal and Child Health. In line with the above strategies Leslie Sinder (n.d) opines that in order to achieve a good health communication strategy one must follow the steps for strategic communication and pay attention to contextual factors, including differences among the target population and their environment.

Table 4.2.7: **Medium of Information with which the Women Prefer to be Communicated**

Variable	**Frequency**	**Percentage**
Through Antenatal Care Visit	8	19.5
During a Maternal and Child Health Campaign	6	14.6
Through the Mass Media (radio, TV, newspaper, drama)	5	12.2
Through Interpersonal Communication	15	36.6
Others	2	4.9
All	5	12.2
Total	**41**	**100**

From table 4.2.7 above, majority of the respondents reveal that women prefer to be communicated to through interpersonal communication (face to face) medium, which is a major SFH communication strategy, 36.6% of the sampled population attested to this. Other groups show preference for sensitization during ante natal visits, sensitization campaigns, mass media (radio), and demand creators (adhoc health workers). It could be deduced here that women prefer the interpersonal communication strategy being employed though other mediums are also good and effective.

From the FGD conducted, virtually all the discussants revealed that they preferred interpersonal communication (face to face), which is also in line with the findings discovered during the in-depth interview with SFH officials.

Table 4.2.8: **Language used by the Communication Agents.**

Variable	**Frequency**	**Percentage**
Hausa	26	63.4
English	6	14.6
Pidgin	9	22.0
Total	**41**	**100**

From table 4.2.8 above, majority of the respondents reveal that the preferred language communication agents use to disseminate information about mother and child health in the study areas is Hausa language as attested to by 63.4%. It could be deduced here that communication agents prefer the use of Hausa language to communicate with women in the study area. From the FGD conducted in Makarfi, One of the FGD respondents said that:

> Communication agents make use of Hausa language to communicate with us when we go for antenatal clinics or when they come to our houses or our meeting places. They sometimes come to the market to give us papers to read (mostly written in Hausa).

It was also revealed by the discussants that communication agents also make use of other languages like English and pidgin English to communicate to them but majorly, they use Hausa language. They also reveal that when a health worker is not fluent in Hausa language, he/she is presented with an interpreter to help pass the message across, this is because the women understand Hausa and their target is effective communication.

Table 4.2.9: **Effectiveness of the Language Used by the Communication Agents**

Variable	**Frequency**	**Percentage**
Effective	29	70.7
Not effective	2	4.9
Can't say	10	24.4
Total	**41**	**100**

In line with the responses in Table 4.2.8, majority of the respondents in Table 4.2.9 reveal that the language being used by communication agents to pass across information on mother to child health to the community members is effective with 70% attesting to this. It could be deduced here that the language used by communication agents to pass across the message of Maternal and Child health is effective. From the in-depth interview conducted in SFH an official said that, "the language medium they employ in the field is that which appeals to the immediate community".

The interviewees further stated that there have been testimonies from the women that the programme has improved their lives as they understand and apply what the communication agents (health workers) tell them to do. the SFH official also stated that they train the communication agents before sending them to the women with a dialogue framework guide to the field. This is where they ascertain those who can be best suited for the job that is, those who can speak the local dialect and those who may require the help of an interpreter.

Table 4.2.10: **Communication Strategies Used by these Agents are Effective in Creating Awareness, Knowledge and Practice on Maternal and Child Health in your PHC?**

Variable	Frequency	Percentage
Strongly Agree	18	43.9
Agree	23	56.1
Disagree	0	0
Strongly Disagree	0	0
Total	**41**	**100**

From table 4.2.10, it was revealed that the communication strategies used by communication agents in creating awareness, knowledge and practice on maternal and child health in the study areas are effective as agreed by 43.9% and strongly agreed by 56.1%. It could be deduced that the communication strategies used are effective. This is corroborated by views from the FGD conducted in both Makarfi and Sabon-Gari LGA. A discussant said:

> The communication strategies are very effective because we are now always being informed of the reasons to attend antenatal care clinics, practice baby friendly and family planning.

Also, one of the interviewees from SFH office in Kaduna stated that the strategies have been proven to be effective from the feedback they get through the monitoring and evaluation programme they conduct monthly to ascertain the impact of the programme in the state.

Table 4.2.11: **How the Communication Agents have helped in Creating Awareness, Knowledge and Practice on Maternal Child Health in your PHC**

Variable	**Frequency**	**Percentage**
They now attend antenatal, practice exclusive breastfeeding and use ORT	11	26.8
They now adopt family planning, practice exclusive breastfeeding and know the implication of not participating in MCH activities	8	19.5
They are now aware of MCH, attend antenatal, practice family planning and also practice exclusive breastfeeding	12	29.3
All of the above	10	24.4
Total	**41**	**100**

From the analysis presented in Table 4.2.11, 26.8% reveal that with the aid of communication agents, women in the study area now attend antenatal care, practice exclusive breastfeeding and make use of ORT to treat diarrhea. While other groups stated that they have helped in creating awareness as the women now adopt family planning, practice exclusive breastfeeding and now know the implication of not accessing MCH services. It could be deduced here that communication agents have been able to create awareness in virtually all the components of Maternal and Child health in the study area. This corroborates with the findings from the FGD where the women say the communication agents have improved their health practices.

Table 4.2.12: **Hindrance to the Effective Communication of MCH**

Variable	Frequency	Percentage
Ignorance	4	9.8
Cultural and Religious Beliefs	22	53.7
Language Barrier	8	19.5
Use of unqualified Health workers	7	17.1
Total	**41**	**100**

From the analysis above, majority of the respondents revealed that cultural and religious beliefs are major factors that hinder the effective communication of mother and child health to women in the study area with 53.7% of the sampled population attesting to this. Other groups cited language barrier, ignorance and the use of unqualified health workers as hindrances to the effective communication of maternal and child health to women in the study area. From the FGD conducted, a discussant said that:

> The challenge is that they don't come all the time to see us and tell us what we are supposed to do in our house, it is only when we go for antenatal that they talk to us and most times they don't use the language we understand.

It was also reveal by the discussants that the communication agents do not visit on regular basis as they only visit once in a year or sometimes twice in a year. The discussants reveal that they don't listen to the radio jingles as they don't have radio sets and their husbands only play it to themselves. Also, from the interview conducted with the SFH staff, they face challenges in the areas of conflict of interest. Sometimes, people send the Communication Agents away. This agrees with the findings of Okechukwu et al (2015) that says the level of

wealth, educational attainment of the mother, religion and number of births in the last 3 years are among the factors responsible for the quality of maternal and child health in Nigeria.

Table 4.2.13: **Advice to the Communication Agents in Carrying out the Different Strategies so as to Improve Maternal and Child Health in your PHC**

Variable	**Frequency**	**Percentage**
Regular Visitation	20	48.8
Use of Local Languages	15	36.6
Improve Sensitization with the use of Mass Media	6	14.6
Total	**41**	**100**

The table above presents the suggested response by respondents on how the communication agents can carry out their advocacy work so as to help improve Maternal and Child Health in the study area and also overcome the challenges they face. Majority of the respondents (48.8%), suggest that communication agents need to pay more regular visits to the women either by attending their antenatal clinics, house to house visitation or through the use of demand creators (SFH adhoc health personnel) to advise them on the benefits of Mother and Child health. According to them, this will go a long way in alleviating the sufferings they go through during pregnancy period, while other respondents suggested the use of local languages, mass media and improved sensitization technique would help significantly in improving maternal and child health in the study area.

4.3 Discussion of Findings

The discussion of findings is guided by the research questions based on the results of the analysis presented and interpreted.

RQ 1: What are the communication strategies used by Society for family Health in creating awareness, knowledge and practice on Maternal and Child Health in Makarfi and Sabon-Gari LGAs?

From the study conducted, it was revealed that communication agents make use of various communication strategies to create awareness and knowledge on Maternal and Child Health in the study area as shown in the analysis in tables 4.2.6 and 4.2.7 where 82.9% and 87.8% reveal that the communication agents (SFH) make use of Communication strategies such as the mass media, interpersonal communication (face to face), women/men meeting and also the use of posters and flyers, while on the aspect of the medium women preferred most, respondents state that interpersonal communication is their most preferred medium of communication. In maternal health, exposure to mass media campaigns have been associated with increased use of antenatal, postnatal and delivery care services as well as improved participation of men. Also, from the FGD conducted, the women mentioned few strategies which are similar to the result gotten from Health workers (questionnaire) and SFH (interview) which are antenatal public lectures and the use of elderly women popularly called Ungozoma to talk to them.

This is in line with the theses of the chosen theoretical framework Health Belief Model. The model according to Jones and Bartlett (2010) suggests that media information on health related issues leads to public awareness and enlightenment on perceived threats of a disease or unhealthy living. Thus, individuals tend to rely on the information they get from the different strategies employed by health agents for information. This shows that effective communication

of the importance of maternal and child health will go a long way in creating awareness on the rate of mother and child mortality in Makarfi and Sabon Gari LGAs.

RQ 2: How are the Communication strategies used by SFH to create awareness, knowledge and practice improved Maternal and Child Health?

The findings gotten from the interview shows that the various communication strategies are used by airing MCH component through the mass media (Radio, T.V etc), they also make use of interpersonal communication by going to the women's houses and teaching them how to practice MCH component. The respondents also said they make use of women meetings through the help of an elderly woman called Ungozoma who talks to the women during their meetings. The use of posters and flyers are also strategies used by the communication agents. They print dramatic pictures and writings that show the different stages of pregnancy and how to take care of a child after birth. This confirms the analysis in table 4.2.7 (19.5 &14.5) where health works said the communication agents (SFH) inform the women about MCH component through antenatal care visit, also by organising campaigns called the MCH week, where they move round the community streets to teach them how to avoid maternal child death. The findings from the interview also states that these communication strategies used are reviewed monthly, so as to know which strategy is preferred and proffer better strategies to be used in informing the women. This corroborates with the words of NHS (2010) that health communication keeps one informed, conscious and alert of his or her health, thereby involving people to be vigilant of their health.

RQ 3. What effect does the communication Strategies have on the target audience (pregnant women, and children under five)?

From the findings of this research, the strategies employed by SFH have a positive effect on the target audience. This is revealed in the analysis in Table 4.2.10 where 43.9% (strongly

agree) and 56.1% (agree) reveal that communication strategies used by these agents are effective in creating awareness, knowledge and practice on maternal and child health in the study areas. This view is also corroborated by views from the FGD conducted in both local government areas where the respondents stated that the strategies have been effective as they are now aware of antenatal clinics and also practice the various components of maternal and child health. The findings confirm the analysis presented in table 4.2.10.

Omego (2014) and Odesanya, Hassan and Olaluwoye (2015) remark that Nigeria has witnessed a monumental increase in the level of maternal mortality and child death. It is in view of the above that government and NGO's like SFH are doing all they can to help create awareness on the needs for effective healthy living. In recent times, efforts have been geared towards creation of awareness, knowledge and practice on maternal child health in rural areas where the problem is mostly recorded. This view is corroborated by Anatsui (2014) who states that health education is akin to culturing and nurturing the mind, transforming it into more mature faculty for service to humanity. It encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. In table 4.2.11, 100% of respondents reveal that the effectiveness of the communication strategies employed by communication agents has helped in creating awareness, knowledge and practice as the women in the study areas now attend antenatal clinics, practice exclusive breastfeeding, use ORT in treating diarrhea, practice family planning and now know the implication of not participating in maternal child health activities.

RQ 4: What are the constraints faced by SFH in Communicating Maternal and Child Health in Makarfi and Sabon Gari LGAs?

Going by the analysis shown in table 4.2.12, ignorance, cultural and religious beliefs and language barrier are some of the numerous challenges or hindrances faced by communication agents for the effective communication of information about maternal and child health in the study area as attested by 82.9% in total of the respondents, also 17.1% reveal that the use of unqualified health workers is another factor that affects their effective performance in disseminating the information on Maternal and Child Health.

This is in agreement with Ogunjimi, Ibe and Ikorok (2012) who highlight some constraints for the effective communication to include poor socio-economic development, weak health care system and low socio-cultural barriers to care utilization. This was also confirmed by one of the respondents in the FGD conducted in Sabon Gari LGA, who said that:

> *The challenges is that they don't come all the time to see us and tell us what we are supposed to do in our house, it is only when we go for antenatal that they talk to us and most times they don't use the language we understand and this has made most women to stop coming to the hospitals.*

Also, other discussants corroborating her statement reveal that communication agents do not visit on regular basis as they only visit once in a year or twice in a year. It was also revealed by one of the SFH officials in Kaduna state that they face challenges in the areas of conflict of interest. She stated that sometimes, people send the communication agents away and from her experience in the job, she said you cannot force people to change no matter how hard you try some will refuse. This is where the Protection Motivation Theory comes in as Milne, Sheeran, & Orbell (2000) says the theory motivates people to act in health protecting ways by consistently telling them the dangers of not practicing the recommended behaviour.

To be practically effective in changing the perception of women towards their health and that of their unborn child, public health communication agents must engage audiences at all times, offer clear and captivating information and must receive feedback with a listening ear. Amuseghan, Ayenigbara and Orimogunje (2010) posit that though public health programmes have been facing a plethora of challenges, each challenge always gives room for an opportunity. From the FGD conducted, 100% of the respondents advised that regular visitation, use of local languages and improved sensitization with the use of mass media will go a long way to improve maternal and child health in the study area. This agrees with the assertions of Amuseghan et al. (2010) stating that with determination, professional skills, effective approaches and willingness to learn, maternal and child health (family planning, antenatal care and breastfeeding) and health communication programmes will achieve desirable goals of improved health living in Nigeria likewise every other country in the world.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Summary, conclusions drawn from analyses, as well as recommendations relevant to the study are clearly stated and presented in this chapter.

5.2 Summary of Findings

There is no gainsaying the fact that the issue of maternal and child health is taking the center stage in most developmental discussions both locally and globally. Evidence abounds to illustrate that Nigerian health institutions are in a poor state. This position is justified because a large percentage of pregnant women and children live on share grace especially those in the rural areas. However, with government at all levels, be it federal, state and local governments and also NGO's (SFH) faced with the onerous obligations of how to provide better health to its populace, there is the need to undertake a study of this nature to empirically find out the extent of effectiveness of the strategies being employed by communication agents to help provide Maternal/Child health care in Nigeria.

This study is aimed at assessing the communication strategies used by Society for Family Health on Maternal and Child Health in Sabon Gari and Makarfi Local Government Areas of Kaduna state, with a view to determining whether their strategies are effective or ineffective.

The following objectives are:

1. To assess the Communication Strategies used by SFH in creating awareness, knowledge and practice
2. To examine the constraints in communicating Maternal and Child Health by SFH in Makarfi and Sabon Gari LGAs.

Thus the following research questions

RQ1. What are the Communication Strategies used by Society for Family Health in creating awareness, knowledge and practice on Maternal and Child Health in Makarfi and Sabon Gari LGA?

RQ2. How are the Communication Strategies used by SFH to create awareness, knowledge and practice to improve Maternal and child Health?

RQ3. What effect do the Communication Strategies have on the target audience (pregnant women, and children under five)?

RQ4. What are the constraints faced by SFH in Communicating Maternal and Child Health in Makarfi and Sabon Gari LGA?

Existing empirical studies (Mojekwu and Ibekwe, Digamar and Harihar. Zamawa, Baqui, FMH, Odesanya et al, Afolabi and others) tended to focus on utilization of MCH services , Role of the mass media in reducing maternal and child death and also meeting factors that will improve the health of mother and child and the MDG goal four and five, but only few have studied the Communication Strategies used by NGO's like SFH on Maternal and Child health in Nigeria. Also, studies are scarce on the specific communication strategies used for specific kind of audience as well as constraints or hindrances being faced by these agencies in Kaduna state. Other literature relevant to the study reviewed included: Maternal child mortality: Its causes and effects in Nigeria, health communication, communication strategies and communication strategies used by Society for Family Health in ESMPIN project, Meeting the MDG Goal 4 and 5, and a lot more . Also, the theoretical framework for the study – Health Belief Model and the Protection Motivation theory was also discussed.

The researcher employed a mixed method, the location of study which is Sabon Gari and Makarfi Local Government Areas (LGAs) in Kaduna State. The both LGAs have nine (9) primary health centres in Sabon Gari and eleven (11) health centers in Makarfi local government, of which a total of 9 PHCs were randomly picked by way of balloting. The population of the study was health workers, pregnant and nursing mothers and also SFH Officials. The study used probability and non-probability sampling techniques; for the probability sampling technique, the researcher adopted simple random sampling to sample a total of 9 PHCs with a total 45 respondents with questionnaires which was given by SFH, while for the non-probability sampling technique the study used purposive technique to interview SFH staff. This technique was adopted to ensure representativeness of the components of the population. The study adopted questionnaire as the instruments of data collection. Also, Focus Group Discussion and In-depth Interviews were conducted with SFH official. However all the data collected was analysed using the Descriptive statistics, percentage frequency distribution and tables. In the end, the following findings were drawn in line with the research questions:

i. The communication strategies employed by SFH includes: mass media: through television, radio, posters etc), interpersonal communication: by visiting the women in their houses and teaching them the MCH messages, women/men meeting, sensitization campaign: through their MCH weeks, etc. this answers research question one/two (what are the Communication Strategies used by Society for Family Health in creating awareness, knowledge and practice on Maternal and Child Health in Makarfi and Sabon Gari LGA? and How are the Communication Strategies used by SFH to create awareness, knowledge and practice to improve Maternal and child Health?)

ii. Communication strategies employed by communication agents have helped in creating awareness, knowledge and practice in the study area, also the communication strategies used by SFH are effective in creating awareness, knowledge and practice on maternal and child health in the study area. This answers research question 3 (What effect do the Communication Strategies have on the target audience (pregnant women, and children under five)?

iii. Also in line with research question four (What are the constraints faced by SFH in Communicating Maternal and Child Health in Makarfi and Sabon Gari LGA?) Ignorance, beliefs and language barriers are some of the challenges or hindrance faced by communication agents.

5.3 Conclusion

Based on the above findings, the following conclusion is reached: Women in the study area are knowledgeable on the issue of maternal and child health, these can be improved by the theses of the theoretical framework employed by the researcher (HBM and PMT) which says health information should be consistent and persuasive so as to convince the set target and achieve a desired behaviour.

Furthermore, interpersonal communication was the nursing mothers' major source of information and most preferred on Maternal and Child Health. Thus, despite the influences of other Communication Strategies on maternal health, inter-personal communication was perceived as the most preferred Communication Strategy employed in the study area. This agrees with the findings of Synder (nd) that any health communication campaign that wants to be successful must pay attention to differences among the target population and their environments, which is what the present research has found. In terms of how these communication agents have

helped in creating awareness amongst these women, data from the study (table 4.11) shows that these women now attend antenatal care, practice exclusive breastfeeding and family planning. This assertion notwithstanding, their roles could be enhanced if the hindrances/constraints they face are addressed by all stakeholders.

Following the objectives of the study and the results obtained, the study arrived generally at the conclusion that Communication Strategies being employed by SFH in the study areas are effective and contribute positively to the awareness, knowledge and practice of Maternal and Child Health in Sabon Gari and Makarfi Local Government Areas.

5.4 Recommendations

Based on the above findings and conclusion, the following recommendations are suggested:

1. Society for Family Health as well as other developmental organizations should consistently evaluate the different communication strategies discovered in this research so as to know which strategy suites different audience. This will go a long way to improve the health of women and children in Kaduna and Nigeria at large.
2. The communication agents should visit the targeted women in their homes more often to enlighten them on maternal and child health issues.
3. Communication agent and strategist should be sensitive in the use of local language that is understood by the target audience in passing their messages.
4. There should be continuous training of the communication agents, health workers etc used in any developmental project like ESMPIN so as to tackle the problem of unqualified personnel, ignorance and lack of sustainability of projects in Nigeria.

5. Communication Agents like Nigerian Union of Journalist (NUJ) should ensure regular appraisal of each strategy, so that the strength of each strategy can be used to complement the weakness of the other.
6. State and local governments as well as religious and traditional leaders should encourage girl child education as well as adult education among women in order to make communication easy.
7. There should be regular airing/teaching of the components of MCH via mass media, interpersonal communication; women meetings etc. This will improve awareness, knowledge and practice of the pregnant and nursing mothers in Nigeria.
8. NGOs should ensure that there is constant visitation, monitoring and evaluation of the community they are working with, in order to know the extent to which the communication strategy is influencing their behavior.

5.5 Suggestions for Further Studies

There should be more research on the aspect of interpersonal communication as women most preferred communication strategies and more studies should be conducted on NGO interest on the kind of communication strategies that suits different kinds of audience.

5.6 Contribution to Knowledge

1. The research will contribute to existing literatures especially on different types of communication strategies (Interpersonal communication, mass media e.t.c).

2. This research will contribute to knowledge as it will teach communication agent about different types of communication strategy to be used for different audience.

3. The research will contribute to knowledge as it will serve as a guide to different NGOs like SFH on how to manage resources by prioritizing the most preferred communication strategy.

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Appendix 1: **In-depth Interview (SFH Staff)**

Introduce yourself and the informants

Introduce the research

Seek for consent to be on record.

1. What are the communication strategies used by your organization (SFH)?
2. How have the communication strategies you use been able to improve maternal and child health?
3. Which of your communication strategies are preferred more by your beneficiaries?
4. How do you improve the capacity of your communication agents as regards the content of information in order to improve MNCH?
5. How do you get audience feedback to know which strategy is suitable for different kinds of audience?
6. What are the challenges faced by your Organization during the sensitization of the pregnant and nursing mothers?
7. What measures are you putting to improve these challenges in communicating effectively?

Appendix 2: **Focus Group Discussion**

Section A: Awareness

1. Tell us your experience of mother or child death?
2. What was the cause?
3. What do you know about

a) Antenatal

b) Exclusive breastfeeding

c) Family planning

d) Diarrhea

4. How did you hear about the above?
5. How often do you hear about Maternal and Child health?
6. Have you been practicing the MCH components that you hear?
7. If yes explain how?
8. Which of the components have you been practicing?
9. Has the practice improved your family health (MCH component) ?

Section B: Strategies of Communication

10. Through what Medium do you know about MCH?
11. What is your preferred medium of information on Maternal and Child Health among the Media used by SFH?
12. Is there any preferred medium that SFH did not use?
13. Please state if yes

_____

_____

14. Were there communication agents used in passing the MCH message?
15. What language do the Communication Agents use?
16. Are you satisfied with the language?

Section C: Effect of the Communication Strategies

17. How effective is the language?

18. Do you agree that the strategies (Mass media, interpersonal communication, sensitization etc) used by the communication agents are effective in creating awareness, creating knowledge and persuade them to adopt Maternal and Child Health?

Section D: Challenges

19. What are the challenges you faced in assessing this SFH programme?

20. How has this challenge affected your community? _____

21. What advice do you have for the communication agents on how to effectively pass the message on MCH?

_____

_____

22. Which ways or methods do you think the communication agents should adopt to help create knowledge, awareness and practice maternal child health in your community?

Appendix 3: **QUESTIONNAIRE**

Department of Mass Communication,
Faculty of Social Sciences,
Ahmadu Belo University,
Kaduna State.
15/3/2016

Dear Respondent,
Request for Administration of Questionnaire

I am a student carrying out this research on the "Assessment of the Effectiveness of the Communication Strategies used by Society for Family Health on Maternal and Child Health.in Kaduna State". I request that you please complete the questionnaire objectively as any information collected will be strictly used for research purpose and will be treated confidentially.

Thank you

Yours Sincerely
Nti Agnes Ekor

Instruction (please tick where applicable ( )
Section A Demography of Respondents

1. Gender

a) Female ( ) b) Male ( )

2. Religion

a) Christianity ( ) b) Islam ( ) c) Traditional ( )

d) Others ( )

3. Age

a) 18-25 ( ) b) 26-35 ( ) c) 36-45 ( )

Section B: **Awareness of MCH and its Components**

4. How often do you experience cases of mother or child death in your PHC ?

a) Very often ( ) b) Often ( ) c) Occasionally ( )

d) Not at all ( )

5. What was the cause?

a) Ignorance ( ) b) Inadequate health workers ( ) c) Inadequate information ( )

d) Others _____

6. Which of the following Maternal and child health components is available in your health center? (Thick as many as you know)

a) Antenatal ( ) b) Exclusive breastfeeding ( ) c) Family planning ( )

d) Diarrhea ( ) e) others specify_____

7. Do you work with communication agents to improve the community member's knowledge, awareness and practice on the need for Maternal and child health?

a) Yes ( ) b) No ( )

Section C: Communication Strategies

8. What are the strategies used by these communication agents to pass MCH messages to the community members?

a) Mass media (radio, TV, newspaper, drama) ( )

b) Maternal and child health campaign/sensitization, posters and flyers ( )

c) Interpersonal communication (face to face) ( )

d) Women meeting ( ) e) Others (specify please)_____

9. Through which medium of information do you think the women prefer to be communicated with?

a) Through antenatal care visit ( ) b) During a Maternal and Child Health Campaign ( )

c) Through the mass media (radio, TV, Newspaper, drama) ( )

d) Through interpersonal communication ( )

e) Others_____

10. What language do the Communication Agents use?

a) Hausa ( ) b) English ( ) c) Pidgin ( )

c) Others specify _____

Section D: Effect of the Communication Strategies

11. How effective is this language?

a) Effective ( ) b) Not effective ( ) c) Can't say ( )

12. Communication strategies used by this agents are effective in creating awareness, knowledge and practice on Maternal and Child Health in your PHC?

a) Strongly agree ( ) b) Agree ( ) c) Undecided ( ) d) Disagree ( )

e) Strongly disagree ( )

13. In what way have the communication agents helped in creating awareness, knowledge and practice on Maternal Child Health in your PHC?

a) They are now aware of MCH b) They now attend antenatal (ANC) ( )

c) They now adopt family planning strategies ( )

d) They now practice exclusive breastfeeding ( )

e) They now use ORS/Zinc to treat diarrhea ( )

e) They now know the implication of not participating in MCH activities ( )

e) Not at all ( )

Section E: Challenges

14. What do you think has been a hindrance for the effective communication of MCH?_____

_____

15. In what ways can you advice the communication agents in carrying out the different strategies so as to improve maternal and child health in your PHC.

_____

_____

Appendix 4: Response Rate

S/N	Respondents	Total No. of Questionnaire Administered	Total No. of Questionnaire Returned	Percentage (%) of Questionnaire Returned
1	PHC Palladan	5	5	100%
2	PHC Bomo	5	5	100%
3	PHC Hayin Dogo	5	5	100%
4	PHC Basawa	5	5	100%
5	PHC Tashan Yari	5	5	100%
6	PHC Tudun Wada	5	4	80%
7	PHC Tudun Wada 2	5	3	60%
8	PHC Gimi	5	4	80%
9	PHC Kasuwa Mata	5	5	100%
	Total	45	41	91%