HEALTH COMMUNICATION AND REPRODUCTIVE HEALTH CARE DELIVERY: A STUDY OF PLANNED PARENTHOOD FEDERATION OF NIGERIA INTERVENTION IN UNGUWAN MUAZU, KADUNA STATE

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(MA/ARTS/10224/2011-2012)
(P16ARTP8036)

DEPARTMENT OF THEATRE AND PERFORMING ARTS,
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AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA

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A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES AHMADU BELLO UNIVERSITY, ZARIA, NIGERIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF ARTS DEGREE (MA) IN DEVELOPMENT COMMUNICATION

DEPARTMENT OF THEATRE AND PERFORMING ARTS,
FACULTY OF ARTS
AHMADU BELLO UNIVERSITY,
ZARIA, NIGERIA

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DECLARATION

I hereby declare that the dissertation entitled Health Communication and Reproductive Health Care Delivery: A Case Study of Planned Parenthood Federation of Nigeria (PPFN) Intervention in Unguwan Muazu, Kaduna was carried out by me in the Department of Theatre and Performing Arts, Ahmadu Bello University, Zaria under the supervision of Dr Emmanuel Jegede and Prof. Oga Steve Abah. All the information obtained from other sources has been properly acknowledged in the references. This dissertation has not been presented in previous application for a higher degree.

CERTIFICATION

This dissertation entitled, "Health Communication and Reproductive Health Care Delivery: A Study of Planned Parenthood Federation of Nigeria (PPFN) Intervention in Unguwan Muazu, Kaduna**"**by Love Musa, meets the regulations governing the award of the degree of Master of Arts in Development Communication in Ahmadu Bello University Zaria and is approved for its contribution to knowledge and literary presentation.

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Dean, School of Postgraduate Studies

DEDICATION

This dissertation is dedicated to my Heavenly Father, the Creator of my soul. I give you all the glory, adoration, and praise for seeing me through. To my parents Mr and Mrs Musa D. Ejiga, my late elder sister, Miss Joy Musa, siblings, nephew and niece. May God bless you all and provide for you at the point of your needs.

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ABSTRACT

The level of women's access to information on health issues is rather low in rural communities and, therefore, women are seen as vulnerable to different forms of health hazard. In spite of the relentless effort and huge sunk sum, of money into women's health programmes in Nigeria, the knowledge of rural women in northern Nigeria on health related issues appears to be on the decline. This study Planned Parenthood Federation of Nigeria (PPFN) investigated the nature and effectiveness of communication Nigeria, the knowledge of rural women in northern Nigeria on health related issues strategies adopted by PPFN on women reproductive health in Unguwan Muazu, Kaduna State with the following objectives: (i) to investigate the communication channels used by PPFN to sensitize women on reproductive health; (ii) to examine specific reproductive health issues and how they are addressed by PPFN; (iii) to identify challenges faced by PPFN in sensitizing women on reproductive health and (iv) to make suggestions on how communication approaches can be more effectively used in sensitizing women on reproductive health. Health Belief Model (HBM), developed by Becker in 1974 from the work of Rosenstock (1966) was the underpinning theoretical framework for the study. Survey research design was used and simple random sampling technique was used to draw population sample of 169 women who attended or benefited from the use of PPFN services within the period of study in Unguwan Muazu, Kaduna State. In-depth interview (IDI) was also conducted with staff of PPFN in Kaduna State to generate additional data. From the data analysis, it was established that PPFN deployed radio, television, community dialogue, information, education and communication materials (IEC) and women group meetings as strategies for communicating reproductive health to women in Unguwan Muazu community in Kaduna State. It was discovered that in order to increase the effectiveness of the communication approaches used by PPFN, there was need to increase radio programmes on reproductive health, advocacy visits to women groups/associations as well as to organize sensitization programmes for both men and women on the benefits of reproductive health. The study concluded that a blend of conventional media and traditional media can boost communication in rural and semi-urban areas, especially on health related issues of which reproductive health is a part.

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CHAPTER ONE

GENERAL INTRODUCTION

1.3 Background to the study

Communication and health are interwoven; that is to say that separating health and communication is a work in futility. The realization of this all important mix results in a healthy inter-dependence between communication and health. Despite the inseparability, it seems that many people are still deprived of basic information on certain health issues, especially on reproductive health. It, therefore, means that knowledge and information is important to healthy living. A popular adage holds that if you think knowledge is expensive, try ignorance.'' A state of not knowing is one which is not desirable for anyone and is more devastating when a woman does not know. This is because as one of the first teachers of children from home, she is most likely to transfer this ignorance to her offspring and then this can results more ignorant women and men in the society. The African continent is blessed with abundant natural, human and cultural resources yet, Africans remain poor and most of the poor Africans are women. About half of the world's population is women who are ideally supposed to contribute half of the world's economic, social and political input (Nwiro, 2012). Similarly, other studies confirm that many women live in ignorance, poverty and with little hope of getting to know what is happening to their health (Galandanci, Ejembi, Iliyasu, Alagh, and Umar, Mpembeni, 2007).

By the same token, the benefits of good health spread beyond a single healthy generation. This is particularly important for the poor as they tend to have more children and fewer resources to invest in the education and health of each child. However, when it is possible to spread better healthcare and education, most likely, family size declines. Consequently, children are more likely to escape the cognitive and physical impact of childhood diseases and

they are likely to do better in school. These children in such an ideal situation are less likely to suffer disability and impairment in later life and so, are less likely to face costly medical expenses and are more likely to achieve their earning potential. Then, as healthy adults, they have more resources to invest in the care, health and education of their own children according to a proposal by UNICEF (2007).

According to United Nations (2007), the current high-level focus on health by the international community recognizes this strong relationship between poverty and health. Three of the eight Millennium Development Goals call for specific health improvements by 2015: reducing child deaths, reducing maternal mortality and slowing the spread of HIV/AIDS, malaria and tuberculosis. Moreover, health is increasingly viewed as fundamental to the first Millennium Development Goal and eradication of poverty and extreme hunger. This is partly due to the work of the Commission on Macroeconomics and Health (CMH) which demonstrated the link between health and economic development. Governments and the private sector came together to establish a Global Fund on Acquired Immune Deficiency Syndrome (AIDS) Tuberculosis(TB) and Malaria in 2002. In 2003, the G8 countries (France, Germany, Italy, United Kingdom, Japan, United States, Canada, Russia) reaffirmed their commitment to improve the health of poor people and to make available the necessary resources.

Non-Governmental Organizations (NGOs) have sought to find ways and means of empowering women in order to assist them to stand up for themselves and achieve better health condition. The strategic roles of NGOs to provide access to information (ATI) to Nigerian women, is the process of empowering them to do the right thing towards improving their health status (Germmill and Abimbola, 2002).

Adequate health care services are essential for the health of communities. To meet basic needs, health care providers must be able to respond to all parts of the society. Past life experiences of women, their cultural and religious realities and their experiences may all be pertinent to the form of formidable healthcare services that need to be provided. Non-Governmental Organizations (NGOs) are expected to play a particular role in attending to the needs of cultural minorities, interpreting them to other key players, including healthcare institutions, and in delivering services. A greater appreciation of NGOs' particular current and potential roles can help to contribute to the provision of appropriate healthcare services to people who do not experience reproductive healthcare delivery.

The past five decades have witnessed the difficult problems encountered in providing healthcare services to poor people, the majority of whom live in more than half-a-million villages and in the proliferating slums of our cities (Germmill and Abimbola, 2002). Charitable and voluntary organizations since time immemorial have been contributing significantly towards the healthcare of the community. With the passage of time, NGOs have equipped themselves adequately and have come up enthusiastically to assist with the provision of services sure as relief to the blind, the disabled and disadvantaged and helping the government in mother and child healthcare**,** including family planning programmes. As a result, all concerned stakeholders have realized the potential of NGOs and their considerable merit compared to the public/private health sectors because of their staff's motivation, dedication and sympathy for the deprived sections of society and their personalized approach towards the solution of problems (Umukoro,2011).

Accessing healthcare is a struggle for almost everyone in Nigeria. However, according to UNICEF (2007) there is only one Doctor for every 3,000 people, the HIV/AIDS pandemic, which has already left at least 930,000 children orphaned, and the high rate of maternal death and disability, are outstanding public health issues in Nigeria. A high incidence of unsafe abortion is driven by legal restrictions and social stigma, while an extremely low rate of contraceptive use contributes to an estimated 1.4 million unintended pregnancies each year. In response to the growing HIV/AIDS pandemic, the Nigerian government launched a programme in 2004 that will provide much-needed drugs to many Nigerians with HIV but can nowhere address the growing HIV/AIDS infection rate. Among Nigerian youths and adolescents, a persistent lack of contraceptive use as well as a dearth of knowledge about sexually transmitted infections, including HIV/AIDS, continues to fuel the spread of the disease (Reynolds, 2004).

Political turmoil and widespread poverty make the collection of reliable statistics about quality of life in Nigeria difficult. While developed countries have shown improvements in their healthcare delivery service, Nigeria's case remains dismal, reflecting the state of health, education, and sanitation for most Nigerians. The latest transition from military rule to democracy, which began in 1999, has failed so far to result in concrete improvements in livelihood among Africa's largest population. An estimated 13 per cent of children may die before the age of five, and those who make it to adulthood face a growing HIV/AIDS pandemic and poor maternal care which are difficult to control (UNICEF, 2007).

Health is higher on the international agenda than ever before and improving the health of poor people is a central issue in development. Poor people suffer worse health challenges and die younger. They have higher than average child and maternal mortality, higher levels of disease,

and more limited access to healthcare and social protection. But health is also a crucially important economic asset, particularly for poor people. Their livelihoods depend on it. When poor people become ill or injured, their entire household can become trapped in a downward spiral of lost income and high healthcare costs. A good health approach includes quality public health and personal care services, with equitable financing mechanisms. But it goes beyond the health sector and includes policies in areas that disproportionately affect the health of the poor, such as education, nutrition, water and sanitation. Finally, it is concerned with global action on the effects of trade in health services, intellectual property rights, and the funding of health research as they affect the health of the poor in developing countries (WHO,2009).

Developing good quality private-sector services that respond to the health needs of developing countries require a focus on those diseases that affect the countries disproportionately, especially diseases such as malaria, Tuberculosis (TB)HIV/AIDS and also reproductive health and non-communicable diseases. This approach should be complemented by strategies to reach out to these countries and vulnerable groups and by measures that stimulate demand for health services and increase their accountability to poor communities. To accomplish these objectives, the voices of the poor, as well as those of NGOs and civil society organisations, must be heard in the planning and implementation process.

Health communication represents an innovative approach. A large number of health interventions in developing countries related to maternal and child communicable diseases include health communication objectives. An example of the relevant role of health communication is visible in developing countries. It identifies a consensus as to what should be the role of the community in health, preventive and precautionary measures and, among other

areas. Stakeholders desire to see a focus on health promotion and on improving health information among the people. In order to reduce health inequalities, actions are proposed in their operational modules and targeted at health promotion and an exchange of best practices.

The Planned Parenthood Federation of Nigeria (PPFN) works in diverse settings, disseminating its charity work and providing health information to meet the specific needs of different audiences. The building knowledge on how to effectively approach specific audience in Nigeria with health information remains an on-going challenge; the implementation of public health priorities requires inter-sectoral interventions and effective communication between different stakeholders. Needs analyses and an understanding of the stakeholders involved in the implementation of public health priorities can support communication processes and the effectiveness of interventions. The importance of the role of new (social) media in public health delivery requires novel approaches to future health communication initiatives. Exploring the potential new media to influence the behaviour of target audience and thus improvement in health and benefits to the society becomes a necessary phase in the development of health communication practices (WHO,2009).

The Planned Parenthood Federation of Nigeria works in partnership with public health experts involved in health communication in Nigeria, institutions and agencies as well as other partner organisations. Coordinated messages from public health authorities build trust and strengthen the impact of health information. Therefore, it is necessary to share information to the community. For this purpose, PPFN is actively building its own networks and establishing close cooperation with the academia, especially those dedicated to research and advanced training in health communication.(PPFN, 2012)

1.2 Statement of the Research Problem

The level of women's access to information on health issues appear rather low and, therefore, the women are seen as vulnerable to different forms of health hazard. The Non-Governmental organizations (NGOs) have put in place intervention strategies in various ways and at different levels, the greatest of which is to communicate to the women and girls, give them a voice and improve their lives. In spite of the relentless effort and huge sum, of money sunk into women's health programmes in Nigeria, the knowledge of women in rural northern Nigeria on health related issues appears to be declining. International NGOs have been active in primary healthcare for many years. A majority of these NGOs are based in Western countries and have local anchors in developing countries. With many national governments not being able to supply sufficient health care, NGOs are considered to be the best platforms for reaching out to the poor and providing healthcare in an efficient and cost-effective way. Therefore, large amounts of official funds are being given to NGOs active in the health sector. However, there is a growing opinion that NGOs do not live up to expectations and might even make things worse.

Despite the collaborative efforts of the Nigerian government, donor agencies and NGOs in the provision of an efficient and effective healthcare delivery in Nigeria, excruciating problems render these efforts much less than desired. Some of these challenging problems include emerging and re-emerging health problems such as HIV/AIDS pandemic, low salary payment of health workers, poor quality of care, inequitable healthcare services, brain drain, and irrational appointment of health workers, among others. The weight of these problems is further compounded by the lack of strategic plan and poor application of communication framework to women's health programmes, especially reproductive health. This study is, therefore, designed to

investigate some of the entrenched communication strategies in this direction with a view to determining their strengths and weaknesses, and thereby explore more effective means of communicating information on reproductive healthcare delivery.

1.2 Aim and Objectives of the Study

This study is designed to investigate the nature and effectiveness of communication strategies adopted by PPFN in women reproductive health with a view to strengthening health communication among women who are mothers of future generations. The specific research objectives of the study are:

1. To investigate communication channels used by PPFN to sensitize women on reproductive health in Unguwan Muazu.
2. To examine specific reproductive health issues and how they are addressed by PPFN in Unguwan Muazu**.**
3. To identify challenges faced by PPFN in sensitizing women on reproductive health in Unguwan Muazu; and
4 To make suggestions on how communication approach can be more effectively used in sensitizing women on reproductive health.

1.4 Research Question

1. What are the communication channels used by PPFN to sensitize women on reproductive health in Unguwan Muazu, Kaduna?
2. What are the specific reproductive health issues in Unguwan Muazu and how are they addressed by PPFN?

3. What are the challenges faced by PPFN in sensitizing women on reproductive health in Unguwan Muazu?
4. How can communication approach be more effectively usedin sensitizing women on reproductive health?

1.5 Significance of the Study

The purpose of this study is to examine the role that PPFN has been playing in community health research and to highlight the need to expand and improve on this role. This study is also intended to stimulate research activity in PPFN and to advocate for increased PPFN involvement in community health research.

This research is of great significance to the Ministries of Health, Interior, Education and Women Affairs in Nigeria, in the sense that the finding from the research will provide necessary information to add to the existing data. It is also a document that is of great importance to research in institutions of higher learning. The study also suggests and makes recommendations on how policies can be efficiently implemented and utilized in Nigeria, such that PPFN campaigns should seek to address nonchalant attitudes of women to reproductive health as well as illiteracy and religious beliefs, in order to create room for more participation and patronage of the services to enhance women development and healthy living. Furthermore, advocacy visits to community and religious leaders as gatekeepers should be arrange so as to ensure that more women accept reproductive health programme in the community.

1.6 Scope of the Study

Given the scope of the study, decisions had to be made about what was important to emphasize in this study. The focus of this study is on communicating health issues to women; a

case study of Planned Parenthood Federation of Nigeria (PPFN).This study covered Unguwan Muazu in Kaduna State. It also examines the role of PPFN in sexual and reproductive health issues among women in Unguwan Muazu, Kaduna. The population of the study is restricted to women and PPFN officials in Kaduna State.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Communication and reproductive health are two inseparable entities. This is because reproductive health requires some form of behavioural change in order to make it functional and practicable. The role of communication is to provide valuable information that people need to practise reproductive health. In this section, the concept of communication is discussed in respect to reproductive health and how it midwifes the process of behavioural change. Also, this section discusses various issues inherent in reproductive health in order to provide the basis for engaging communication, basically as a driving tool for accomplishments. Furthermore, insofar as reproductive health relates directly or indirectly to development, this segment discusses the inter-connectivity between them, with a view to expanding the frontiers and knowledge of how reproductive health amounts to development, which is a key issue in development communication as a discipline.

2.2 Communication: Concept and Context

Communication is a multi-faceted phenomenon. It is vast and diverse. As such it has various views and definitions but basically, Communication is generally believed, in its simplest term, to be means by which information is imparted and shared with others, differently, it is the transfer of information from a source to one or more receivers; a process of sharing meanings, using a set of common rules (Northouse and Northouse, 1998).

However, Moemeka (2002)conceptualises communication as a process through which ideas, innovation or messages are transferred from source to the ultimate user for modifying the

behaviour of receivers in the desired direction. This suggests that communication itself is a process which has distinct elements, including the communicator, the message, (that is, new discoveries, innovations, new ideas among others) all directed towards achieving a particular goal or arousing some response from the recipient. Communication is a two-way process. It involves giving as well as receiving information and direction.

Communication is a process whereby information is enclosed in a package and is channeled and imparted by a sender to a receiver via some media. The receiver then decodes the message and gives the sender a feedback. All forms of communication require a sender, a message, and an intended recipient. However, the receiver needs not be present or aware of the sender's intent to communicate at the time of communication in order for the act of communication to occur. Communication requires that all parties have an area of communicative commonality. There are auditory means, such as speech, song, and tone of voice, and there are nonverbal means, such as body language, sign language, paralanguage, touch, eye contact, through media, i.e., pictures, graphics, sound and writing (Antos 2011).

We communicate information in many different ways. In humans, it is frequently done through spoken and/or written language, but non-verbal communication also plays a significant role in human interactions. We constantly communicate information, intentionally or unintentionally, about our perceptions, intentions and feelings, as well as about our very identity. Communication is central to our everyday functioning and can be the very essence of the human condition (Hargie and Dickson, 2004). As so aptly put by Hybels and Weaver (1998), ‘To live is to communicate. To communicate is to enjoy life more fully. Without the capacity for

sophisticated channels for sharing our knowledge, both within and between generations, our advanced civilization would not exist (Hargie and Dickon, 2004).

2.3 Elements of Communication

In communication, there are some elements as explained by Schramm (1954) that there was a sender and receiver. Sender will perform as well as encode to receiver. This transition will occur when there is feedback rotate between sender and receiver. The sender will send a verbal message to the recipient or through a medium, when the recipient gets the message it will send feedback to the sender (Croft, 2004).

The basic communication model consists of five elements: the sender, the receiver, the message, the channel and feedback. The sender plays the specific role of initiating communication. To communicate effectively, the sender must use effective verbal as well as nonverbal techniques. Speaking or writing clearly, organizing your points to make them easy to follow and understand, maintaining eye contact, using proper grammar and giving accurate information are all essential in the effectiveness of your message. You will lose your audience if it becomes aware of obvious oversights on your part. The sender should have some understanding of who the receiver is in order to modify the message to make it more relevant. (Foulger, 2002)

The receiver means the party to whom the sender transmits the message. A receiver can be one person or an entire audience of people. In the basic communication model, the receiver is directly across from the speaker. The receiver can also communicate verbally and nonverbally. The best way to receive a message is to listen carefully, sitting up straight and making eye contact. Do not get distracted or try to do something else while you are listening. Nodding and

smiling as you listen to the sender speak demonstrate that you understand the message. (Schramm, 1997).

The message may be the most crucial element of effective communication. A message can come in many different forms, such as an oral presentation, a written document, and advertisement or just a comment. In the basic communication model, the way from one point to another represents the sender's message traveling to the receiver. The message is not necessarily what the sender intends it to be. Rather, the message is what the receiver perceives the message to be. As a result, the sender must not only compose the message carefully, but also evaluate the ways in which the message can be interpreted.

The message travels from one point to another via a channel of communication. The channel sits between the sender and receiver. Many channels or types of communication exist, from the spoken word to radio, television, an Internet site or something written, such as a book, letter or magazine. Every channel of communication has its advantages and disadvantages. For example, one disadvantage of the written word, on a computer screen or in a book, is that the receiver cannot evaluate the tone of the message. The advantages of television as a channel of communication include its expansive reach to a wide audience and the sender's ability to further manipulate the message using editing and special effects. The last element of effective communication, feedback, describes the receiver's response or reaction to the sender's message. The receiver can transmit feedback through asking questions, making comments or just supporting the message that was delivered. Feedback helps the sender to determine how the receiver interpreted the message and how it can be improved.

Furthermore, communication is not only the exchange of news and messages. It is also an individual and collective activity which embraces the transmission and sharing of ideas, facts and data. By doing this, society is informed about political affairs, local events and innovations, issues concerning population growth, harvests and the provision of urban and rural infrastructure. This information is necessary, especially at the grassroots because they enable individuals to make informed choices about their future. It also enhances their chances of effective participation in the development of their innate abilities and their society. Participation is the whole work of the enthronement of democracy

2.4 Effective Communication and Barriers

Effective communication is when the message as sent by the sender is clearly understood by the receiver through adequate medium which is clearly understood and appreciated by the receiver. However, there can be various barriers that can limit the effectiveness of communication. Barrier is an obstacle or impediment to achieving a set goal or purpose. According to Lunenburg (2010), there are four types of barriers that impede communication namely: process barriers, physical barriers, semantic barriers and psychosocial barriers. But for the purpose of this study it is imperative to limit them to physical and semantic barriers. According to Schramm (1954) model, noise is the communication barrier that truly effective communication disorder. When people are talking, noise from the external aspect of the conversation would disturb it and actually have an impact on the effectiveness of the communication.

2.41 Physical Barrier

Physical barriers are barriers in the physical form**.** Lubomir (2007) explains that a physical barrier has to do with internal communications or equipment used. Phone calls, communication by fax, internet, telex and other electronic equipment are also said to be part of physical barriers (Lubomir, 2007). Walls, barriers, mirrors, telephone boxes, and many more of a physical nature is a barrier in communication. Any number of physical distractions can interfere with the effectiveness of communication, including a telephone call, drop-in visitors, distances between people, and walls. People often take physical barriers for granted, but sometimes they can be removed. For example, an inconveniently positioned wall can be removed. Interruptions such as telephone calls and drop-in visitors can be removed by issuing instructions to a secretary. An appropriate choice of media can overcome distance barriers between people.

2.4.2 Semantic Barrier

Semantic barriers have to do with the way words are used in communication. Different sentences used are important in effective communication. Mouse, for example, in the language of technology is a tool to use in conjunction with the keyboard and the mouse in ordinary language is an animal. Target group here is very important in determining effective communication. Semantic barriers should be adopted by the genre, including public communication (Askehave, 2003).

The words we choose, how we use them, and the meanings we attach to them cause many communication barriers. The problem is semantic, or the meaning of the words we use. The same word may mean different things to different people. Words and phrases such as efficiency, increased productivity, management prerogatives, and just cause may mean one thing to a school

administrator, and something entirely different to a staff member. Technology also plays a part in semantic barriers to communication.

2.5 Communication and Mass Media

Communicating to a vast number of people in various communities requires the mass media. The mass media plays the role of integration of pluralistic communities of developing countries and serves as channels that disseminate contemporary ideas and refine traditional practices and values. They are also said to assist in reshaping conflicting social norms and are recognized as agents capable of instituting a level of consistency and uprightness needed to transform a society

The mass media is a very important tool for disseminating information and educating the public. It has grown to become part and parcel of mass communication. Mass media include: radio, television, print, and the Internet. The Mass media has been quite effective especially in the urban and semi-urban areas. However, it has been contested that, it has not achieved the same effect in the rural communities. Be that as it may, the radio is exempted from this contest as many have averred that radio signal gets to the rural areas and even very remote communities (Mcquail 1977). The most accessible medium in society of low literacy and poor economy such as Nigeria is the radio. For instance, radio is a universal and versatile medium of communication that can be used for the benefit of the society. The television, print media, and the internet are somehow elitist in nature and often times they are out of the reach of the rural masses; although with the present development, people in the rural areas have access to them but not at the level that can bring about easy and equal participation as it is in the urban areas (Hirschman& Thompson, 1997)

2.6 Aspects of Communication

However, there are various fields of communication, but for the purpose of this research, emphasis is on development communication, behavioural change communication and health communication.

2.6.1 Development Communication

According to UNICEF (2011), development communication is a two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives. The Thusong Government centre (2012) describes it as "providing communities with information they can use in bettering their lives, which aims at making public programmes and policies real, meaningful and sustainable.

Communication and development have been viewed as closely intertwined phenomena, where one is believed to guarantee the other (Sosale, 2002).Development communication or communication for development involves understanding people, their beliefs and values, the social and cultural norms that shape their lives (Srampickal, 2006). Sosale (2002) further notes that, development communication involves engaging communities and listening to adults and children as they identify problems, propose solutions and act upon them. It is a two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives. In the same vein, Servaes (2002:78) claims that:

> All those involved in the analysis and application of communication for development - or what can broadly be termed "development communication" - would probably agree that in essence development communication is the sharing of knowledge aimed at reaching a

> consensus for action that takes into account the interests, needs and capacities of all concerned.

The central element in development communication is sharing of knowledge. Sharing knowledge can be in the areas of health, agriculture, education, empowerment, sanitation and hygiene. Looking at the case of reproductive health in Unguwan Muazu of Kaduna State, it is pertinent to note that PPFN is saddled with the responsibility of disseminating information particularly to women on various aspects of reproductive and family health, such as family planning, malaria and pregnancy issues, fertility treatment, HIV/AIDS counselling and cervical testing. This information according to Servaes (2002) is "aimed at reaching a consensus for action that takes into account the interests, needs and capacities of all concerned". It therefore implies that the resultant effect of the information passed across is for the collective good of the community. In the case of reproductive health (RPH) in Unguwan Muazu health communication can only add to the stability of the families that make up a society. In addition, it is important to note that:

> Development communication rests on the premise that successful rural development calls for the conscious and active participation of the intended beneficiaries at every stage of the development process; for in the final analysis, rural development cannot take place without changes in attitudes and behavior among the people concerned (Hanson, 1960:81).

In view of the above, it can be stated that without communication, it is impossible to carry out the several developments and educational programmes which are geared towards a better living condition of the society. The development communicators do say that 'no communication'' 'no society''

Furthermore, communication plays a great role in influencing change of one's behaviour. This is because communication exposes the individual to knowledge, information and education

which guides him or her to form opinions and attitudes. Communication, according to Hedebro (1982:5), "is the flow of message between institutions, people and media with or without feedback". It can, therefore, be seen as a situation of social interaction through the transmitting and receiving of messages.

2.6.2 Participatory Development Communication

This refers to the use of mass media, traditional, inter-personal means of communication that empowers communities to visualise aspirations and discover solutions to their development problems and issues (FAO, 2011). Participatory development communication is very important for rural areas in the sense that more than 850 million people in the developing countries are excluded from a wide range of information and knowledge, especially about their quest to lead a meaningful and fulfilled life (FAO, 2011). The global media is absolutely powerful and has been able to influence and control people in various angles and dimension and despite this absolute influence, the poor rural societies are left behind because of easy access to the controlled media which is often times driven along profit line (FAO, 2011).

It is as a result of the need to bring everyone on board, especially in the scheme of development that participatory communication became needful and imperative. However, it is pertinent to note that Moemeka(1999:69) strongly admonishes development communicators that:" Any communication strategy which completely ignores traditional media cannot successfully retain the people's attention for long and thus, endogenous forms of communication especially for the African society exist such as folktales, dance, music, festivals and theatre. This aspect of communication makes use of alternative channels to reach out to the rural people as they have proven useful and effective to a large extent. This is because it makes use of people

oriented means of communication such as music, festival, theatre, dance, poetry and storytelling. These channels are such that give the people of a community the opportunity to participate in their development as well as having confidence that their voices can be heard. The emphasis on participatory communication is that several projects in the past have been undertaken and with a majority of them falling below the expectations and appreciation of the communities. Therefore, it is worthy to introduce a concept that takes people's voices into consideration.

2.6.3 Health Communication

Health communication is defined as 'the study and use of communication strategies to inform and influence individual and community decisions that enhance health'. It is a core strategy for public health improvement. Health communication refers to the transmission or exchange of information and implies the sharing of meaning among those who are communicating. Communication serves the purposes of: (1) initiating actions, (2) making known needs and requirements (3) exchanging information, ideas, attitudes and beliefs, (4) engendering understanding, and/or (5) establishing and maintaining relations (U.S. Office of Disease Prevention and Health Promotion, 2004). Thus, communication plays an integral role in the delivery of healthcare and the promotion of health.

According to U.S Department of Health and Human Services, Office of Disease Prevention and Healthily People (2010).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 healthcare. Health communication encompasses the study and use of communication strategies to inform and

influence individual and community knowledge, attitudes and practices (KAP) with regard to health and healthcare. Furthermore, Northouse and Northouse (1998:81) assert that:

> Health communication is a multi-faceted and multi-disciplinary approach 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 behaviour, practices, policy that will ultimately improve health outcomes

In view of the above, it can be posited that health communication empowers people by providing them with the knowledge and understanding about specific health problems and intervention. Health communication can take many forms, both written and verbal, and can be directed toward individuals, communities or entire nations. In addition, health communication is an integral component of health promotion, health protection, disease prevention and treatment and is recognised as a core competency in public health and health promotion practice, playing a pivotal role in achieving public health objectives (U.S. Office of Disease Prevention and Health Promotion, 2004).

The field represents the interface between communication and health and is increasingly recognized as a necessary element for improving both personal and public health. Health communication can contribute to all aspects of disease prevention and health promotion. The most obvious application of health communication has been in these areas of health promotion and disease prevention and reproductive health among women. Studies have uncovered improvement of interpersonal and group interactions in clinical situations (for example, between provider and patient, provider and provider, and among members of a healthcare team) through the training of health professionals and patients in effective communication skills (U.S. Office of Disease Prevention and Health Promotion, 2004).

Health communication initiatives must use the most effective and efficient strategies for the promotion, protection and maintenance of health through the use of the best available evidence at practice and policy level. Public health practitioners, programme managers and policymakers need to be aware of what is known about the strengths, weaknesses and costs of health communication interventions aimed at the prevention and control of communicable diseases so that impacts can be enhanced and opportunities maximised for strengthening evidence-informed action.

One of the major developments of recent years has been the "discovery" of the role that health communication can play (for good and bad) in determining individual and community health status. Effective communication can (a) improve the health outcomes of acute and chronic conditions (b) reduce the impact of racial, ethnic, disease-specific and socioeconomic factors in care, and (c) improve the effectiveness of prevention and health promotion. Health communication has become an accepted tool for promoting public health. Health communication principles are often used today for various disease prevention and control strategies, including advocacy for reproductive and health issues, marketing health plans and products, educating patients about medical care or treatment choices, and educating consumers about healthcare quality issue (Institute of Medicine 2001). At the same time, the availability of new technologies and computer-based media is expanding access to health information and raising questions about equality of access, accuracy of information, and effective use of these new tools.

The many roles that health communication can play have been highlighted by the Centre for Disease Control and Prevention (2007). These roles include:

(a) increase knowledge and awareness of a health issue, problem, or solution;

(b) influence perceptions, beliefs, attitudes, and social norms Prompt action;

(c) demonstrate or illustrate skills;

(d) show benefit of behaviour change;

(e) increase demand for health service;

(f) reinforce knowledge, attitudes, and behaviour;

(g) refute myths and misconceptions; and

(i) advocate for a health issue or a population group.

Poor communication has a negative impact on the outcomes of health communication campaign and cannot lead to improvements in prevention, motivation for behaviour change, and adherence to treatment.

Despite the assumption that health communication can do so much, it is important to note that there are a few things that it cannot address, especially in the health aspect. In view of this claim, communication cannot:

- compensate for inadequate healthcare or access to healthcare services;
- produce sustained change in complex health behaviours without the support of a larger programme me for change, including components addressing healthcare services, technology, and changes in regulations and policy; and
- be equally effective in addressing all issues or relaying all messages because the topic or suggested behaviour change may be complex, because the intended audience may have preconceptions about the topic or message sender, or because the topic may be controversial.

Health communication programme can effect change among individuals and also in organizations, communities, and society as a whole. Health communication at the interpersonal level is the most fundamental of health-related communication because individual behaviour affects health status. Communication can affect individuals' awareness, knowledge, attitudes, self-efficacy, skills, and commitment to behaviour change. Activities directed at other intended audiences for change may also affect individual change, such as involving patients in their own care.

2.7 Reproductive Health

Reproductive health is an aspect of health communication and it implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. One interpretation of this implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate healthcare services of sexual, reproductive medicine and implementation of health education programme to stress the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a healthy infant (WHO 2008).

Individuals, especially women and adolescent females do face inequalities in reproductive health services. Inequalities vary based on socioeconomic status, educational level, age, ethnicity, religion, and resources available in their environment. It is possible, for example, that low income individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health (WHO 2008).

According to the World Health Organization (2008), reproductive and sexual ill-health accounts for 20% of the global burden of ill-health for women and 14% for men. Reproductive health is a part of sexual and reproductive health and rights. Maternal mortality is the single most important health issue facing mothers, health practitioners and Nigerians in general. Majority of Nigerians, especially women, are poor and very vulnerable to illness, disability and even death due to lack of access to comprehensive health services, especially reproductive health services. These women need quality reproductive health services such as medical care, planned family, safe pregnancy, delivery care and treatment and prevention of sexually transmitted infections, such as HIV/AIDS. With accessibility to comprehensive reproductive health services, women are less likely to die in pregnancy, more likely to have healthier children and better able to balance their family and work life(WHO 2008).

There are several aspects of reproductive health that women can have access to namely: family planning, cervical cancer treatment, post abortion care, malaria treatment for pregnant women. These issues need to be discussed for proper enlightenment of the people in the community on why reproductive health is important especially to women.

2.7.1 Family Planning

Family planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods (NDHS, 2008).
Furthermore, family planning involves the provision of birth prevention information, services, and appliances. Thus, it educates people on how to prevent births, usually with contraceptives but sometimes with abortion or sterilization. It also includes teaching men and women about the transmission of HIV/AIDS, other sexually transmitted infections and how to protect themselves

from such infections (Upadhyay and Robey, 1999).Couples and individuals have the basic rights to decide freely and responsibly the number of children to have, their spacing and also, the information and means to do so. The responsibility of couples and individuals in the exercise of rights take into account the needs of their living, future children and their responsibility towards the community (Lindroos and Luukkainen2004).

According to Mamman (2008), family planning implies a conscious and deliberate attempt by couples to check unwanted pregnancies so that they can have only the number of children they want. This means individuals and couples can decide "when" and "how many" they want. Family planning further targets couples with problems of infertility and tries to help them have children. It deals specifically with one population event which is "birth". Family planning and birth control are not necessarily the same. While family planning is aimed at controlling births and promoting child spacing, birth control covers all the means of fertility control and implies measures that only affect the determinants of reproductive performance. The rationale for family planning programme is that it allows couples to choose the size of families, in addition to providing substantial health benefits for mothers and children and contributing to socioeconomic development

2.7.2 Cervical Screening

Cervical Screening is part of reproductive health services that is offered by PPFN both in Nigeria and elsewhere. Cervical screening is to detect early cancer tumor so that early treatment can take place. It is the process of detecting and removing abnormal tissue or cells in the cervix before cervical cancer develops (American Cancer Society, 2001).Without early detection, women affected might not be able to procreate and this, to a large extent, can reduce the fertility

rate of women, thereby affecting reproductive health. This is the major reason why cervical cancer screening is recommended for young women. By aiming to detect and treat cervical Neoplasia early on, cervical screening aims at secondary prevention of cervical cancer (Centres for Disease Control and Prevention, 2007).Several screening methods for cervical cancer are the Pap test (also known as Pap smear or conventional cytology), liquid-based cytology, the HPV DNA testing and the visual inspection with acetic acid (Quinn, Babb, Jones, Allen, 1999). Pap test and liquid-based cytology have been effective in diminishing incidence and mortality rates of cervical cancer in developed countries but not in developing countries. Cervical cancer screening is among the services offered by PPFN in Kaduna and it is important to note that women have benefited from this programme and that more awareness is created for more women to have access.

2.7.3 Post Abortion Care

Post abortion care is another reproductive health service that PPFN offers in Kaduna State. Abortion has been observed to be one of the issues facing young women in Kaduna State. The rate of illicit abortion is alarming and a number of them are not well handled by professionals. Abortion poses a lot of challenges for the young women in future as most of them cannot conceive when they get married. That is why the essence of post abortion care is emphasised even for mature women too who have issues of miscarriages.

In simple terms, abortion is when a pregnancy ends early without the birth of any live children. Usually, a developing human takes about thirty-eight weeks to grow and be born and in this case, this occurs about forty weeks after the mother's last menstrual period. This developing human is called an *embryo* for the first eight weeks of the pregnancy, and foetus for the rest of

the pregnancy. Medically, an abortion is said to take place when the embryo/foetus is too young and small to survive without its mother. When an abortion occurs naturally, it is often called a miscarriage. Humans can also choose to end the pregnancy before birth takes place and this is called an *induced abortion*. Often, the term *abortion* often refers only to an induced abortion. In both types of abortion, the embryo or foetus usually comes out of the womb. This is called a *complete* abortion. In some cases, the embryo or foetus remains inside the womb. This is called a *missed* abortion. Surgery is needed to remove the embryo or foetus from the womb so the woman does not get an infection. It is as a result of this that post abortion care is important (International Planned Parenthood Federation, IPPF, 2001).

However, the issue of abortion is still contestable in various countries of the world and especially on the African continent. The issue is not generally acceptable owing to traditional and religious belief systems. While abortion is illegal in many countries, there are often exceptions that permit it in cases such as family incest, rape, the fetus having severe disabilities or the mother's health being at risk. The role of PPFN is to let young women know the importance of proper abortion and post treatment instead of young women hiding and suffering from the repercussion of poor abortion. It is against this backdrop that post abortion care is a part of reproductive health as emphasised by PPFN. The case of Ungwan Muazu in Kaduna State requires that a lot of sensitization be carried out for women to embrace the services and as a result bring under control the negative impact of lack of proper post abortion care.

2.7.4 Malaria

Malaria is endemic in Nigeria and it is responsible for death of one out of every five children (United Nation Population Division: 2002). Nigeria also ranks first among the thirty-

five countries that are responsible for 98% of the total malaria deaths world-wide and contributes 96% to the total number of malaria cases (Roll Back Malaria: 2008). Malaria is responsible for the morbidity and mortality from illnesses such as respiratory infections, diarrhea, iron-deficiency diseases, anemia and malnutrition (Opiyo*et al*: 2007). Onwujekwe*et al* (2005) further note that malaria is the number one public health problem in Nigeria.

According to Quinn, Babb, Jones, Allen (1999), malaria is an infectious disease caused by a parasite. It is spread by the bite of an infected mosquito. People catch malaria when the parasite enters the blood. The parasite causes a deadly infection which kills many people each year. The parasite that causes malaria is a protozoan called *Plasmodium*. Protozoa are organisms with only one cell, but they are not bacteria. Bacteria are smaller and simpler than protozoas. People usually get malaria from the *anopheles* or *Culex*mosquitoes: they are the vectors of the disease. The *plasmodium* gets into people by the bites of mosquitoes. The *plasmodium* is in the mosquito's saliva. The mosquito's saliva injects an anticoagulant into the person to prevent their blood from clotting. The person is then infected with *plasmodium* as a by-product. This makes the person have the disease called malaria (Quinn et al., 1999).

Only the female mosquito gives people malaria, because only the female mosquito consumes blood(Quinn et al., 1999).The male mosquito lives on the nectar of flowers. The female mosquito uses blood as a source of protein for its eggs. (Quinn et al). It is important to note that some people do not get malaria easily due to the use of mosquitoes net. A baby can get it while inside its mother. This is called *maternal-foetal transmission*. People can also get malaria from blood transfusion. This is when someone gives blood to another person. Another

way people can contract malaria is by using a needle that someone with the disease used before them.

2.7.5 Voluntary Counselling and Testing (VCT)

Voluntary counselling and testing (VCT) for HIV/AIDS usually involves two counselling sessions: one prior to taking the test known as "pre-test counselling" and one following the HIV test when the results are given, often referred to as "post-test counselling". Counselling focuses on the infection (HIV), the disease (AIDS), the test, and positive behaviour change. VCT has become popular in many parts of Africa as a way for a person to learn their HIV status. VCT centres and counsellors often use rapid HIV tests that require a drop of blood or some cells from the inside of one's cheek; the tests are cheap, require minimal training, and provide accurate results in about 15 minutes.

2.8 Reproductive Health as an Aspect of Development Communication

The entire conceptualisation of reproductive health is intentionally or unintentionally to bring about human development (Quebral, 1972-3).This is why it is part of development communication. Development communication as used in the Philippines in the 1970s by Professor Nora Quebral designates the processes of transmitting and communicating new knowledge related to rural environments.

> Development communication is the art and science of human communication applied to the speedy transformation of a country and the mass of its people from poverty to a dynamic state of economic growth that makes possible greater social equality and the larger fulfilment of the human potential (Quebral, 2001).

Also, it is an attempt at informing, creating awareness, educating, and enlightening the people so that they can better their lives in every way, development communication includes participatory action for learning and sharing of powers: social (human rights and the emergence of the civil society), economic (egalitarian society) and political (democratization), within specific cultural contexts. At this point, it is important to state that reproductive health has a lot to do with participation. Since reproductive health requires that women especially should practice or embrace the services by going to the hospitals and registering, participation becomes imperative. Without participation, the entire essence of reproductive health and the vision and mission of PPFN as an agency is defeated (Melkote & Steeves, 2001).

2.9 International Planned Parenthood Federation

In the early 1950s, a group of women and men started to campaign vociferously and visibly for women's rights to control their own fertility. Family planning as a human right challenged many social conventions and campaigners encountered difficulties to gain acceptance. But they emerged and determined to work with different cultures, traditions, laws and religious attitudes to improve the lives of women around the world. And so, at the 3rd International Conference on Planned Parenthood in 1952, National Family Planning Associations founded the International Planned Parenthood Federation. Sixty years later, the charity is a federation of 152 member associations, working in 172 countries. It runs 65,000 service points worldwide. In 2011, those facilities delivered over 89 million sexual and reproductive health services (Planned Parenthood, 2012).

Since its humble beginnings in the early 1960s, PPFN has now become a nation-wide organization with presence (through staff and/or volunteers) in all 36 states of Nigeria and the

Federal Capital Territory (FCT). PPFN is recognized as the largest SRH NGO, with formally established and functioning internal structures (Board of Trustees, National Council/National Executive Committee, senior management team, and staff organized under zones, states, departments and units). PPFN has established linkages and good working relations with most governments and other partners. Although exhibiting different strengths and capabilities, the structures and human resources (over 4000 volunteers and 214 established staff positions) at the national headquarters and in the different states provide a good basis for effective take-off.

2.9.1 Vision

International Planned Parenthood Federation strives for a world in which all women, men and young people have access to the sexual and reproductive health information and services they need; a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental right; a world in which choices are fully respected and where stigma and discrimination have no place (International Planned Parenthood Federation, IPPF, 2001).

2.9.2 Mission

The original core mission of PPFN, a private, not-for-profit organization founded in the late 1950s, was to promote adoption of child spacing and contraceptive practices among individuals and couples. Over the years, PPFN has evolved from this initial narrow emphasis to a broader, more comprehensive mission that takes on board the implications and needs arising from International Conference on Population and Development (ICPD), the Beijing International Women's Conference, the concern with adolescent RH, and the HIV/AIDS pandemic. The resulting package of activities and services focuses on adolescents and young people, designed to

promote, protect and enhance their SRH and rights along with those of adults (International Planned Parenthood Federation, IPPF, 2001).

IPPF aims to improve the quality of life of individuals by providing and campaigning for sexual and reproductive health and rights (SRHR) through advocacy and other services, especially for poor and vulnerable people. The IPPF defends the right of all people to enjoy sexual lives free from ill health, unwanted pregnancy, violence and discrimination. It works to ensure that women are not put at unnecessary risk of injury, illness and death as a result of pregnancy and childbirth, and supports a woman's right to choose to terminate her pregnancy legally and safely. IPPF strives to eliminate sexually transmitted infections (STIs) and to reduce the spread and impact of HIV and AIDS (International Planned Parenthood Federation, IPPF, 2001).

2.9.3 Core Values

IPPF believes that SRHR should be guaranteed for everyone because they are internationally recognized human rights. IPPF is committed to gender equality, and to eliminating the stigma and discrimination which threatens individual well-being and leads to the widespread violation of health and human rights, particularly among women. In 2009, 'IPPF' was established as a federation-wide network of people living with HIV. It fosters a culture of respect that welcomes supports and meaningfully involves staff and volunteers who are living with HIV. The federation values diversity and emphasizes the participation of young people and people living with HIV and AIDS in its governance and its programmes. IPPF considers the spirit of volunteerism to be central to achieving its mandate and advancing its cause. IPPF is committed

to working in partnership with communities, governments, other organizations and donors (International Planned Parenthood Federation, IPPF, 2001).

2.10 Historical Development of Planned Parenthood Federation in Nigeria

The origin of Planned Parenthood Federation of Nigeria dates back to 1958 when Married Guidance Council operated the first ever family clinic at the local health department in Lagos, through the then medical officer of health, Dr. O. Adeniyi to check the rampant septic abortion among married and unmarried women. The Married Guidance Council was later re-organized into a Family Planning Committee with the responsibilities of family planning activities and marriage counselling (Planned Parenthood Federation of Nigeria, PPFN, 1992).

The success attained in these responsibilities motivated Universalist Service Committee in the United States and the International Planned Parenthood Federation to send field representatives to help in setting up local voluntary organizations to provide family planning advice and services to Nigerians. The advisory committee gradually led to the formation of Family Planning Council of Nigerian in 1964 and the International Planned Parenthood Federation being the main donors. In 1978, the Family Planning Council of Nigeria, was reorganized and renamed the Planned Parenthood Federation of Nigeria and affiliated to the International Planned Parenthood Federation, itself a federation of some one hundred and thirty family planning associations (Planned Parenthood Federation Nigeria, PPFN, 1992). Planned Parenthood Federation of Nigeria has its headquarters in Lagos and has offices in twenty seven states and the federal capital territory, Abuja. Planned Parenthood Federation of Nigeria is today Nigeria's largest and oldest non-religious, non-political, non-profit-making or sharing family planning organization.

Objectives

The objectives of Planned Parenthood Federation of Nigeria as contained in its constitution are to:

- encourage the building up of healthy and happy families and encourage the proper spacing of children within families with a view to protecting the health of mothers and children and reducing ill-health and death among them;
- help parents understand the values of having only those children for whom they can provide adequate care, nutrition, housing, clothing, and education;
- educate men and women about the dangers of unwanted pregnancies and thus encourage child-bearing by choice and not be chance;
- advise and help those who want children but have none and those who want to regulate their fertility;
- give women more time to take a more active part in the affairs of the community and to enjoy greater happiness in family and social relationships as a result of child spacing;
- make lives of women more economically productive;
- encourage and actively support researches into family planning techniques and other studies bearing directly or indirectly on the improvement of family health and family welfare in Nigeria; and
- help youths, especially adolescents to understand their sexuality and to educate them on their roles in society towards responsible parenthood.

2.11 Strategies Used in Delivering Health Issues to Women by PPFN

Implementation of PPFN strategic plan (1998-2004) significantly advanced the federation's ability to attract other donor (or collaborative) funding for projects and activities. It make remarkable progress in expanding programme activities and strengthening relationships with federal, state and local governments as well as NGO and private sector partners across the country. The aim was to enhance collaborative advocacy, programme development and service delivery activities (Planned Parenthood Federation of Nigeria, PPFN, 1992).

The strategic review and planning process plan was conceived against a background of rapidly occurring changes (both national and international) to the sexual and reproductive health environment. Clearly, the process has been essential to assure the organization's ability to remain focused, relevant and effective during the next five-year period and beyond. Equally important, the strategic review and planning process has significantly widened the consensus on the mission of PPFN necessary to lead advancement of the SRH and rights movement in Nigeria, in the coming years. Below are some of the strategies used in delivering health issues to women in Nigeria:

2.11.1 Static Agent

In an attempt to increase acceptance of family planning, static agents such as hair dressers, barbers, tailors, and other trained recruited agents are deployed to serve in their localities with non-prescriptive contraceptives (Planned Parenthood Federation of Nigeria, Planned Parenthood Federation of Nigeria, PPFN, 1992).

2.11.2 Life Education and Counselling

Family life education and counselling is synonymous with family planning behaviour for youth development. It is directed towards young persons, between ages 15-24 years, out of school as well as vocational or tertiary institutions. The education is aimed at delaying child bearing through adoption of family planning culture.

2.11.3 Information, Education and Counselling:

These are planned activities that involve seminars, workshops, symposia, debates, quiz competitions and some are supported with film shows. The content is centred on being responsible, loving parent, avoiding unwanted pregnancies, illegally induced abortion and sexually transmitted diseases (STDs).

2.11.4 Collaborating with other Agencies

PPFN and the mass media collaborate to inform the public on family planning programme to create supportive constituencies among youths and adults. They also engage student associations and parents teachers association to complement government programme on family planning. With a population close to 170 million (2014), Nigeria is a complex mosaic of multiple socio-cultural diversities, in language, religion, traditions and beliefs. These pose great challenges in building consensus. With a GNP of about $300 (1998), poverty is widespread, particularly in rural areas. Virtually all the major ethnic groups in Nigeria tend to be pro-natalist. However, given the trend of gradually increasing social enlightenment and softening of positions related to issues such as low status of women, early marriage, and discriminations against girl

children, the expectation is that public discourse during the coming years, overall, will promote sexual reproductive health. At 1100 per 100000 live births, the maternal mortality rate is far too high. Concerns about maternal mortality and safe motherhood are growing but are yet to result in effective action (Anate, 1994).

The concern with high adolescent fertility is not matched by a consensus on action. Although small in percentage terms (5.8%), the number of HIV/AIDS infected persons is large and is cause for great concern. However, in all regards, there is hope in the new ministry of health. The ministry's seven-point health sector reform strategy covers reproductive health although it is not one of the seven points. The Federal Ministry of Health (FMOH) is expected to secure and increase allocation to RH within an increased health budget. Also, the commitment to the HIV/AIDS pandemic shown by the President and international donors provides new sources of assistance that PPFN can draw from, directly and through collaboration (Planned Parenthood Federation of Nigeria, PPFN, 1992).

At the broader national level, democracy and political stability are the key concerns, in both the short and long terms. While political stability cannot always be guaranteed, no immediate threat of national significance is obvious at this time. A variety of policies that are in place, such as the national population policy, the RH policy, and the national youth policy, continue to offer a legitimizing and enabling environment for implementing SRH programmes. However, advocacy for fuller implementation and operationalization of existing legal and policy provisions remains a continuing need. No current or anticipated law or policy poses any immediate or long-term threat to PPFN as an organization.

The increasing investor and donor interest in Nigeria is both an opportunity and a challenge. It widens opportunities for linking with new sources of fund and types of resources. However, the potential gains are often eroded by the rate of inflation that remains high and poor public services (water, electricity, transportation) which complicate project implementation. However, in the immediate years to come, the main population and sexual and reproductive health related challenges confronting PPFN and other SRH organizations remain essentially the same as in the past. This can be summarized as follows in various and different ways, each has policy, programme and human resources aspects which should all receive attention. STIs and HIV/AIDS, LOW CPR, commodity security, unwanted teenage pregnancies, sexual and reproductive rights, male involvement, pro-natalist attitudes, traditions/practices, unsafe abortions, maternal-mortality, institutional and management capacity, knowledge and skills base for action and resources.

Traditionally, family planning is under the aegis of sexual and reproductive health it is old as mankind because prolonged breast feeding and withdrawal from sexual activities for fear of an unwanted child have been common practices among humankind. The large gap between expected and achieved quality in healthcare in women and adolescent females can be attributed to ineffective communication between providers and patients and their families, healthcare organizations and providers (Institute of Medicine, 2001).Many studies revealed that they are not satisfied with the quality of their interactions with healthcare professionals. Significant gaps in communication between patients and healthcare professionals are evident in the general population and that is our point of departure (Institute of Medicine 2001).

2.12 Theoretical Framework

The underpinning theory for this study is the Health Belief Model (HBM) which was developed by Becker in 1974 from the work of Rosenstock (1966). This model can be used as a pattern to evaluate or influence individual behavioural change. The model proposes that a person's behaviour can be predicted based on how vulnerable the individuals consider themselves to be. 'Vulnerability' is expressed in the HBM through risk and the seriousness of consequences. This means a person has to weigh up the costs/benefits of performing behaviour (Naidoo and Wills 2000). A person's decision to perform the health behaviour which can be damaging will be based on the outcome of this 'weighing up' process.

Furthermore, the HBM also suggests that there is a 'cue to action' to prompt the behaviour change process. Cue to action means something that can instigate someone's decision to change health behaviour. Northouse & Northouse (1998) explain that this could be a conversation with a friend or a television programme.

Furthermore on cue to action, Janz, Marshall and Becker, (1984) state that HBM model posits that a cue can also be referred to a "trigger". This is necessary for prompting engagement in health-promoting behaviours. They further aver that *Cues to Action* can be internal or external (1984). For instance, pain symptoms are some of the physiological cues that can be observed while external cues can include events or information from other people, the media, or health care provider.

In terms of intensity, Rosenstock (1974:12) argues that the intensity of cues needed to prompt action varies between individuals as a result of perceived vulnerability, seriousness, benefits, and barriers. He goes further to give an example that:

> Individuals who believe they are at high risk of a serious illness and who have an established relationship with a primary care doctor may be easily persuaded to get screened for the illness after seeing a public service announcement, whereas individuals who believe they are at low risk for the same illness and also do not have reliable access to healthcare may require more intense external cues in order to get screened.

According to Glanz and Donald (2010) health belief model (HBM) has been applied to predict a wide variety of health-related behaviours such as:

- being screened for the early detection of asymptomatic diseases;
- receiving immunizations; and
- more recently, the model has been applied to understand patients' responses to symptoms of disease, compliance with medical regimens, lifestyle behaviours (e.g., sexual risk behaviours), and behaviours related to chronic illnesses, which may require long-term behaviour maintenance in addition to initial behaviour change.

The relevance of this theory to the study is in two facets. One, HBM assists in exposing the communication dimension to health intervention and in the case of this study, reproductive health. The communication dimension here deals with external cues or influences to make an individual perceive the need to change health habit, which often times comes from the channel of communication that intervention experts decide to deploy. In this study, PPFN is the corporate health intervention expert (HIE) carrying out services on reproductive health in Unguwan Muazu community**,** using various communication channels and strategies to make community members**,** especially women to subscribe to the services. This model helps the researcher to explain the interconnectedness between communication and behaviour change.

Secondly, it helps us to understand how message creation can catalyse internal consciousness about certain behaviours which can further snowball into finding solutions to certain health issues or challenges. This explains the motivation of women to seeking reproductive health packages offered by PPFN.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is the organized inquiry which includes the planning and systematic data collection, presentation, interpretation and analysis for the purpose of solving identified research problems (Ihemeje, 2006:15). This chapter covers the following areas: research design, population of the study, sampling technique/size, instrument of data collection, validity/reliability test as well as method of data analysis.

3.2 Research Design

This study deployed survey research method. According to Wimmer and Dominick's explanation, survey method presents the universe of the study by appropriating or reducing the universe in such a manner that it provides opportunity to check on incidence, distributions and interrelation of variables, which could be in form of demographic information, attitude, motives and intentions (2011;167-168). Survey method in this study was carried out using quantitative and qualitative research.

According to Crestwell (1994:105), "Qualitative approach is an inquiry process to understanding a social or human problem, based on building a complex holistic picture formed with words, reporting detailed views of informants and conducted in a natural setting". The purpose of using qualitative approach to data gathering is that it would assist in understanding the phenomena from the participants' point of view. On the other hand, quantitative approach is an "inquiry into a social or human problem, based on testing a theory composed of variables,

measured with numbers and analysed with statistical procedure, in order to determine whether the predictive generalisations of the theory hold true" (Creswell,1994:105). Quantitative approach was considered important for this study in the sense that there was an attempt at finding answers to questions that deal with relationship among measured variables with the purpose of explaining, predicting and controlling phenomena which is best done using quantitative approach.

3.3 Population

The population of this study included women who have benefited from the services of PPFN. It also includes staff of Planned Parenthood Federation (Clinic Officer, Programme Officer Service Delivery, Administration and Logistic Officer /monitor and evaluation forecast, Project Officer on malaria) in Unguwan Muazu, Kaduna.

3.4 Sampling Technique and Sample Size

The sample size of this study is one hundred and sixty nine,(169). This was based on the application of Krejcie and Morgan (2001) formulae for calculating sample size on the population of women who attended or used the services of PPFN within the period of one month. According to the register provided by the Administrative Secretary of PPFN (2016), an average of 15 women had access to various services and treatment on a daily basis. Based on the number of women as stated above, the attendance of women per week was 75 and to multiply this by four weeks we arrived at 300 as the population of women in one month. The importance of sample size, according to Awotunde and Ugodulunwa (2004), is to enable the researcher to arrive at a population which is carefully selected and taken as being representative of the entire population.

The figure below shows the derivation of the sample size from the formulae of Krejcie and Morgan (2001):

S = x^2NP(1− P) ÷ d^2 (N −1) + x2 P(1− P).

S = required sample size.

x^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N = the population size.

P = the population proportion (assumed to be .50 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05).

Thus s = x^2NP (1− P) ÷ d^2 (N −1) + x^2 P (1− P).

= 3.841x 300x0.50 (1-0.50) ÷ 0.05x0.05 (6,896 -1) + 3.841x.50 (1-0.50)

= 6,621.884÷17.2375+0.96025

= 6,621.884÷18.19775

=169

Furthermore, simple random sampling technique was used in this study in identifying specific women to interact with during the fieldwork, such as women who have benefited from the services of PPFN.

3.5 Instruments of Data Collection

The following qualitative and quantitative research instruments were used to gather data and information for this study which included questionnaire and in-depth interview (IDI).

3.5.1 Questionnaire Method

As part of the quantitative tool for this study, a questionnaire was developed. The questionnaire is a device for getting answers to questions by using a form which the respondent fills (Kothari, 2004). It is also a means of generating numeric data. The questionnaire is used to complement the discussion generated from the IDI. In addition, the questionnaire for this study utilized the Likert-type rating scale. A Likert scale measures people's attitudes, opinion and emotions by "asking people to respond to a series of statements about a topic, in terms of the extent to which they agree/disagree with them and by so doing tapping into the cognitive and affective components of attitudes" (McLeod, 2008). It comprises four-response ratings of "Strongly Agree", "Agree", "Disagree", and "Strongly Disagree" specifically for research. However, a total of 169 copies of questionnaire were randomly distributed to women at PPFN clinic in Unguwan Muazu, Kaduna.

3.5.2 In-Depth-Interview Method

An interview is a qualitative instrument to acquire opinions and views from an interviewee on attitudes, events and phenomenon. It helps to provide insight into how people behave and respond to certain social issues. In view of this, four (4) interviews were conducted at the PPFN Clinic, Kaduna. Furthermore, this study adopted face to face method because it provided opportunity for free exchange of ideas and allowed for more information (Lee and Ormrod, 2005). The respondents are (1) Mrs Theresa Kudan, Clinic Officer (2) Mrs Amina Abdul-raheem, Programme Officer, Service Delivery-North West region (3) Mr Emmanuel Gotep, Administration and Logistic Officer/Monitor and Evaluation Forecast(4) Mr Yunisa Abdulkarim, the state project officer of malaria.

3.5.3 Validity and Reliability of the Instruments

The degree of appropriateness of measuring instrument is referred to as validity. Research instrument was validated through face validity. Validity is the value judgment or the appropriateness of research instrument. The reliability of this instrument is to enable the researcher to have interactions with staff of PPFN who are the health providers as well as women who constituted beneficiaries of the health service provided.

3.6 Method and Procedure for Data Analysis

A common requirement of almost all quantitative research is the reporting of descriptive statistics (descriptive statistics refers to mean, standard deviations; and frequencies). This study used the quantitative and qualitative methods in analysing data collected through the two instruments (Questionnaire and IDI).The analysed data were computed using the IBM Statistical Package for Social Sciences (SPSS) and the results were subsequently presented using simple descriptive statistical instument such as tables, and percentages. Data from IDI were transcribed and descriptively analyze.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the analysis and interpretation of the data collected through two methods of data collection namely: Questionnaire and In-depth Interview. A total of 169 copies of the questionnaire were distributed to women who formed the beneficiaries of PPFN reproductive health services in Unguwan Muazu, Kaduna State. Out of the 169 copies of the questionnaire, a total of 152 were returned in usable form and the remaining 17 copies were not returned. It is important to note that the analysis of these data was done based on the four objectives of the study which were: (1) to investigate communication channels used by PPFN to sensitize women on reproductive health in Unguwan Muazu. (2) to examine specific reproductive health issues and how they are addressed by PPFN in Unguwan Muazu. (3) to identify challenges faced by PPFN in sensitizing women on reproductive health in Unguwan Muazu. (4) to suggest communication approach that can be more effectively used to sensitize women on reproductive health.

4.2 Presentation and Interpretation of Data

Table 4.2.1 : Respondents' Socio-Demographic Characteristics

S/N	Variable	Characteristics	Frequency	Percentage (%)
1.	**Age**	18-21	12	7.9
		22-32	21	13.8
		33-39	69	45.4
		40 and above	50	32.9
		Total	**152**	**100.0**
2.	**Occupation**	Civil Servant	24	15.8
		Business	39	25.7
		House wife	38	25.0
		Farming	36	23.7
		Student	15	9.9
		Total	**152**	**100.0**
3.	**Education**	Primary School Certificate	43	28.3
		GCE/SSCE	80	52.6
		NCE/HND and Above	29	19.1
		Total	**152**	**100.0**
3.	**Marital Status**	Married	87	57.2
		Divorced	20	13.2
		Widowed	9	5.9
		Single	36	23.7
		Total	**152**	**100.0**
4.	**Number of Children**	1-4	71	46.7
		5-9	33	21.7
		None	48	31.6
		Total	**152**	**100.0**

Source: Field Survey, 2016

Table 4.2.1 shows that 12 respondents (7.9%) were within the age range of 18 – 21;**22-32** attracted 21 respondents (13.8%); 33-39 had 69 respondents, representing 45.4% while 40 and above had 50 respondents (32.9). The implication of this is that the highest percentage of 45% is from the age range of 33-39. This means that women who patronized the clinic were in their middle age. Furthermore, it was gathered that 39 respondents, (25.7%) were into business as their occupation and 87 respondents (57.2%) were married with 71 respondents (46.7%) having number of children between 1 to 4 category.

Table 4.2.2: Communication Channels used by PPFN to Sensitize Women on Reproductive Health

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Communication Channels	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	Radio	32 (21.1)	93 (61.2)	27 (17.8)	0 (0.0)	152 (100.0)	3.0	Ageed
2	Television	32 (21.1)	33 (21.7)	87 57.2	0 (0.0)	152 (100.0)	2.6	Agreed
3	Community Dialogue	32 21.1	27 17.8	63 41.4	30 19.7	152 (100.0)	2.4	Disagreed
4	Information, Education and Communication Materials	92 60.5	60 39.5	0 (0.0)	0 (0.0)	152 (100.0)	2.6	Agreed
5.	Women Group Meetings	57 37.5	95 62.5	0 (0.0)	0 (0.0)	152 (100.0)	3.3	Agreed

Source: Field Survey, 2016

Table 4.2.2 shows that PPFN has deployed a variety of communication channels to sensitize women on various aspects of reproductive health in Ungwan Muazu Community of Kaduna state. From the data,, 32 of the respondents, constituting (21.1%) strongly agree and 93 (61.2%) agree that they learnt about reproductive health information by PPFN through the Radio. 87 respondents, constituting (57.2%) disagree that they do not access reproductive health information by PPFN from the Television.

Furthermore, 92 respondents, which constitute (60.5%) strongly agree and 60, constituting (39.5%) agree that they got information on reproductive health by PPFN through information, education and communication materials (IEC) such as posters, fliers, billboards and handbills. IEC materials as used by PPFN in this community included fliers, posters and billboards. These materials are regularly used within the clinic and within the community. In this

regard, Emmanuel Gotep, The Administrative and Logistics Manager in an interview in 2016 stated that:

> IEC materials are very handy in providing information to the community members on various programmes of PPFN. And since majority of the women can read simple English, it is even easier. That is also the reason why we try as much as possible to keep the language simple to avoid difficulty in understanding.

In addition, 32 respondents (21.1%) strongly agree and 27 respondents (17.8%) agreed that Community Dialogue (CD) was used by PPFN to communicate reproductive health to women. On the contrary, 63 respondents, which constitute (41.1%), and 30 respondents (19.7%) respectively disagree and strongly disagree that Community Dialogue (CD) was used as a means of communicating reproductive health to women in Ungwan Muazu. Finally in this table, 57of the respondents (37.5%) strongly agree and 95 (62.5%) agree that women's group meetings were a communication channel also. Women's group meetings are regularly held in the community to discuss reproductive health. Similarly, in an interview with Amina Abdul-Raheem, the Programme Officer Service Delivery, PPFN North-West Region in an interview in 2016stated that:

> We had to deploy a friendlier and community based communication approach to bring women closer to understanding the message of reproductive health in order for them to enjoy the benefits of the programmes. We discovered that most women do not associate readily except through their women group. That brought about the idea of getting the women leaders involved to add voice to our programmes.

Table 4.2.3: Specific reproductive health issues and how they are addressed by PPFN

There are several reproductive health issues as handled by PPFN and the following table provides data on such issues and their significance to women under study.

Table 4.2.3: PPFN Services Accessed Regularly

S/N	Variable	Frequency%	Percentage (%)
1.	Family Planning	41	27.0
2.	HIV/AIDS Testing and Counselling	27	17.8
3.	Infertility Treatment	24	15.8
4.	Cervical Cancer Treatment	9	5.9
5.	Malaria Related Treatment	48	31.6
6.	Post Abortion Care	3	2.0
	Total	**152**	**100.0**

Source: Field Survey, 2016

Table 4.2.3 shows that41 respondents constituting 27.0% subscribed to family planning; 27 respondents subscribed to HIV/AIDS testing and counselling; 24 respondents went for Infertility treatment, 9 respondents patronized Cervical Cancer Treatment. On the issues presented above, Theresa Kudan, Clinic Officer, PPFN, Kaduna, in an interview in 2016stated that:

> We screen for things like cervical cancer and other reproductive diseases and we give a lot of information to women, because the main aim of PPFN from the beginning was to give information and we trained services providers on family planning methods and all sorts of reproductive clinical services, so we do training and we are one of the centres that give training for services provider on post abortion care as well as infertility issues.

Also, 48 respondents (31.6) subscribe to Malaria Related Treatment while 3 respondents (2.0%) subscribe for Post Abortion Care. From this table, it is obvious that malaria related treatment had the highest number of women's patronage. It therefore means that malaria treatment is a crucial issue for pregnant women. This is because malaria constitutes a major

challenge to pregnant women especially in the rural areas where there is high prevalence of mosquitoes and also the challenge of indulging women to make use of treated mosquito net.

Table 4.2.4: PFFN's Services to Women on Safe Sex and Prevention of Sexually Transmitted Diseases (STDs)

S/no		Degree of Agreement				Total (%)
	Variable	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	
1	Condom Use	30 (19.7)	68 (44.7)	46 (30.3)	8 (5.3)	152 (100.0)
2	Injection	23 (15.1)	59 (38.8)	70 (46.1)	0 (0.0)	152 (100.0)
3.	Tablets Use	0 (0.0)	83 (54.6)	69 (45.4)	0 (0.0)	152 (100.0)
4.	No Multiple Sex Partners	38 (25.0)	84 (55.3)	23 (15.1)	7 (4.6)	152 (100.0)

Source: Field Survey, 2016

The table above shows that 68 respondents, (44.7%) agree and 30 respondents (19.7%) strongly agree that condom is one of the safe ways to prevent STDs and do birth control. Here also, 59 respondents (38. 8) agree and 23 respondents (15.1%) strongly agree that injection is safe. Furthermore, 84 respondents (54.6%) agree that tablet is a safe way of preventing STDs as against 69 respondents (45.4%) respondents who disagree. And 84 respondents (55.3%) agree and 38 respondents (25.0%) strongly agreed that avoidance of multiple sex partners is very safe for prevention against STDs. The implication is that PPFN has been able to teach women about ways to prevent STDs.

Table 4.2.5: PPFN's Services on Child Spacing

S/no		Degree of Agreement				Total (%)
	Variable	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	
1	Sex Avoidance	0 (0.0)	62 (40.8)	37 (24.3)	53 (34.9)	152 (100.0)
2	Injection	8 (5.3)	82 (53.9)	46 (30.3)	16 (10.5)	152 (100.0)
3.	Drugs	36 (23.7)	78 (51.3)	30 (19.7)	8 (5.3)	152 (100.0)
4.	Condom	39 (25.7)	67 (44.1)	46 (30.3)	0 (0.0)	152 (100.0)
5.	Diet	31 (20.4)	84 (55.3)	37 (24.3)	0 (0.0)	152 (100.0)

Source: Researcher's Survey, 2016

The table above shows that 53 respondents (34.9%) strongly disagree and 37 respondents (24.3%) disagree that sex avoidance is not preferred as measure for child spacing. In addition, 82 respondents (53.9%) agree and 8 respondents constituting (5.3%) strongly agree that injection is preferred for child spacing. 78 respondents, constituting (51.3%) agree and 36 respondents (23.7%) strongly agree that drugs are preferred. Also, 67 respondents (44.1%) agree and 39respondents (25.7%) strongly agree that condom is preferred. Finally, 84 respondents (55.3%) agree and 31 respondents (20.4%) strongly agree that dieting can be used for child spacing. The implication is that women who attend PPFN sensitization programmes are aware of the various methods of child spacing and this is a milestone achievement in family planning objective of the organisation.

Table 4.2.6: PPFN's Services on Menstruation of Young Women

S/no		Degree of Agreement				Total (%)
	Variable	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	
1	To Avoid Venereal Disease	31 (20.4)	91 (59.9)	30 (19.7)	0 (0.0)	152 (100.0)
2	Nutrition to replace blood passed out	31 (20.4)	84 (55.3)	23 (15.10)	14 (9.2)	152 (100.0)
3.	To avoid undue pains	69 (45.4)	45 (29.6)	38 (25.0)	0 (0.0)	152 (100.0)

Source: Field Survey, 2016

The table above revealed that 91 respondents (59.9%) agree and 31 respondents (20.4%) strongly agree that menstruation education helped women to avoid venereal diseases. Also, 84 Respondents (55.3) agree and 31 respondents (20.4%) strongly agree that nutrition to replace blood passed out was one of the benefits young women get from menstruation education. Furthermore, 69 respondents (45.4%) strongly agree and 45 respondents (29.6%) agree that through menstruation education, women learnt to avoid undue pains.

Table 4.2.7: Challenges Faced by PPFN in Sensitizing Women on Reproductive Health

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Variable	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	Nonchalant Attitude of Women to Reproductive Health	95 62.5	57 37.5	0 (0.0)	0 (0.0)	152 (100.0)	3.6	**Strongly Agreed**
2	Illiteracy/Ignorance	92 60.5	60 39.5	0 (0.0)	0 (0.0)	152 (100.0)	2.6	**Agreed**
3	Religious Beliefs	60 39.5	32 21.1	60 39.5	0 (0.0)	152 (100.0)	3.0	**Agreed**
4	Language Barrier	30 19.7	33 21.7	59 38.8	59 38.8	152 (100.0)	2.4	**Disagreed**

Source: Field Survey, 2016

Table 4.2.3 focuses on challenges faced by PPFN in sensitizing women on reproductive health. The above table revealed that 95 respondents, (62.5%) strongly agree and 57 respondents (37.5%) agree that nonchalant attitude of women to reproductive health was a challenge that PPFN encountered in Ungwan Muazu. This shows that no matter the channel of communication used by PPFN, if women in the community have attitudinal problems towards reproductive health, the efficacy of the channels might be weak. Also, 92 of the respondents (60.5%), strongly agree and 60 (39.5) agree that illiteracy and ignorance constituted a stumbling block to the efforts of PPFN reproductive health campaign. In consonance with the above, Theresa Kudan, Clinic Officer, PPFN Kaduna in an interview stated that:

> Illiteracy has been a stumbling block to several of our programmes especially in the rural areas. Women have decided to increase their level of education either through non formal or formal education and this has been a major breakthrough in our campaigns such that there is little room for bad experiences of having to go through rigorous counselling and explanation in order to pass across basic information. Now they can read and understand the basic information. Although there are still cases of illiteracy especial those that have decided not to seek non formal education *(Interview with Theresa Kudan, Clinic Officer, PPFN)*

Furthermore, 60 of the respondents (39.5%), strongly agree while 32 (21.1%) agree that religious beliefs constitute a challenge to reproductive health intervention in the community. However, 59 respondents (38.8%) strongly disagree and 59 (38.8%) disagree that language could be a barrier to PPFN efforts. This means that in this community, the staff of PPFN are from different parts of the country and have very good working knowledge of different languages.

Table 4.2.8: Suggestions on what Communication Approach can be used in Sensitizing Women on Reproductive Health

S/no		Degree of Agreement				Total (%)	Mean	Remark
	Variable	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)			
1	Increase Radio Programme on Reproductive Health	90 59.2	30 19.7	32 21.1	0 (0.0)	152 (100.0)	3.3	**Agreed**
2	Deploy Local Language of Host Community to Communicate Messages of Reproductive Health	33 21.7	87 57.2	32 21.1	0 (0.0)	152 (100.0)	3.0	**Agreed**
3	Do more of Advocacy visits to women groups/associations	93 61.2	59 38.8	0 (0.0)	0 (0.0)	152 (100.0)	3.6	**Strongly Agreed**
4	Organize more Sensitization Programmes for both Men and Women on the Benefits of Reproductive Health	57 37.5	63 41.4	32 21.1	0 (0.0)	152 (100.0)	3.1	**Agreed**
5	Intensify advocacy visits to Community and Religious Leaders to Improve Acceptance of Reproductive Health Programme	87 57.2	32 21.1	33 21.7	0 (0.0)	152 (100.0)	3.3	**Agreed**

Source: Field Survey, 2016

Effective communication approach is vital to the success of every development intervention (Davis, 2001). Table 4.2.8: shows the suggestions on how communication approach can further enhance the sensitization of women on reproductive health. In view of the above, 90 of the respondents (59.2) and 30 (19.7%) strongly agree and agree respectively that increase in

radio programme on reproductive health is capable of increasing sensitization of women on reproductive health. This means that radio is more accessible to women in the community than television. This confirms the assertion of McQuail (2000) that majority of people in the rural communities rely on radio for information. Also, for the suggestion of deploying local languages especially that of host communities to communicate messages of reproductive health witnessed the 33 (21.7%) of the respondents who strongly agree and 87 (57.2%) agree respectively. On the issue of deploying local language to communicate, Abdulkadir Sheshi, one of the Officers of PPFN in an interview in 2016 asserted that:

> We have been mindful of the language of the host communities especially if the language is widely spoken across several other communities. We have made translations of fliers, posters and handbills into Hausa language which many in the community can also understand. Through this means we have been able to pass across the message of reproductive health even in very remote areas.

93 of respondents (61.2%) strongly agree and 59 (38.85) agree that more advocacy visits to women groups and associations should be done in the community. Furthermore, 57 of the respondents (37.5%) strongly agreed and 63 (41.4%) agree that PPFN should make more efforts in organizing sensitization programmes for both men and women on the benefits of reproductive health. Here also, 87 of the respondents (57.2%) strongly agree and 32 (21.1%) agree that advocacy visits to community and religious leaders to improve acceptance of reproductive health programme are essential.

1.4 Discussion of Findings

The discussion of findings was done in line with the research objectives and based on the results and information provided through both the quantitative and qualitative analyses. The first objective analyzed data on how reproductive health was communicated to women by PPFN. This is important because for PPFN to effectively attract patronage of women to health services in the community, some forms of communication approaches have to be deployed.

Communication plays a major role in bringing about sustainable flow of information ever since the inception of reproductive health campaign. Communication has not only been the major launching platform but also the anchor without which the 'ship' of reproductive health would have gone astray. In Nigeria, the use of communication channels has not been taken with "kid gloves" especially by PPFN, the pioneering organisation concerned with the responsibility of bringing about reproductive health awareness and sensitization. According to responses from the respondents, PPFN used communication channels to reach out to women in Ungwan Muazu community in particular as well as Kaduna state in general. Result of findings shows that, 32 respondents (21.1%) strongly agree and 93 respondents (61.2%) agree that information on reproductive health gets to them through the radio. This is an indication that radio is one of the effective channels especially for rural and semi urban areas. Although television has been used to propagate the message of reproductive health especially family planning, it has not been as effective as the use of radio.

Taking the above statement seriously, it can be deduced that television is not really the communication channel for the semi-urban people, especially women. In the light of this, Unguwan Muazu is a semi urban area because from the level of education and the demand for

various services of the clinic (such as Family Planning HIV/AIDS Testing and Counselling, Infertility Treatment, Cervical Cancer Treatment, Malaria Related Treatment and Post Abortion Care). Another reason why television might not be as efficient as the radio is because of the epileptic supply of electricity in semi urban areas and urban of Nigeria.

In the same vein, 92 respondents (60.5%), strongly agree and 60 (39.5%) agree that Information, Education and Communication Materials (IEC) were deployed to provide information to women in the community. IEC materials include fliers, posters and in some cases billboards. In addition to other communication channels, 57 respondents (37.5%) strongly agreed and 95 (62.5%) agreed that most information they got on reproductive health came from the women group meetings. This point emphasized the essence that using endogenous means of communication can endear community people to intervention programmes and therefore boost participation as pointed out by Mefalopilos (2008). It is important to note that the role of communication is very crucial to health interventions and thus cannot be overemphasized at any point in time.

On the challenges faced by PPFN in communicating reproductive health to women in Unguwan Muazu community, several challenges were identified and one major challenge was the nonchalant attitude of women to several issues of reproductive health especially the issue of family planning, miscarriages and post abortion care. This point was buttressed by 95 respondents (62.5%) who strongly agree and 57 respondents, representing 37.5% who also agree. It therefore, implies that there is need for PPFN to increase its awareness campaign and strategy to make women realize the relevance of reproductive health. This is important because if they are aware, more women would patronize the services.

Furthermore, 92 respondents (60.5%) strongly agree and 60 (39.5%) agree that illiteracy and ignorance were stumbling blocks to the efforts of PPFN reproductive health programmes.

As part of the challenges that PPFN experience in the community, 60 of the respondents (39.5%) strongly agree while 32 (21.1%) agree that religious beliefs were obstacles. However, on the issue of language being a barrier to PPFN, 59 respondents (38.8%) strongly disagree and 59 (38.8%) disagree that language could be a barrier to PPFN efforts. With the mean criterion of 2.4, below the set mean criterion of 2.5, it is rejected that religious beliefs is a hindrance to reproductive health in the community. This does not negate the position that religion has been a major challenge to reproductive health in the northern part of Nigeria in the past. It shows that the world is becoming more of a global village. In view of this, Mr. Yunisa Abdulkarim, the state Project Officer on Malaria stated that there are more awareness leading to the dismantling of religious barriers to health issues especially reproductive health. In Ungwan Muazu community, there is a 50-50 representation of both Muslims and Christians and it is not completely true that religion can stand as a major ground of dichotomy in that environment. However, for the issue of family planning, according to an interview with Theresa Kudan, Regional Officer of PPFN, Muslim women have shown some level of caution in accessing this service compared to Christian women.

On the aspect of how to improve communication approach used in enhancing reproductive health, it is important to note that alternative approaches to communication often come when the mainstream media are unable to adequately reach out to the rural populace on certain issues of which health is a part. It is important to note that effective communication approach is vital to the success of every development intervention. In view of this, 90respondents

(59.2%) and 30 (19.7%) strongly agree and agree that increase in radio programme on reproductive health can further increase sensitization of women. This implies that radio is more accessible to women in the community than television. Also, it was suggested that local language, especially that of the host community should be used to communicate messages of reproductive health.

In terms of advocacy visits, 93 respondents (61.2%) strongly agree and 59 (38.85) agree that more advocacy visits to women groups or association should be regularly carried out in the community by PPFN officials. The essence of these advocacy visits is to make it possible for more women to get attracted to the services available to them. Women meetings/groups are strong platforms for sensitization in the rural areas and as such if interventions that have to do with women are channelled through it, there is a possibility of gaining more momentum and acceptance.

Sensitization programmes are crucial communication strategy and in this regard, 57 of the respondents (37.5%), strongly agree and 63 (41.4%) agree that PPFN should make more efforts at organizing sensitization programmes for both men and women on the benefits of reproductive health. In this case, the sensitization is not for the women alone but for both men and women. In such a case, it would be easier for men to listen to the benefits of reproductive health from the organizers and not from women. This may to a large extent engender behaviour change especially among the men which could lead them to allowing their wives to attend some vital session on reproductive health.

Here also, 87 of the respondents (57.2%) strongly agree and 32 (21.1%) agree that Advocacy visits to community and religious leaders to improve acceptance of reproductive

health programme are essential. One very important aspect of intervention is the advocacy visits to community leaders and religious leaders. The importance is premised on the fact that if religious leaders or community leaders approve of certain projects irrespective of the area of coverage, whether health or education, there is a likelihood that the followers would accept. This has been very effective in most rural communities in the north especially during the period of the earlier efforts at Global Polio Eradication Initiative (GPEI) in Kano state Nigeria for instance (WHO, 2015)

PPFN covers several reproductive health issues as it relates to women in Ungwan Muazu community. However, areas of concentration include: safe sex and prevention of Sexually Transmitted Diseases (STDs), child spacing and menstruation education especially to young women. Under the issue of safe sex to prevent STDs, emphasis is on condom, injection, tablet, and avoidance of multiple sex partners. Also, under Child Spacing the following are considered very vital: avoidance of sex, injection, drugs, condom and diet. Under menstrual education to young women, the following are also considered as vital: good nutrition to replace blood passed out, avoidance of undue pains as well as avoidance of veneral diseases. Adequate knowledge on these areas helps in equipping women especially the young ones to appreciate reproductive health which has been an issue of concern for quite some time now.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 Summary

This research investigated the nature and effectiveness of communication strategies adopted by PPFN in women reproductive health. The study paid attention to the decline and health challenges which emanated as a result of the neglect of basic tenets of reproductive health in the community. In this regard there was need to bring the message of reproductive health and services to the people which required the use of communication strategies deployed by PPFN

The Health Belief Model (HBM) of Rosen Stock (1966) was used as the theoretical framework for this study. This model was used as a pattern to evaluate or influence individual behavioural change with emphasis on communication. A total of 169 copies of the questionnaire were distributed to women beneficiaries of PPFN clinic in Unguwan Muazu Kaduna, State. Out of the 169, a total of 152 were returned. Data collected were both quantitatively and qualitatively presented, interpreted and analysed.

5.2 Key Findings

Based on the responses collected from the field on PPFN strategies to sensitize women on reproductive health in Unguwan Muazu in Kaduna state, the following key findings emerged.

i. It was discovered that PPFN deployed radio, television, community dialogue, information, education and communication materials and women group meetings as strategies for communicating reproductive health to women in Ungwan Muazu community in Kaduna State.

ii. A majority of the respondents stated that nonchalant attitude of women to reproductive health, illiteracy and religious beliefs were some of the major impediments to the efforts of PPFN in propagating the message of reproductive health effectively.

iii. Many of the respondents were of the opinion that to increase the effectiveness of the communication approaches used by PPFN there was need to increase radio programmes on reproductive health, advocacy visits to women groups/association as well as the need to organize sensitization programmes for both men and women on the benefits of reproductive health

iv. It was also discovered that advocacy visits to community and religious leaders are necessary to increase the acceptance of reproductive health programme in the community.

v. The study further discovered that the communication approaches deployed by PPFN can be merged with indigenous communication strategies for more effective result.

5.3 Recommendations

Ensuring from the foregoing, certain recommends are made:

i. PPFN campaigns should seek to address nonchalant attitudes of women to reproductive health as well as illiteracy and religious beliefs, in order to create room for more participation and patronage of the services to enhance women development and healthy living.

ii. PPFN should increase the production and broadcast of radio programmes on reproductive health, intensify advocacy visits to women groups/association as well as organize more sensitization programmes for both men and women on the benefits of reproductive health

iii. Furthermore, advocacy visits to community and religious leaders as gatekeepers should be arranged so as to ensure that more women accept reproductive health programme in the community.

iv. PPFN should create partnership between conventional channels of communication and indigenous communication to bridge gaps and limitation of each medium in order to enhance effective communication and message delivery.

5.4 Conclusion

The focus of this study was to investigate the nature and effectiveness of communication strategies adopted by PPFN in women reproductive health in Kaduna State. The study clearly showed that Kaduna state is among the many states that have a strong presence of the organization. The available facilities for medical and maternal health are contributing to the success of PPFN. By the assessment of the respondents and staff of the organization, reproductive health is gaining more acceptance and there are corresponding benefits especially to women in both rural and semi urban areas mainly as a result of using several communication channels and strategies.

This research looked at the communication strategies that PPFN used in telling women about reproductive health in Unguwan Muazu community in Kaduna state which is in line with its vision of working in diverse settings, disseminating its charity work and providing health information to meet the specific needs of different audiences. Related to this is also the building knowledge on how to effectively approach specific audiences in Nigeria with health information which remains an on-going challenge.

The study has been able to show that bringing more women to participate in reproductive health services as provided by the PPFN clinic in the community requires effective communication approaches which have to do with increasing and improving programme content on radio because of the commonality and availability of radio in rural and semi urban communities. This research has further revealed that the blend of conventional media and traditional media can boost communication in rural and semi urban areas especially on health related issues of which reproductive health is a part.

5.6 Suggestions for Further Research

This research was carried out to investigate the nature and effectiveness of communication strategies adopted by PPFN in women reproductive health in Kaduna state. Further study can also be carried out to investigate the role of endogenous forms of communication in advancing reproductive health in Nigeria. Also, another research can be conducted on the comparative benefits of endogenous and exogenous communication in rural/semi-urban areas in Nigeria. Embarking on these suggestions will add to the body of knowledge especially in the area of health communication and will also advance the reproductive health campaign in Nigeria.

5.7 Contribution to Knowledge

i. The study suggest advocacy visit to community and religious leaders as panacea to enhance women sensitization towards embracing reproductive health programmes in Unguwan Muazu, Kaduna state.

ii. The study advocates that women active participation in reproductive health programmes is key towards enhancing their healthy living.

iii. The study further reveal the effectiveness in deploying indigenous communication approaches to tackle reproductive health issues among rural women.

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www.internationalplannedparenthoodfederation.org;www.ppfn.org;www.who.org

Appendix I
Department of Theatre and Performing Arts
Faculty of Arts
Ahmadu Bello University, Zaria
Postgraduate Thesis Questionnaire

Dear Respondent,

I am a postgraduate student undertaking a research on *Health Communication and Reproductive Health Care Delivery, a Study of Planned Parenthood Federation of Nigeria (PPFN) intervention in Ungwan Muazu Kaduna* as part of the requirements for the award of Master of Philosophy (MA) in Development Communication.

Your response to the questions forms the basis for primary findings of the research. The researcher therefore, attaches a high level of confidentiality to your response and assures that it will be used for research purpose only.

Thank you.

Yours Sincerely,

Love Musa

MA/ARTS/10224/2011-2012

Section A

Demographic Data of Respondents

1. Gender: a. Male [ ] b. Female [ ]
2. Age: a 18 - 25 [ ] b. 22 - 32 [ ] c. 33 – 39 [ ] d. 40 and above [ ]
3. Educational qualification a. First School Leaving Certificate [ ] b. GCE/SSCE/NECO [ ] c. NCE/Diploma [ ] d. Degree [ ] e. None of the above [ ]
4. Occupation: a. Civil Servant [ ] b. Trader [ ] c. House Wife [ ] c. Farming [ ]
5. Marital Status: a. Married [ ] b. Divorced [ ] c. Widow
6. Number of children: a. 1-4 [ ] b. 5-9 [ ] c. 10 and above [ ]
7. Have you heard of PPFN? a. Yes [ ] b. No [ ]
8. Have you heard of Reproductive Health? a. Yes [ ] b. No [ ]

Section B:

On the Scale of 1-4, indicate your level of agreement on the communication channels used by PPFN to sensitize people on Reproductive Health to women

Key to Respondents:

SA:	**Strongly Agree**	**= 4**
A:	**Agree**	**= 3**
D:	**Disagree**	**= 2**
SD:	**Strongly Disagree**	**= 1**

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
9.	Radio				
10	Television.				
11.	Community dialogue				
12.	Educational Instructional Communication(EIC) Materials like Posters, Fliers, Billboards, etc)				
13.	Women group meetings				

Section C

On the Scale of 1-4, indicate your level of agreement onthe challenges faced by the PPFN in communicating reproductive health to women

Key to Respondents:

SA: Strongly Agree = 4
A: Agree = 3
D: Disagree = 2
SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
14.	Nonchalant attitude of women to reproductive health				
15.	Illiteracy/ignorance				
16.	Religious beliefs				
17.	Language barrier				

Section D

On the scale of 1-4, rate your suggestion on what communicating approach to use to make reproductive health effective to women

Keys to Respondents:

VH: Very High = 4
H: High = 3
L: Low = 2

VL: Very Low = 1

S/No.	Statement	Level of Awareness			
		VH 4	H 3	L 2	VL 1
18.	Increase radio programmes on reproductive health				
19.	Deploy local languages of host community to communicate messages of reproductive health.				
20.	Do more of advocacy visits to women groups/association				
21.	Organize sensitization programmes for both men and on the benefits of reproductive health				
22.	Advocacy visits to community and religious leaders to improve acceptance of reproductive health programmes.				

Section E:

On the Scale of 1-4, indicate your level of agreement on the following specific health issues as handled by PPFN

Key to Respondents:

SA: Strongly Agree = 4
A: Agree = 3
D: Disagree = 2
SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
	Safe sex to prevent STD				
10	Use of Condom.				
11.	Injection				
	Tablet				
	Not multiple sex partners				

Section F:

On the Scale of 1-4, indicate your level of agreement on the following health issues as handled by PPFN

Key to Respondents:

SA: Strongly Agree = 4
A: Agree = 3
D: Disagree = 2
SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
	Child Spacing Delivery				
	Avoidance of sex				
	Injection				
	Drugs				
	Condom				
	Diet				

Section G:

On the Scale of 1-4, indicate your level of agreement on the following health issues as handled by PPFN

Key to Respondents:

SA: Strongly Agree = 4
A: Agree = 3
D: Disagree = 2
SD: Strongly Disagree = 1

S/No.	Statement	Level of Agreement			
		SA 4	A 3	D 2	SD 1
	Menstruation of Young Women				
	To avoid Venereal diseases				
	To avoid undue pain				
	Nutrition to replace blood passed out				

Appendix II

KEY INFORMANT INTERVIEW GUIDE

Please **ANSWER** these questions objectively.

Objective One: To investigate communication channels used by PPFN to sensitize women on reproductive health

- Do you know the communication strategies that PPFN deploys to sensitize women on reproductive health in Ungwan Muazu?
- Can you explain to us how these communication channels are deployed?
- Why did you decide to deploy these communication channels?
- So far what have been the results of the use of these channels in terms of creating awareness of reproductive health to women in the community?

Objective Two: identify challenges faced by PPFN in sensitizing women on reproductive health

- Do you think there are challenges that PPFN is faced within sensitizing women on reproductive health?
- Can you mention and explain these challenges?
- To what extent do you think these challenges have affected women from knowing about reproductive health?
- What do you think is the impact of ignorance of women to reproductive health?
- Can you give examples of such cases that you have witnessed in the community?
- Do you think that ignorance of reproductive health in the community is high or what is your rating?

Objective Three: Identify specific health issues as handled by PPFN

- Do you think there are specific aspects of reproductive health that PPFN handles in the clinic?
- What are the specific aspects of reproductive health that PPFN concentrates on that you know?

- What do you think is responsible for PPFN focusing its concentrating on these areas that you have mentioned?
- Do these aspects of reproductive health that you have mentioned meet the needs of the women in the area?

Objective Four:Identify more effective communication approach to use in sensitizing women on reproductive health

- Do you think that there is need for more effective approaches to sensitizing women on reproductive health in the area?
- Can you share with us what these approaches are?
- How do these approaches differ from the ones that had been used before now?
- Why do you think these approaches will do better than the former approaches used before?

Appendix III

Interview withTheresa Kudan,Clinic Officer - PPFN Kaduna

Interview with Amina Abdul-raheem Programme Officer Service Delivery-North West Region PPFN

Appendix IV

Interview with Emmanuel Gotep, Administration and Logistic Officer/Monitor and Evaluation Forecast

Interview with Yunisa Adikarim, the State Project Officer on Malaria