

**TITLE PAGE**

**A CONTENT ANALYSIS OF NEWSPAPER COVERAGE OF MATERNAL AND CHILD  
HEALTH ISSUES IN NIGERIA: A STUDY OF *VANGUARD, THE GUARDIAN, THE SUN* AND  
*THE NATION* NEWSPAPERS**

**BY**

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COMMUNICATION**

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**CERTIFICATION**

This research project has been duly read and approved as a research work submitted to the Department of Mass Communication, University of Nigeria, Nsukka by Amu-Nnadi Nneka Uloma with Registration number PG/MA/14/67471, in fulfillment of the requirements for the award of a Master of Arts (M.A) Degree in Mass Communication.

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## **DEDICATION**

I dedicate this work to the Almighty God for His abundant mercy and to my entire family whose encouragement brought me this far and made this research work possible.

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## **ABSTRACT**

*The mass media play a critical role in raising and creating awareness on issues that affect the society. One of such issues to which the media must bring to the attention of all-government and individuals in the society, is Maternal and Child Health. The study evaluates the reportage of “Maternal and Child Health Issues” in Nigerian newspapers from August 2014 to July 2015. The emphasis of this study is to assess the role of the Nigerian press in enlightening and creating awareness of the Nigerian public on Maternal and Child Health issues. Content analysis was the study designed used for the objective, systematic, and quantitative description of the manifest content of the print media in this study. A total of 121 reports were gotten from the four newspapers, “The Daily Sun, The Vanguard, The Guardian and The Nation Newspapers” which were chosen for the study. Data in this study were presented in tables and percentages were used for analysis. The units of analysis for the study were editorials, features, opinions, news, pictures, illustrations, advertorials and interviews. Most reports on Maternal and Child Health issues in the selected newspapers within the study period had a favourable coverage but were not properly projected in forms of editorials and interviews to drive home the importance of the subject matter. The study concludes that reports on Maternal and Child Health issues were not given adequate coverage in the four papers studied. It therefore suggests that Maternal and Child Health reportage rates be increased in Nigerian newspapers to create more awareness to the public and influence government policies and actions towards Maternal and Child Health.*

## CHAPTER ONE: INTRODUCTION

### 1.1 Background to the Study

One of the major health challenges of the world is improving the deplorable state of maternal and child health. Maternal health is the health of a woman during pregnancy, childbirth, and the postpartum period (WHO). It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. Child health on the other hand, is the care and treatment of children. It is the state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Maternal, infant, and child health are intertwined as they address a wide range of conditions, health behaviours, and health systems indicators that affect the health, wellness, and quality of life of women, children and families. This shows the close relationship between the well-being of the mother and the child, and justifies the need to integrate maternal, newborn and child health interventions. The health of mothers and children are threatened in developing countries as a result of pregnancy-related complications, which in most cases, have grave consequences.

Statistics available indicate that approximately three million newborn deaths, seven million under-five deaths, and 300,000 maternal deaths, occur globally every year. The United Nations Population Fund (UNFPA, 2013) estimated that 289,000 women died of pregnancy or childbirth related causes in 2013. These causes range from severe bleeding to obstructed labour, all of which have effective interventions. It is worrisome that this health burden is unevenly distributed, with most deaths occurring in the poorest regions of the world; 87 percent of maternal deaths and 37 percent of neonatal deaths, for example, occur in sub-Saharan Africa (UNICEF, 2012). A woman's chance of dying or becoming disabled during pregnancy

and childbirth is closely connected to her social and economic status, the norms and values of her culture, and the geographic remoteness of her home. This is a reflection of the maternal and child mortality disparities between wealthy and poor countries (UNFPA). This trend demonstrates the greatest disparity between the poor and the rich and has been referred to as the "largest discrepancy of all public-health statistics" (Mahler, 1987). A woman's lifetime risk of dying as a result of pregnancy or childbirth is 1 in 39 in Sub-Saharan Africa, as compared to 1 in 4,700 in industrialized countries (UNFPA). During the 62nd World Health Assembly held in Geneva, in May 2009, the Secretary-General of the United Nations, Mr. Ban Ki-moon acknowledged that maternal mortality is the slowest moving target of the Millennium Development Goals (MDGs) and that it is an outrage in this century. In his words,

"There is no single issue that ties together the security, prosperity and progress of our world than women's health. Everywhere, especially in the poorest countries, women's health affect the nation's health. Women, after all, care for the children, they often grow crops, and they hold families together and that "no woman should have to give her life to give life", as is the scenario in many developing countries." This statement indicates that maternal and child health is a yardstick for measuring a functioning health system as a nation's development is tied and anchored on a strong health system.

Nigeria is a developing country where the poor health delivery system leads to high maternal and child mortality. As with many developing countries in Africa, Nigeria suffers high maternal and child mortality rates due to a variety of factors. The five biggest challenges for maternal, newborn and child health in sub-Saharan Africa are: "pregnancy and childbirth complications, newborn illness, childhood infections, malnutrition, and HIV/AIDS, and poor health services and health care facilities" (Kinney MV, Kerber KJ, Black RE, Cohen B, Nkrumah

F, Coovadia H, 2010). According to the UNICEF Executive Director, Ann Veneman, "midway to 2015 deadline for MDGs, Nigeria continues to record unacceptably high maternal, newborn and child mortality". Nigeria ranks as one of the 13 countries in the world with the highest maternal and child mortality rate and still has not been listed among the 10 countries seen to have made speedy progress toward achieving millennium development goals. As the most populous country in the region and the eighth most populous country in the world, Nigeria accounts for a quarter of all maternal, newborn, and child deaths in sub-Saharan Africa (UNICEF, 2009). This has necessitated the greater attention given to Maternal and Child health.

Each year, more than 50,000 Nigerian women die from pregnancy-related complications (National Primary Health Care Development Agency (NPHCDA), 2012). According to the WHO/United Nations Children Fund (UNICEF), in 1995, Nigeria had the third highest number of maternal deaths in the world (approximately 45,000 deaths). By the year 2000, for every 100,000 live births, about 800 women died in the process of child birth. Out of the 27 million Nigerian women of reproductive age, about two million did not survive either pregnancy or childbirth. In 2008, the maternal mortality ratio (MMR) was estimated at 545 per 100,000 live births, increasing to over 800 per 100,000 births in rural areas (National Population Commission (NPC) [Nigeria] & ICF Macro, 2009). According to UN report, the figure stood at between 1000 and 1500 deaths per 100,000 live births. The State of the World Children Report 2009 stated that one out of nine global maternal deaths occurred in Nigeria.

Presently, Nigeria is still the second country with the highest maternal mortality rate in the world behind India with about 144 girls and women dying every day from complication of pregnancy and child birth. One in every 18 women die giving birth compared to one in 4800 in the US (Pitterson, 2010; Daily Independent, 2010). According to the survey conducted in

February 2010, the record stands at between 165 per 100,000 live births in the South West and 1549 per 100,000 live births in the North East (Onumere, 2010).

Infants also experience poor health outcomes. An estimated 250,000 newborns die annually in Nigeria, the neonatal mortality rate is 48 per 1000 live births (FMOH and NPHCDA, 2009, Shettima, 2007; Amankwah, 2009). Nigeria loses about 2,300 under five years old and 145 women of childbearing age, making it the second largest contributor to the under-five mortality and maternal mortality rate in the world. Some of the contributory factors to infant mortality Nigeria include malnutrition, poor environmental hygiene, low access and utilization of quality health care services.

Nigeria also has about 260,000 neonatal deaths annually, 13 percent of which can be prevented with live saving interventions such as provision of required maternal health medicines and supplies. The deaths of new-born babies in Nigeria represent a quarter of the total number of deaths of children under-five. The majority of these occur within the first week of life, mainly due to complications during pregnancy and delivery reflecting the intimate link between new born survival and the quality of maternal care. Main causes of neonatal deaths are birth asphyxia, severe infection including tetanus and premature birth, states UNICEF.

On Tuesday the 27 October 2015, during the ministerial screening by the Federal House of Representatives, a ministerial nominee, Prof Isaac Adewole, who was the Vice Chancellor of the University of Ibadan, advocated the need to consciously improve the health status of women and children. He disclosed that no fewer than 40,000 women lose their lives to maternal mortality every year and that the nation loses, at least, 800,000 children to infant mortality annually. With this scary figure, Nigeria occupies the second place in the list of countries with the highest maternal, infant and child mortality rates in the world.

According to the United Nations, "Maternal and child mortality constitutes a severe violation of the reproductive rights of women" because most maternal deaths can be prevented with early and appropriate care. Almost every maternal death is an event that could be avoided and should never have been allowed to happen. "Even more devastating is the knowledge that, according to recent research, essential interventions reaching women and babies on time would have averted most of these deaths."

Although analyses of recent trends show that the country is making progress in cutting down infant and under-five mortality rates, the pace still remains too slow to achieve the Millennium Development Goals (MDGs) of reducing child mortality by a third by 2015, states UNICEF.

Avoiding maternal deaths is possible even in resource poor countries, but it requires the right kind of information on which to base programmes. (Lewis, 2003).

The priority of averting maternal death and child death was put on global front when reducing the maternal and child mortality was considered among the eight crucial Millennium Development Goals to which each and every World Health Organization signatory country should abide. For Nigeria to achieve the MDGs, the target of reducing the mortality among children younger than five years old, by two thirds, and reducing the maternal mortality, by three quarters in Nigeria, must be attained.

Although various programmes have been formulated and executed by successive administrations in Nigeria, women and children still lose their lives daily. This shows that the nation still lags behind and is yet to meet the millennium development goals 4 and 5. Various intervention programmes have been executed with the view of improving maternal and child health, including the National Safe Motherhood Programme, the SURE-P Midwife Services

Scheme, the free maternal and child health care programme and recently enacted National Health Act. Effective and regular monitoring and evaluation, at all levels, are required to judge the effectiveness of these policies and programmes (WHO, 2009). It is necessary to evaluate these programmes in order to achieve targeted goals and, if necessary, design more effective policies and programmes to address these problems in a timely fashion (Lozano et al., 2011). Manandhar and Osrin (2004) reported that "community-based participatory interventions significantly reduce neonatal and maternal mortality" (p 970-979). Proposed health interventions targeted to poor people and/or universal coverage as potentially promising approaches to the improvement of health equity. They further suggested regular monitoring of inequalities and use of the resulting information for education, advocacy, and increased accountability among the general public and decision-makers (Victoria et al., 2003). Reliable data on maternal and child health is necessary in order to evaluate progress. In order to achieve the objectives of MDGs 4 and 5, effective health promotion activities, institutional capacity strengthening through human resource development in terms of knowledge, skills, commitment and leadership, and organizational system/structural development play pivotal roles.

This brings us to the potentiality of the mass media in its effort at raising issues and creating awareness on issues that affect the society. Mass media provide information about health and make people aware so as to prevent the spread of various diseases. Communication scholars are in agreement that it is the responsibility of the mass media to monitor, analyze and report development trends and issues in the society. Ndolo(2005) explains the information role of the mass media as providing "information about local, national and international events and conditions". He adds that the mass media, through their informative role "facilitates innovation, adaptation and progress"(p.21). Dominick (2009) divided the surveillance function of the mass



media into two, namely warning or beware and instrumental surveillance. This explains why Dominick (2008) says that surveillance refers to what we popularly call the news and information role of the media. Policy makers also obtain considerable amount of information from the media as Bryant and Thompson (2002) have suggested that news coverage of health matters take on considerable significance that has the potential to shape the impression of average citizens and powerful policy makers alike.

It is the responsibility of the Nigerian media to keep the citizens abreast of what happens in the society. Newspapers, are generally known for their daily, current, timely information reportage and their easily accessible storage factors. They shape perceptions of key events through the act of framing. Frames in media are essential components in the study and interpretation of news, Lippmann (quoted in Papacharassi & Oliveira, 2008:5). Through their roles of informing, educating and entertaining the people, the media set frames of reference that their readers and viewers can use to interpret and discuss public events. The press, therefore, play a critical role in awareness and education on public issues and influence decisions about health policies and issues amongst which are maternal and child health issues. This study looked at the inherent frames employed by the Nigerian Newspapers in reporting stories on maternal and child health issues. It also attempted to assess the extent to which media select news and shape its contents on maternal and child health in Nigeria.

## **1.2 Statement of the Problem**

Since the world leaders assembled in New York to sign the most widely ratified set of development goals ever signed by every country, the Millennium Development Goals, several efforts have been made by successive governments, medical practitioners, non-governmental

organizations, international organizations to nip the menace of maternal and infant mortality in the bud. Unfortunately, these efforts and interventions of maternal and child health welfare services have not yielded the desired results as incidents of maternal and child mortality in Nigeria, still remain unacceptably high as the country is still amongst the worst rated. It is even more disheartening considering the fact that a total eradication of maternal and child mortality is the top most priority of the Millennium Development Goals.(MDGs).

For this reason, stakeholders are concerned as to why infant and maternal deaths have lingered probably as a result of poor communication of the issues involved, especially the right mass-media use to attain the objective of maternal and child health. It is against this backdrop that the study sought to know the extent to which newspapers have been able to utilize their coverage to bring these issues to the fore through the attention given to the issues as well as the implications of the contents presented in the stories. This necessitated this study on newspaper content analysis of maternal and child health issues in Nigeria. It is important to ascertain what role the media play in ensuring adequate comprehension of maternal and child health issues in order to ensure the elimination or reduction of maternal and child mortality in Nigeria. The study will broaden our understanding of media effects by focusing on the frames newspapers thematise maternal and child health issues in Nigeria.

### **1.3 Objectives of the Study**

The objectives of the study were as follows:

1. To ascertain the frequency of maternal and child health coverage in selected Nigerian newspapers.

2. To determine the prominence given to maternal and child health issues in the selected Nigerian newspapers.
3. To ascertain the slant or direction of coverage of maternal and child health reports in the selected newspapers.
4. To determine the sources of maternal and child health reportage in the selected Nigerian newspapers.

#### **1.4 Research Questions**

The research attempted to find answers to the following research questions:

1. What is the frequency of coverage given to maternal and child health issues in the selected dailies?
2. To what extent did the selected newspapers give prominence to maternal and child health issues.
3. What direction of coverage did the selected newspapers take in their coverage of maternal and child health issues.
4. What are the sources of maternal and child health reportage in the newspapers selected.

#### **1.5 Significance of Study**

The study would be relevant to the public since they rely on the media to disseminate accurate and relevant information. The public health community looks to the media for support, and attention and are considered as a primary source of information. It will also be beneficial to journalists and media practitioners as they will be made to understand that certain frames used in

reporting events can have an effect on audience perception of the issue. More so, this work will serve as an addition to the existing literature to other researchers who would like to carry out research on related topics. The study will be of importance to health professionals, policy makers and the government as coverage of such issues as maternal and child health has the potential of shaping the impressions of average citizens and influencing government's policies.

## 1.6 Scope of Study

This work employed the content analysis method used by the Nigerian Press in their reportage of maternal and child health issues in Nigeria. The content analysis is limited to the manifest content of four Nigerian Newspapers; *The Sun Newspapers, The Vanguard, The Nation Newspapers* and *The Guardian Papers*, representing the Southern Eastern Nigeria. They were purposely selected for the study spanning from August 1<sup>st</sup>, 2014- July 1<sup>st</sup> 2015. Only contents relating to maternal and child health will be analysed.

## 1.7 Definition of Basic Terms

- **Analysis:** According to Oxford Advanced Learner's Dictionary of Current English 7<sup>th</sup> Edition (2005), analysis is "the detailed study or examination of something in order to understand more about it. This analysis will involve newspaper framing of maternal and child health issues.
- **Maternal Health:** Is the health of women during pregnancy, childbirth and the postpartum period. It encompasses the health care dimensions of family planning, preconception, and prenatal care in order to reduce maternal morbidity and mortality.
- **Child Health:** Is the care and treatment of children.

- **Newspaper:** A newspaper is a publication issued at regular and usually close intervals, especially daily, weekly, and commonly containing news, comments, features and advertising (dictionary.com). In this research, the term newspaper will be used to address the selected for the study.
- **Framing:** Framing as defined by Scheufé and Tewksbury (2007) is based on the assumption that how an issue is characterized in news reports can have an influence on how it is understood by the audience. It also focuses on how issues are selected for coverage and on the particular way those issues are presented by the mass media.

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## **CHAPTER TWO**

### **LITERATURE REVIEW**

The following topics formed the focus of this review:

2.1 The concept of maternal and child health care

2.2 Infant and Maternal Mortality Trend in Nigeria

2.3 Causes and Risk Factors

2.4 Relevance of Newspapers in Health Communication

2.5 Theoretical Framework

2.5.1 Agenda-Setting theory

2.5.2 Framing Theory

2.5.3 Social Responsibility theory

Summary of Literature

### **2.2 Maternal and Child Health**

A mother's health is significant to a society as only healthy women bring forth healthy offspring. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period, while child health refers to the physical, mental, emotional and social wellbeing of children from infancy through adolescence (WHO). Maternal and child health

encompasses the health of women of child-bearing age from pre-pregnancy, through pregnancy, labour and delivery, and the postpartum period and the health of a child prior to birth through adolescence( James, Robert & Jerome,2008).In sub-Saharan Africa, statistics indicate women die of childbirth-related complications every minute, totaling about 529,000 annually. Majority of such deaths occur in developing countries where women have a 1 in 16 chance of dying in pregnancy or at childbirth, compared to a 1 in 4,000risk in developed countries; making it the largest discrepancy between poor and rich countries of any health indicator(UNICEF,2014:1).

Maternal and child health have been identified as important issues that determine global and national wellbeing. It covers the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. Maternal and child health (MCH) programs focus on health issues concerning women, children and families, such as access to appropriate prenatal and well-child care, infant mortality prevention, emergency medical services, injury prevention, newborn screening, and services to children with special health care needs.

The World Health Organization (2003) defined maternal and child health care as the promotive, preventive, curative and rehabilitative health care for mothers throughout the child bearing period and for children from conception through adolescence. Annet (2004) defined maternal and child health care as the care that aims at ensuring a healthy mother and baby throughout pregnancy and child birth. According to Annet (2004), it involves the screening of patients, and the treatment of diseases, as well as the identification and management of pregnancy related complications, care of the newborn baby and providing information about family planning and how and when to access medical care when complications arise. Bichi

(2007) defined maternal and child health care as the care given to a woman and the child right from conception through infancy and childhood.

Children cannot achieve optimal health alone, therefore, maternal health status, habits, and environment during and even before pregnancy profoundly impacts the health and well-being of a child. Thus, achieving optimal child health is dependent upon optimizing the health and well-being of a child's mother.

In every society, there is an importance attached to the health needs and problems of women and children from, birth through infancy and adolescence. This is necessitated by the fact that mothers and children make up over 2/3 of the whole population; Women in reproductive age (15 to 49) constitute 21%, pregnant women, 4.5%, and children under 5, 47%, children under 5, 18%, under 3: 12% and infants: 4%. For this reason both pregnant and lactating mothers and their children are given special status in the society (Bichi, 2007). While motherhood is often a positive and fulfilling experience, for too many women, especially in developing countries, it is associated with ill-health and even death. In developing countries, more than half a million mothers die from cases related to this life-giving event each year while several others have other related health problems still during pregnancy, childbirth and lactation (Ransom and Yinger, 2002). Pregnancy is often accompanied by complications that could be of fatal consequences, pregnant women are thus prone to risk, it follows therefore that the care of a pregnant woman deserves the highest priority in every community. Due their vulnerability, women folk and children deserve adequate attention prompting the need for maternal and child healthcare service (Bichi, 2007).

Maternal and child health (MCH) care is the health service provided to mothers (women in their child bearing age) and children. The targets for MCH are all women in their reproductive

age groups, i.e., 15-49 years of age, children, school age population and adolescents. Throughout the world, especially in the developing countries, there is an increasing concern and interest in External and child health care which gained further strength after the World Summit for Children, 1991, which gave serious considerations for the provision of Maternal and Child Health Care Services. Some of the consideration for the special attention to mothers and children are:

- Abortion and other factors are causes of over 40 percent deaths during pregnancies
- Maternal mortality is an adverse outcome of many pregnancies. Miscarriage, induced in developing countries result in complications, illnesses, or permanent disability for the mother or child. About 80 percent of maternal deaths are directed obstetric deaths.
- Most pregnant women in the developing world receive insufficient or no prenatal care and deliver without help from appropriately trained health care providers. More than 7 million newborn deaths are believed to result from maternal health problems and their mismanagement.
- Poorly timed unwanted pregnancies carry high risks of morbidity and mortality, as well as social and economic costs, particularly to the adolescent and many unwanted pregnancies end in unsafe abortion.
- Poor maternal health hurts women's productivity, their families' welfare, and socio-economic development.
- Large number of women suffer severe chronic illnesses that can be exacerbated by pregnancy and the mother's weakened immune system and levels of these illnesses are extremely high.

- Infectious diseases like malaria are more prevalent in pregnant women than in non-pregnant women (most common in the first pregnancy). In addition, an increasing number of pregnant women are testing positive for the human immunodeficiency virus. In Sub-Saharan Africa, three million women are estimated to be infected with the AIDS virus and a woman with HIV has a 25 to 40 percent chance of passing the infection on to her fetus in the womb or at birth.
- Many women suffer pregnancy-related disabilities like uterine prolapse long after delivery due to early marriage and childbearing and high fertility.
- Nutritional problems are severe amongst pregnant mothers and 60 to 70 percent of pregnant women in developing countries are estimated to be anaemic. Women with poor nutritional status are more likely to deliver a low-birth-weight infant.
- Majority of perinatal deaths are associated with maternal complications, poor management techniques during labour and delivery, and maternal death also result in fetal perinatal death. Among infants who survive the death of the mother, fewer than 10 percent live beyond their first birthday.
- Ante partum haemorrhage, eclampsia, and other complications are associated with large number of perinatal deaths each year in developing countries plus considerable suffering and poor growth and development for those infants who survive.
- Development impairments among children due to poor management during labour and delivery.
- Low birth weight babies: Because many women are fed less, marry early, carry a heavy workload, and spend a considerable portion of their lifespan in pregnancy and lactation,

they are exposed to persistent low nutritional status and high-energy expenditure. This predisposes mothers to bear low- birth-weight infants.

- Women often lack access to relevant information, trained providers and supplies, emergency transport, and other essential services.
- Cultural attitude and practices impede women's use of services that are available.
- Children whose earliest years are faced by hunger or disease or whose minds are not stimulated by appropriate interaction with adults and their environment will experience grave and negative consequence throughout their lives- and so does society as they would be less contributory member.

Given the enormity of these problems as the interventions available, little has been done as the problems still remain uncouncted and unreported. These issues outlined above do not only show the importance of MCH care to the health of mothers and children but also show the role and necessity of Maternal and child health care in the welfare of the family and countries as a whole.

According to Sumithra, et al (2006) maternal and child health (MCH) services are essentially promotive. They provide avenues for the early detection of mothers and infants at high risk of morbidity and mortality. The MCH care services generally begin by solving the problems of individual mothers and their children and extend to solving the problems of all individual members of the family within the larger community. Therefore, it generally covers the problems of mothering and parenthood. The programme is meant to ensure that every pregnant woman and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bear healthy children, who should grow up in a family unit, with love and security in a healthy environment, well-nourished with adequate medical attention and socialization

(Bichi, 2007). The specific objectives of maternal and child health care services as reported by Bamanah (2004) include:

- Reduction of morbidity and mortality in this vulnerable group.
- Promotion of physical and emotional development of children.
- Ensuring that every mother has access to health services to maintain good health during pregnancy.
- Preparing every mother physically and psychologically to take care of her child.
- Ensuring that every mother goes through professional care delivery.
- Ensuring that every mother bears a healthy child.
- Ensuring that the child grows in a healthy environment.
- Ensuring that the child receives proper nutrition.
- Ensuring adequate protection of the child from diseases.
- Ensuring the reduction in female genital mutilation and provision of appropriate care for females who have already undergone genital mutilation.
- Increasing the knowledge of reproductive biology and promote responsible behavior of adolescents regarding contraception, safe sex and prevention of sexually transmitted infections.

Maternal mortality is a serious health problem that has far-reaching medical, social and economic implications for the newborn, family, community and world at large. When mothers are malnourished, or receive inadequate antenatal care (ANC) and care during childbirth, they and their babies face a higher risk of disease and premature death.

More than two-thirds of maternal deaths occur during childbirth, and are closely linked to intrapartum stillbirths and early neonatal deaths. In addition, for every woman who dies during pregnancy or childbirth, around 30 women are estimated to suffer from pregnancy related injuries, infections, diseases and disabilities often with lifelong consequences (Lawn, Lee & Kinney,2009).A large number of women who die or are suffer maternity-related injuries are in the prime of their life and their illnesses and deaths takes a heavy toll on their loved ones and families(Bichi 2007).Consequently, families that lose mothers are likely to suffer declining nutritional status, and surviving children may have a lower rate of school enrolment, are more likely to have incidences of depression and often face serious challenges to their growth, development and long-term survival(Beegle, De Weerd, Friedman & Gibson,2010;Case& Ardington,2006;Islam & Gerdtham,2006). Studies have shown that children who lose their mothers during childbirth have a 66% higher risk of death than those whose mothers survive (Bichi, 2007). Maternal disabilities related to pregnancy and children, such as anemia, pelvic infection, malnutrition and depression also influence child health; babies born to malnourished mothers are likely to have lower birth weight, which is associated to developmental delays, disabilities and early death (WHO, 2003).

Maternal and child health care is very important aspect of the health care system of every country since women and children make up over 60% of a population. Maternal and child health



statistics are significant as they are regarded as indicators for measuring the effectiveness of the disease prevention and health promotion services in any country.

The health of a mother and her newborn are intricately related, so preventing deaths requires, in many cases implementing the same interventions. These include essential measures as antenatal care, skilled attendance at birth, access to emergency obstetric care when necessary, adequate nutrition, post-partum care, newborn care and education to improve health, infant feeding and care, and hygiene behaviours (UNICEF,2009). In maternal and child health care, the areas of most concern are the biological demands of reproduction, growth and development and the special vulnerability (the delicate position of mothers and children). The objectives of these maternal services are to ensure that as much as possible, women will remain healthy throughout pregnancy and childbirth, and that they have healthy babies and recover fully from the effects of pregnancy. (James, et al, 2008).

## **2.2 Infant and Maternal Mortality Trend In Nigeria**

Maternal mortality is a death of a woman from birth-related causes or complications. It can occur during pregnancy, delivery and even after birth. Child mortality is the death of a child under five years, while infant mortality is the death of a child under 1 year (WHO, 2006). The two are closely linked and are usually reported in ratios; number of maternal deaths 100 000 live births for the maternal mortality and child mortality rate is the number of deaths of children under 5 per 1000 live births and death per children. High infant and maternal mortality have devastating aftermaths as children are rendered motherless, and as such deprived of maternal care which adversely affects their psychological development.

WHO (2006) defines maternal death as the death of women while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of the pregnancy from any cause related to, or aggravated by the pregnancy or its management but not from accidental or incidental causes (cited in Ogunjimi, Ibeh&Ikorok 2012: 34). The international federation of gynecologists and obstetricians (1979) defined child and maternal death as one occurring during pregnancy, labour as a consequence of pregnancy within forty two days after delivery or abortion. Maternal mortality ratio worldwide is defined by the number of maternal deaths per 100,000 live births. Maternal mortality ratio is defined by the number of maternal deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management, excluding accidental or incidental causes. According to UNICEF, maternal mortality ratios reflect the overall effectiveness of health systems, which in many low income developing countries suffer from weak administrative, technical and logistical capacity, inadequate financial investment and lack of skilled health personnel.

Nigeria is the most populous country in Africa. Owing to its large population and high rates of mortality, Nigeria ranks highest in Africa in terms of the number of neonatal deaths and second highest in terms of neonatal deaths worldwide. Nigeria contributes about 8% of the world's annual neonatal deaths and approximately 1 in every 9 maternal deaths worldwide is a Nigerian woman (Saving Newborns in Nigeria). Nigeria also has the highest numbers of maternal and newborn deaths of any country in Africa. Nigeria constitutes just two percent of the world's population but accounts for 10 percent of the world's maternal and under-5 mortality rate despite several efforts that have been made at reducing the incidences and generally improve maternal and child health. The 2006 census estimated that there were about 65 million females in Nigeria, out of which 30 million were of reproductive age (15-49 years). Each year about 6 million

women become pregnant, 5 million of these pregnancies resulted in child birth (WHO, UNICEF, UNFPA, 2007). Yearly, about 1,080,000-1,620,000 Nigerian women and girls suffer disabilities caused by complications during pregnancy and child birth (HILL, Abouzahr&Wardlaw, 2001). A staggering 33,000 Nigerian women die each year giving birth, and for every maternal death at least seven newborns die and a further four babies are stillborn. A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 compared to 1 in 5000 in developed countries, with only about 40 percent of deliveries attended to by skilled birth attendants, according to the Integrated Maternal and Child Health Strategy of the Federal Ministry of Health.

In 1995, Nigeria had the third highest number of maternal deaths in the world (approximately 45000 deaths). By the year 2000, for every 100,000 live births, about 800 women died in the process of childbirth. Out of the 27 million Nigerian women of reproductive age back then about 2 million did not survive either pregnancy or childbirth. In 2008, according to UN report, the figure stood at between 1000 and 1500 deaths per 100,000 live births. The State of the World Children Report 2009 stated that 1 out of 9 global maternal deaths occurred in Nigeria (Ogunjimi et al., 2012). On Nigeria's maternal health situation, Cooke and Tahir (2013) observe thus: Nigeria has the 10th - highest maternal mortality ratio (MMR) in the world, according to UN estimates, with 630 women dying per 100,000 births - a higher proportion than in Afghanistan or Haiti, and only slightly lower than in Liberia or Sudan. An estimated 40,000 Nigerian women die in pregnancy or childbirth each year, and another 1 million to 1.6 Million suffer from serious disabilities from pregnancy - and birth-related causes annually. Nigerian women have an average total of 5.7 births in their life, with each pregnancy exposing them to the risk of maternal complications. Over her lifetime, a Nigerian woman's risk of dying from

pregnancy or childbirth is 1 in 29, compared to the sub-Saharan average of 1 in 39 and the global average of 1 in 180. In developed regions of the world, a woman's risk of maternal death is 1 in 3,800 (p.7).

According to the United Nations Children's Fund (UNICEF, 2014), every single day, Nigeria loses about 2,300 under-five-year-olds and 145 women of childbearing age. Nigeria's female life expectancy is 47.3 years and this has placed her on 182<sup>nd</sup> position on United Nations ranking. In comparison, the female life expectancy in neighboring countries like Ghana, Togo and Chad is far better than Nigeria's with 60.5 years, 60.1 years and 52.0 years for those countries respectively (Ochonogor&Ikems 2014). This makes the country the second largest contributor to the under-five and maternal mortality rate in the world.

As Mojekwu and Ibekwe (2012) observe, while an annual decline of 5.5 per cent in maternal mortality ratios between 1990 and 2015 is required to achieve MDGs 4 & 5, figures released by WHO, UNICEF, UNFPA and the World Bank show an annual decline of less than 1 per cent. Although maternal mortality seem to be coming down, according to recent estimates from the United Nations (UN), the Institute for Health Metrics and Evaluation (IHME) and the National Demographic and Health Survey (NDHS), Nigeria is yet on track to meet MDGs 4 & 5. Nigeria's effort and commitment towards improving the healthcare system and reducing maternal and infant mortality has been recognized by international organisations and agencies but they still maintain that the pace is too slow to attain the MDGs 4 & 5. The World Health Organization's (WHO) statistics towards the progress of Nigeria in attaining these crucial health-related Millennium Development Goals support the findings of UNICEF that Nigeria is yet to do enough in terms of maternal and child healthcare. It estimates that the country's annual average rate of decline (AARD) percentage for maternal mortality ratio (the number of maternal death

per every 100, 000 live births) for the period 1990-2010 stands at 630, which, according to Cooke and Tahir (2013), is a higher proportion than in Afghanistan or Haiti, and only slightly lower than in Liberia or Sudan.

Meeting MDGs 4 and 5 will require a reduction in maternal mortality from an estimated 1,100 maternal deaths per 100,000 live births and attain a two-thirds reduction in the under mortality from 230 deaths per 1,000 live births to 76 by 2015 (Saving Newborns in Nigeria). There had been improvements albeit sluggishly over the years. Nigeria achieved a 53% reduction in maternal mortality from 1990 to 2013, which is far less than the set MDG goals of reducing maternal mortality by 75% from 1990 to 2015. (World Bank statistics). Regrettably, this also goes for infant mortality. It was estimated (per 1000) at 87 in 1990. It further sloped sluggishly to 82, 79, 77, and 74 in 2010, 2011, 2012, and 2013 respectively. The aforementioned statistics indicate that Nigeria is still far from achieving the MDG goals of reducing the child and maternal mortality.

There is a high degree of variation of maternal and child mortality across the country, with the highest maternal ratio (1549/100,000) found in the North East and the lowest (165/100,000) in the South West (NDHS 2013). According to Cooke and Tahir (2013), within Nigeria, there are significant disparities among regions, and Northern Nigeria has far higher maternal mortality rates than the wealthier South which is more than five times global average. Poverty, a lack of investment in health systems, low educational levels, and infrastructure have each contributed to the disparity; cultural factors that give women limited mobility and contact with the formal health care system and little say in household and personal decision making also contribute. Measures of women's empowerment are consistently lower than in most of Nigeria's southern states.

There have been instances of leadership on maternal health in the North (Kano State was the first in Nigeria to introduce free maternal care in 2003), but they have not always been sustained. Today, terror attacks by the extremist group Boko Haram have forced many health and development implementers to shut down or scale back operations in the North, and public health experts fear that prolonged insecurity will very likely reverse or eliminate the gains of the last decade (Cooke & Tahir, 2013).

Maternal and child mortality is largely dependent on the quality of healthcare that women get during pregnancy, at childbirth and after childbirth. Poverty, demographic pressures and insufficient investment in public health care, to name a few, are three factors that inflate levels and ratios of maternal and neonatal mortality in Nigeria. For this reason, the focus of millennium development goals four and five is to improve, considerably, access to universal healthcare for women and their children by the 2015 deadline. Besides, the global target set by the International Conference on Population and Development (ICPD) is 100 percent coverage by 2015. The ICPD target deals with the percentage of women who received antenatal care from skilled health personnel at least once and at least four times during pregnancy. Within each WHO region, the survey (WHO, 2013) sorted countries by the latest available data since 2005 for at least one visit. Concerning Nigeria, WHO says that, between 2005-2012, more women (53%) received antenatal care from skilled health personnel at least once than did women (45%) who received care during pregnancy per every 10,000 population (WHO, 2013, p. 102). Births attended by skilled health personnel was 34 per cent (for 2005-2011), and those by Caesarean section (surgery) stood at 2 per cent, while mothers' postnatal care visits within two days of childbirth was 38 per cent. Infants less than four weeks old, who received vaccination against neonatal tetanus, stood at 60 per cent (Agboola et. al,2014).

Sadly, most of these deaths occur amongst indigent in rural communities .Findings concerning maternal health in Nigeria's 2013 National Demographic and Health Survey (NDHS) still reflect a key finding in an earlier study (Butawa et al., 2010:1) which found that maternal healthcare utilization by mothers depends on whether they are urban or rural dwellers, or whether educated or not. Corroborating Butawa et al.'s position, the 2013 NDHS discovered that the recorded percentage of urban mothers age 15-49 who received antenatal care from skilled health providers surpasses (at 86%) that of their rural counterparts, which stands at 46%.

The 2013 NDHS also found the percentage of urban mothers delivered by a skilled provider to be 67% as opposed to 21.9% of rural mothers. Therefore, more urban mothers (76.9) got protection against neonatal tetanus than did rural mothers (39.5%). Besides, urban mothers (61.7%) had their babies in healthcare facilities, as opposed to their rural counterparts (21.9%). Besides, mothers' educational statistics for the period (five years preceding the survey) show that, of the 31,828, those classified as having had no education accounted for the highest rate of births (15,657). Those who had only primary education recorded 6,127 babies; secondary school leavers among those surveyed were mothers to 8,211 children, while those who had more than secondary education accounted for the 1,834 births. These findings representatively suggest that educational level plays a major role in maternal health.

State-by-state maternal health statistics show that, most births occurred in Kano, with 3,024, followed by Katsina and Jigawa, where 1,703 and 1,594 births occurred respectively. Ekiti recorded the lowest number of births. Comparatively, Osun State had the highest percentages both for antenatal (98.2%) and for neonatal tetanus protection (94.1). According to the survey, the three states where the lowest births (five years preceding the survey) occurred were Ekiti (200) Territory Abuja (209) and Bayelsa (233)(Agboola et al,2014). Low levels of education,

especially amongst women, and discriminatory cultural attitudes and practices are barriers to reducing high maternal and child mortality in Nigeria. These deaths are connected with the poor state of health delivery services in the country and could be avoided through the provision of quality and effective maternal and child health services.

### **2.3 Causes and Risk Factors of Maternal and Child Mortality**

Women who get pregnant especially in developing countries are at an increased risk of dying during childbirth. According to Saraki(2008), the health of a baby within the mother, the circumstances and events of her birth, her early infancy, childhood, adolescence, early adulthood, her experiences as regards nutrition, child care, education, physical, mental, intellectual and emotional development; all have vital and interdependent roles in what we term maternal and child health. Children raised in physical and emotional nurturing atmosphere are less susceptible to childhood illnesses and diseases(Ogunjimi et.al).

The leading causes of maternal and infant mortality are classified as direct and indirect. Direct causes are the ones related to obstetric complications of pregnancy, labour and delivery, and the post-partum period. This accounts for 80 per cent of maternal deaths. Indirect causes are those relating to pre-existing medical conditions that may be aggravated by the physiologic demands during pregnancy. Poorly funded and culturally inappropriate health and nutrition services, food insecurity, inaccurate feeding practices and lack of hygiene are direct causes of mortality in both children and mothers. Poverty is also identified as a major cause of maternal mortality, as it prevents many women from getting proper and adequate medical attention due to their inability to afford good antenatal care. Not only in seeking antenatal care, taking time to rest and eating balance diet which are essential to safe pregnancy are absent (Lanre-Abass,



2008). Low education, cultural attitudes and practices that discriminate against women and girls and exclusion of access to health services, geographic and political marginalization contribute to high maternal and child mortality(Saraki, 2008, cited in Ogunjimi et. al).

The main causes of maternal deaths in Nigeria are:

- Hemorrhage: accounts for approximately 25 per cent of maternal deaths and is the single most serious risk to maternal health. It is the severe bleeding that occurs most frequently during labour, pregnancy or postpartum. Most women exhibit no signs of risk before bleeding begins (Shane,2001). But death from hypovolemic shock can occur quickly if unattended with severe cases occurring within two hours of onset of bleeding (WHO). A set of basic clinical procedures can prevent and/or effectively treat postpartum hemorrhage, and in the absence of a skilled attendant, an oral dose of misoprostol or an oxytocin injection can prevent excessive bleeding. It can also be treated with blood transfusions, oxytocics (drugs which induce uterine contractions to stop bleeding), and/or manual removal of the placenta. The pneumatic anti-shock garment, recently introduced in Nigeria, is a low-tech device that can be used to reverse or prevent shock by maintaining blood flow to the heart, lungs and brain buying time for a skilled attendant's arrival. These methods are particularly important in rural settings, where distance often precludes prompt treatment.
- Sepsis: accounts for 15 percent of maternal deaths. It is the infection of the genital tract occurring anytime between the onset of labour and six weeks postpartum. Contributing factors are home birth in unhygienic conditions, poor nutrition, sexually transmitted diseases, unsafe abortion and caesarian section. Labour management and training of

traditional birth attendants are effective in preventing sepsis; and antibiotics are the principal mode of treatment. It can also be managed with high standards for infection control, appropriate testing and treatment of maternal infection, and appropriate use of intravenous or intramuscular antibiotics during labour and postpartum period.

- **Hypertensive Disorders:**Preclampsia or eclampsia(also known as toxemia) is the rapid elevation of blood pressure during pregnancy. It is characterized by hypertension protein urea (protein in the urine, general edema (swelling), and sudden weight gain. If left untreated can lead to seizures (eclampsia) and coma during pregnancy, kidney and liver damage, and ultimately, death of the mother and/or the fetus. Pre-eclampsia can be identified in the prenatal period by monitoring blood pressure, screening urine for protein, and through physical assessment. Injectable magnesium sulfate is considered an effective and low-cost intervention for treating eclampsia.
- **Prolonged or Obstructed Labour:** Caused by cephalopelvic disproportion (CPD), a disproportion between the size of the fetal head and the maternal pelvis; or by the position of the fetus at the time of delivery. Increased incidence among women with poor nutritional status.Use of assisted vaginal delivery methods such as forceps, vacuum extractor, or performing a Caesarean Section can prevent adverse outcomes.
- **Unsafe Abortion:** Accounts for approximately 13% of maternal deaths. In some parts of the world unsafe abortion accounts for 1/3 of maternal deaths. Approximately 67,000 cases of abortion related deaths occur each year. It can be prevented by providing safe abortion, quality family planning services, and competent post-abortion care.

Hemorrhage, sepsis, toxemia and complications from abortion account for 62% of maternal deaths in Nigeria (Lindros and Lukkainen, 2004, cited in Ogunjimi, Ibeh& Ikorok,2012:34). According to Olatoye (2009), North West has the highest maternal mortality rate, seconded by North-East. Death from postpartum hemorrhage (PPH) ranges between 23% and 44% of total maternal deaths especially in the Northern States. The ratio of women dying from PPH is 1 in 6 in the North East and North West as against 1 in 18 between South West and South East geopolitical zones.

Conditions such as high blood pressure, cancer, anaemia, diabetes, malnutrition, malaria, heart conditions and other non-communicable diseases, sexually transmitted infections including HIV/AIDS can also increase a woman's risk for complication during pregnancy and childbirth.

Lack of access to essential obstetric care, lack of access to family planning(FP) counselling and service, lack of drugs equipment and essential materials, instruments, consumables, etc., in hospitals, non-availability of health workers on essential duties, deficient transportation, communication and utility(power, water, etc.) facilities all contribute to increased maternal mortality in Nigeria. Maternal age, educational attainment, socio-economic status and antenatal attendance have also been found to influence maternal deaths. Also, adequate preparation for any emergency before, during and after delivery is also lacking. Most deaths occur during delivery and during postpartum period and can be averted if women and children readily have access to healthcare facilities, and are given adequate care and attention.The social-cultural factors that influence maternal mortality are:

## **Educational Status**

A woman's education status is one of the most important determinants of maternal mortality as mortality declines when mother's education increases. Findings from numerous studies like Kitts, and Roberts, (1996); Gupta, (1997); Falkingham, (2003); Ogujuyigbe, and Liasu, (2007) on maternal health care and mortality conducted in developing countries over the last decade show a positive association between maternal education and maternal health care. As Graczyk, (2007) situate it; lack of education can also affect health when it limits young women's knowledge about nutrition, birth spacing, and contraception. The higher a woman's level of education, the more likely it is that she will marry later, use contraception, utilize health services, recognize danger signs in the newborn and play a greater role in reproductive health decision making. Furthermore, female education has an impact on survival both as a direct determinant of behavior and indirectly as it affects cultural attitudes and gender issues. (Saving Newborns in Nigeria).

## **Culture**

Several traditional beliefs and practices limit the ability of women to take decisions for their health and that of their babies, and these practices vary among ethnic groups. Many of these beliefs also influence health-seeking behavior, and may provide inaccurate information about health issues, thereby exposing mothers and their newborns to harmful practices related to health. The result for individual women and girls is mitigation of their health or their quality of life (Dawitt, 1994 as cited by Kitts, and Roberts, 1996).

### **Inadequate Obstetric and Post-partum Care**

About 69% of women still give birth in a traditional setting either at home or in a church. Only 30% of people in the rural areas have access to health care within 4 km distance. The same issue is applicable to people in the urban setting (Lindros and Lawkkainen, 2004).

### **Gender Issues**

This is intertwined with low levels of education, the process of house hold decision-making with regard to health presents another underlying factor that contributes to maternal and child mortality. In developing countries like Nigeria, control of finances and the decision making authority often lies with the husband or other male relatives. Unfortunately, many women have lost their lives and those of their babies in pregnancy-related conditions, while awaiting a decision to be taken by the men. More so, constraints placed on women's movement outside their homes limits their access to health facilities. This connotes a cultural value of male dominant role in patriarchal societies (Jegede, 1998). This contributes to low levels of antenatal attendance, low rates of birth in health facilities, low attendance of postnatal services, limited newborn immunization, inadequate childcare practices and poor healthcare-seeking behavior. These cultural attitudes and practices that discriminate against girls and women significantly contribute to maternal newborn and child morbidity and mortality, especially in northern Nigeria.

### **Maternal Age**

Higher maternal and neonatal mortality rates have been observed among mothers who deliver at high and low extremes of maternal age. This is particularly true for women under 20 years and those over 40, as they are more prone to complications during pregnancy and childbirth that affect both them and their babies.

Childbearing during the teenage years frequently has adverse social consequences, particularly regarding educational attainment, because women who become mothers in their teens are more likely to curtail their education. Adolescents suffer disproportionately from complications related to childbearing because their bodies are not fully developed. Age also determines the readiness of the physiology of the mother. In Ufford and Menkiti (2001), many maternal deaths occur because of early childbearing, according to the 1999 Nigeria Demographic and Health Survey (DHS).

#### **2.4 Causes of Child Mortality**

This is a risk factor that affects maternal death because when a woman loses a child while giving birth, there is the possibility of her wanting to get pregnant almost immediately without thinking about the consequences.

Many studies have shown that child mortality is influenced by a number of socio economic and demographic factors such as sex of the child, mother's age at first birth, birth order, preceding birth interval among others (Bello, 2002; Abimbola and Akanni, 2012). However, Adeyemi et al (2008) indicate that the cause of disease and death over which not much controversies and uncertainties exist is the total environment of man. Malaria, acute respiratory infections, measles, and diarrhoea, malnutrition, which are today major causes of mortality for children under five are consequence of the built environment of man. Also, neonatal conditions which include suffocation, prematurity and low birth which occur singly or in combination contributes to child mortality. In developing countries like Nigeria, one in eight children does not live to see their fifth birthday due to avoidable environmental threats, resulting into approximately 11 million avoidable childhood deaths yearly (WRI, 2009; World Bank, 2011). According to World Bank (2010), environmental risk factors were estimated to account for about one-fifth of the total

burden of disease in low income countries. The WHO (2002) similarly, reported in Mutunga (2007) that among the ten identified leading mortality risks in high mortality developing countries, unsafe water, sanitation and hygiene ranked second while smoke from solid fuels ranked fourth. Kumar and File (2005) used data from the Ethiopia Demographic and Health Survey [EDHS] conducted in 2005 to investigate the predictors of child [0-5 years] mortality in Ethiopia. Results show that birth interval with previous child and mother's standard of living were the vital factors associated with child mortality. Furthermore, Mother's education and birth order were found to have substantial impact on child mortality in Ethiopia. The study concluded that an increase in mother's education and improved health care services are significant in reducing child mortality in Ethiopia.

Mesike and Mojekwu (2012) in their study examined the environmental determinants of child mortality in Nigeria using principal component analysis and simultaneous multiple regression for child mortality modelling in Nigeria. Estimation from the stepwise regression model showed that household environmental characteristics do have significant impact on mortality as lower mortality rates were experienced in households that had access to immunization, sanitation facilities, good and proper refuse and solid waste disposal facilities, good healthy roofing and flooring materials as well as those using low polluting fuels as their main source of cooking. The meta-study by Charmarbagwala et al. (2005) suggests that, although there can be little doubt that household income is a crucial factor in determining child health, it appears that income is not a significant determinant of infant mortality in the majority of cases. This can partly be explained by the fact that as mortality falls, the bulk of under-five-mortality is rather those of infants than child death, and these deaths are more sensitive to health provision than socioeconomic conditions (White, 2004).

Omariba, Beaujot and Rajulton (2007) using the 1998 Kenyan DHS portends that while demographic factors are more important in explaining infant (under 12 months) mortality, socioeconomic, sociocultural and hygienic factors are more important in explaining child (under five) mortality. Younger (2007), however, do not find significant effects of variables related to the quality of drinking water and of sanitation on infant mortality. 1993, 1998, and 2003 DHS surveys in Ghana to examine the determinants of infant and child mortality in three northern regions by using multivariate logistic regression model found that education of mothers, birth order of child and marital status of mothers are powerful significant determinants for infant mortality, while only mothers education have a significant impact for child mortality. Similarly, Jinadu et al. (2010), in a study, found dirty feeding bottles and utensils, inadequate disposal of household refuse and poor storage of drinking water to be significantly related to the high incidence of diarrhoea. Twum-Baah et al (1994) indicated that children born to mothers with higher educational level associated with lower risk of infant and child mortality as compared to children born to mothers with primary education level or non-educated. Kombo and Ginneken (2009) using the result of 2005-2006 Zimbabwean DHS investigate the maternal, socioeconomic and sanitation factors on infant and child mortality by using Cox regression model. They found an evidence of birth order (6+) with short preceding interval significantly associated with high risk of infant and child mortality. Multiple births tend to increase infant and child mortality. On the other hand the expected U shape relationship between birth order and infant and child mortality, and mothers age and infant and child mortality is not conformed in their analysis, that children who are first born and those born to mothers aged 40-49 years are found tend to decrease infant and child mortality. However socioeconomic determinants are rather small and insignificant effect on infant and child mortality. They suggest that the influence of birth order,



preceding birth intervals, maternal age, type of birth and sanitation factors are more pronounced on infant mortality while weak effect on child mortality.

Mustafa and Odimegwu (2008) in their study in Kenya, also used 2003 DHS data set for children by using logistic regression models. They examined socioeconomic determinants of infant mortality rate both urban and rural setting. They found similar result like in the case of Tanzania above that regional variation exists in infant and child mortality between the different provinces of Kenya. Most of the socioeconomic factors are not associated with the risk of infant and child mortality while children born in the richest household has lower probability of infant mortality relative to children born in the poorest households. However ethnicity and breast feeding in both urban and rural areas have a significant influence on infant mortality and sex of the child in urban areas and birth order and birth interval in rural areas are important determinants for the risk of infant mortality.

## **2.5 Relevance of Newspapers in Health Communication**

The health of individuals in a society is significant to the development and sustenance of the nation. Only hale, hearty and healthy people can function optimally in a nation in terms of attending to work issues, personal obligations and other activities required of individuals. The mass media have a role to play in raising awareness about issues and calling attention to whatever threatens our well-being thereby improving the health status through its messages on various health issues through the process of health communication.

Health communication has been defined as the study and use of communication strategies to inform, influence, and motivate individuals, institutions, and communities in making effective decisions to improve health and enhance quality of life (U.S.Department of Health and Human

Services 2005). Media interventions or campaigns on health issues are referred to as health communication. It is an 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 a behavior practice, or policy that will ultimately improve health outcome. Scholars have documented that regardless of medium or strategy, three effects might occur after an individual's exposure or contact with health information: the learning of correct health information, the changing of health attitudes and values, and the establishment of new health behavior (Griffiths and Knutson, 1960). Health communication programmes aim at improving the health of individuals in the society through appropriate health information. This is carried out through the mass media as they are important communication channels for advancing health education and promotion, disease prevention, and shaping public policy. There is a greater demand and need for accurate, relevant, rapid and impartial public health information by people, and a growing reliance on mass media as the main source of information. Hence, news media are quite important in furnishing the public with health information.

One medium that plays a crucial role in promoting the knowledge of people on issues of health as well as shaping our understanding of issues is the newspaper. Research has shown that print media's dissemination of health information is important in shaping public beliefs and possibly behavior (Moyer, 1995, p. 147- 161). According to Igbeka and Ola (2010), the history of Nigeria Newspaper dates back to 1859 with the introduction of the bilingual (English and Yoruba) newspaper (Iwe Irohin) for the Egbas and Yorubas in Abeokuta. This was followed by the Anglo-African Newspaper in 1863, Lagos Times came in 1880, the Eagle and the Mirror in 1987. The nineties witnessed a number of Newspapers including the Nigeria Daily Times

published by the Nigerian publishing company in 1927, the Pilot in 1936, the Tribune in 1949, and in recent time, a variety of Newspapers too many to mention. Today, there are quite a number of government and privately -owned newspapers in the country varying infrequency and time of publication as well as circulation rate, target audience and achievements.

Newspapers are among the most widely read periodicals that are available and accessible to the vast majority of people of all ages and walks of life in any community (Igbeka and Ola, 2010) and as reported by Uwom (2014), one of the primary functions of the mass media, Newspapers inclusive is to inform, enlighten and entertain. He went further to affirm that, to be in good health, people need adequate information and knowledge of health issues. They need information on healthy lifestyle practices, preventive health measures, health conditions and diseases. This according to him is one of the aspects of the development potential of the mass media which he calls health communication. Gupta and Sinha (2010) collaborated this stand when they reported that many people rely on the mass media, Newspapers for their health related information and also obtain considerable amount of information from them. This is the whole essence of health communication; to provide health knowledge and understanding of health related issues. Aina (1987) in his report noted that Newspapers are tools used in research in Nigeria. According to the Encyclopaedia of Public Health (2002), Mass Media including Newspapers are tools for the transfer of knowledge, concepts and ideas to both general and specific audiences. It noted that they are important tools in advancing public health goals. Kreps and Thornton (1992) also noted that Mass Media (Newspapers) extends people's ability to communicate and to speak to others far away, to hear messages and to see images that will be unavailable without media. They perform three main functions like educating, shaping public relations and advocating for a particular policy or point of view including health knowledge. The

focus here is on the education role of mass media with specific emphasis on health communication, determining the contribution of the selected Newspapers to the various dimensions of health and some specific areas of health requiring health education.

Several studies have been carried out by researchers on maternal health- based issues. (Bankole,1994; Firmansyah, Hegazi, Darwisayah&Amaliah, 2001; Adeniran, 2009; Abubakar et al., 2013) who have discovered a number of things about media coverage of such issues. One of such studies (Firmansyah et al., 2001) found that few journalists have had experiences in covering women's health, or possess a network of informed sources of news on the health of women. This led (Firmansyah et al., 2001) to conduct a project (FRONTIERS) in Indonesia with the objective of getting the country's journalists to step up reportage of critical reproductive issues. Findings from their project revealed a slight rise (7 %), in the research they carried. A core network of 22 journalists representing both national and regional media participated in the project. In September 1999, the researchers organized a roundtable dialogue between health editors from the print media and experts in reproductive health. A training workshop for journalists was held in January 2000 to increase their understanding of reproductive health and to upgrade their ability to write articles using research findings. They used training modules that utilized multiple approaches, including role-playing, simulation, testimony, and field visits, to investigate different techniques for gathering information and to practice writing short articles on interesting topics. Findings from the 18-month media information-dissemination project had a positive impact on the coverage of reproductive health in the Indonesian print media (120 articles out of 1,836). News articles were the dominant type of story, followed by features. Impliedly, the reportage of maternal health only increased in the mass media after some interventions, although the percentage was still low.

Abubakar et al. (2013) conducted a study with the objective of ascertaining the depth of media reportage of cervical cancer ó another maternal health issue ó using two purposively selected national weekly newsmagazines, nine copies each of which they qualitatively content-analysed. Three editions were selected from each month, using simple random sampling method. Thus, they randomly picked nine (9) editions each, representing three per month from Tell and The News magazines to arrive at a sample size of 18 editions, whose content categories dealt with nature of story, its focus, position, source, and length. They found a very low level of coverage of maternal health-related issues in the two magazinesø whose contents were quite largely devoted to politics, business and advertising. Thus, their findings resonates with earlier findings (such as the preceding study). Adeniran (2009) did a study that examined media coverage of the Millennium Development Goals (MDGs) of which maternal health is one. Adeniran, who content-analysed two Nigerian newspapers ó The Punch and The Guardian ó used editorial, straight news, news analyses, features and opinions as units of analysis for stories in the two newspapers over a period of six months. The study found that MDGs about hunger and poverty, environmental sustainability and global partnership were the most reported, while MDGs concerning maternal health, child health and universal primary education were the least reported. Adeniran also revealed that, in The Punch, out of the 22,750 stories published across 182 editions of the paper, only 592 (2.6%) were about MDGs, very few of which bordered on maternal health, as earlier stated. Similarly, The Guardian, which published 25,480 stories across 182 editions, only -accommodatedø 830 MDGs-related issues, a slightly higher portion (3.3%). The aggregate of stories in the two newspapers was 48, 230 of which only 1,422 (2.9%) were about MDGs. Just like the other studies discussed earlier, this one also found similar trend of low

awareness creation on maternal health, an issue for which Nigeria has been notoriously popular, according to the statistics (630 per every 100,000 live births).

Clearly, media representations of health and illness shape our understanding of the experience of illness, health, and healthcare and influence health beliefs, health behaviors, healthcare practices, and policy-making (Seale 2002, 2004). In addition to shaping general understandings, mass media play an important role in promoting public health and can be a delivery mechanism for getting the right information to the right people in the right way at the right time to promote personal change. From the findings of the studies referred to, it is important that the mass media intensify its reportage of maternal and child health issues since they are the purveyors of information.

## **2.6 Theoretical Framework**

This study will be guided by three theories; the agenda setting theory, framing theory and the social responsibility theory.

### **2.6.1 The Agenda setting theory**

The theory was propounded by Maxwell McCombs and Donald I. Shaw 1971/1973. The core idea of agenda setting theory is that the news media indicate to the public what the main issues of the day are and this is reflected in what the public perceives as the main issues. As McCombs, M.; Reynolds, A. (2002) reveal that essentially, the theory states that the more salient a news issue is in terms of frequency and prominence of coverage the more important news audiences will regard the issue to be according to Anaeto, Onabanjo and Osifeso (2008), the assumption of the story are:

- The mass media, such as the press do not reflect social reality because news is filtered chosen and shaped by newsroom staff or broadcasters.
- People get their news from limited sources because people do not pay attention to all outlets; thus they rest on the mass media.
- Few media agenda, which were chosen by professional gatekeepers lead people to perceive given issues as important.

Hence, the assumptions above that the media sets the agenda for general discussion and that the mass media predetermines what issues are regarded as important at a given time in a society. Consciously explain that the media have the capacity to provide information on health maternal and child health issues.

Dominick(1996:543) and Umechukwu (2004:p18) agree that the mass media have an impact on agenda setting before the public in that they have the ability to choose or emphasize certain topics thereby causing the public to perceive issues or topics as important. The agenda-setting theory of the mass media predetermine what issues are regarded as important and worthy of public attention at a given time in a given society. This is done through the way the media attach certain weights to news stories through placement, size and frequency of appearance of such stories. And as such, agenda setting posits that audiences learn these salient issues like maternal and child health from the news media, thus, incorporating importance on such issue on their own personal agenda.

Furthermore, Folarin (1998:68) lays down the following as elements that are sine-qua non for agenda-setting.

- The quantity or frequency of reporting.

- Prominence given to reports via headline, display, pictures, etc.
- Degree of conflict generated in the reports.
- Media specific effects over time

In relation to the maternal and child health, an application of agenda setting by media operators implies that the frequent selection and prominent display of stories on maternal mortality will provoke public discussion of same (i.e. Maternal mortality), which may invariably influence government to align its health policies as appropriate. Featuring the poor state of health facilities (which is one of the causes of maternal mortality), for instance, on the front and back pages of newspapers or in the form of editorials on a regular basis could engender government to embark on the renovation/restructuring and/or creation of its own health facilities to better serve the interest of everyone, especially the womenfolk.

While covering maternal and child health issues, the print media are expected to frequently cover those health and health related issues and make it an issue of discourse and as such draw workable solutions from the key players in the system to solving the problems identified

### **2.6.2 Framing Theory**

The origins of the framing theory lie in the fields of cognitive psychology and anthropology. Tankard et al (1991) posit that media frame is the central organizing idea for news content that supplies a context and suggests what the issue is through the use selection, emphasis, exclusion and elaboration. Similarly, Price et al (1997) reveals that an issue frame is a theme, storyline, or label suggesting a preferred interpretation of some questions. Framing theory according to Scheufele and Tewsbury (2007:p.12) posited that the way a news item is presented can have an influence on how it is interpreted and understood by the audience. The scholars proposed a model of framing effect with the central idea that news frame activates



certain interferences, ideas, judgments and contrasts concerning issues and policies. Particular concern is expressed on how news stories are placed, either presented with an imposing banner to get public attention and sympathy or tucked inside the newspaper for an interested reader to find. Frames are mental structures that help people understand reality as they perceive it.

According to Tuchman (1978), framing is something of subjective involvement in an event. Norris (1995) describes news frames as cognitive schemata, and journalists commonly work with news frames to simplify, prioritize and structure the narrative flow of events, framing is unavoidable in the course of news construction. It is the stage at which journalists identify problems, analyze reasons and make moral judgments (Akhavan & Majid R. and Ramaprasad, 1998) Entman (1991:p.7) says, "news frames are embodied in key words metaphors, concepts symbols and visual images emphasized in a news narrative".

In this regard more attention is given to stories framed. In newspapers, stories are framed either by using the front page or other prominent pages with human angle picture to back it up in order to draw the attention of the public to such stories. Tuchman (1978) observes that a frame is needed to organize otherwise fragmentary items of experience or information. The idea of a "frame" in relation to news has been widely and loosely used in place of term "frame of reference", "context", "theme" or even "news angle".

In journalistic context, stories are given meaning by reference to some particular "news value" that connects one event with other similar ones. According to Entman (1993), framing involves selection and salience. He summarizes the main aspect of framing by saying "frame defines problems, diagnose causes, make moral judgment and proffer solutions". Framing analysis is useful in guiding studies of health-related reporting such as maternal and child health issues. More so the health news reporters' choices of words to depict diseases and risk factors, the tone

of the report, and the selection or omission of discussion of causes, preventions, and treatments all can significantly influence readers' perceptions of a health issue. So the placement and presentation of news items on maternal and child health issues using different frames have an influence on how it is understood by the audience.

### **2.6.3 Social Responsibility Theory**

The theory emerged from the Hutchins Commission of 1947 in response to widespread criticism of the American newspaper press, especially because of sensationalism, commercialism and its political imbalance and monopoly tendencies as a result of the abuse of excess freedom of the libertarian press theory society.

Hence, this study has direct relevance to this study because the media have the obligation to inform the society adequately and more responsibility in its reports of conflicts in an ethical approach, regardless of the gain of sensationalizing the crisis situation. McQuail (1987:p.117) highlighted the main principles of social responsibility to include

- i. Media should accept and fulfill certain obligations to the society.
- ii. These obligations are mainly to be by setting high or professional standards of information, truth, accuracy, objectively and balance.
- iii. In accepting and applying these obligations, media should be self-regulating within the framework of law and established institutions.
- iv. The media should avoid whatever might lead to crime, violence or civil disorder or give offence to minority groups.
- v. The media as whole should be pluralistic and reflect the diversity of their society, giving access to various points of views and right to reply.

- vi. Society and public, following the first named principle, have a right to expect high standards of performance and intervention and can be justified to secure the public good.
- vii. Journalistic and media professionals should be accountable to society as well as to employers and the market.

With regards to Nigerian media coverage of maternal and child health issues, the print media are obliged to assume their responsibility of reporting the intricacies of maternal mortality as appropriate (i.e. reflecting in their messages truth, accuracy, objectivity and balance) so that the audience would make informed decisions. It is expected that individuals see to it that the Nigerian print media do not avoid carrying out their duty as expected so that they are not found wanting.

## **2.7 Summary of Literature**

The literature reviews conceptual literature and themes related to maternal and child health and the importance of the print media in the dissemination of health information. The conceptual review includes an overview of maternal and child health and MCH delivery, infant and maternal mortality trends in Nigeria, causes and risk the factors and relevance of newspapers in health communication.

The literature also reviews several studies carried out on maternal and child health and the significance of the media in bringing issues regarding maternal and child health to the public thereby curbing maternal and child mortality. Available literature shows that maternal and child health are important indicators of the effectiveness of the disease prevention and health promotion services in every country. The study is anchored on the agenda-setting theory, social responsibility theory and the framing theory.

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## CHAPTER THREE

### METHODOLOGY

#### 3.1 Research Design

The research design for this study was content analysis. By definition, content analysis, according to Kerlinger (as cited in Wimmer and Dominick 2011, p.156) is a method of studying and analyzing communication in a systematic, objective and quantitative manner for the purpose of measuring variables.

Okoro (2002:28) opines that content analysis is a systematic technique for the analysis of the content of a message and the handling of the message. Content analysis as a design, studies already documented materials systematically, hence it is considered most appropriate for the research.

#### 3.2 Population of Study

This research work is primarily concerned with newspaper coverage of Maternal and Child Health issues from (August 1<sup>st</sup>, 2014 to July 31<sup>st</sup>, 2015).

Therefore, four national dailies constituted the population for the study. The choice of using the national dailies for this study was informed by their advantage over the other newspapers with regards to readership, daily publication and high patronage. For the purpose of this study, the population was limited to all issues published by the four selected national dailies: *The Nation, The Sun, The Guardian and The Vanguard* newspapers from August 1<sup>st</sup> 2014 to July 31<sup>st</sup> 2015, which amounted to 1,440 editions.

### 3.3 Sample Size

Sampling is the process of selecting part of a population and using it to represent the entire population. According to Ndagi (1984) in Asemah (2012,p.151), a sample is a limited number of elements selected from a population, which is representative of that population. This is because in most cases, it is impractical to study the entire population.

Therefore, a total of 144 editions of the four selected newspapers out of a population size of 1,440 formed the sample size of this study. The procedure for arriving at this sample size is explained in the sampling technique below.

### 3.4 Sampling Techniques

The issues that were studied spanned from August 1<sup>st</sup>, 2014-July 31<sup>st</sup>, 2015. Using Nwanna's sample size formula of 1981, a sample was drawn for the study. 20% expected frequency value was used to calculate the sample size as the population value is less than a thousand. However, if the population value is one thousand or one thousand and above, the expected frequency should be (10%).

Thus, the formula states that:

$$n = \frac{NV \cdot P}{100}$$

Where: n= sample size; NV= population value; P= expected frequency (10%).

The population value for the four newspapers will be 1,440 editions.

$$\text{Therefore } n = \frac{1,440 \cdot 20}{100}$$

$$n = 144$$

The actual sample size is 144.

The quota sampling technique was used to apportion 36 issues each to the selected dailies. This was to ensure that each of these papers had equal numbers of representation. Using the simple random technique, the editions that were studied for the four newspapers were selected.

**TABLE 1: Editions of *The Nation* Newspaper that were studied (36 issues)**

AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
1	4	2	5	3	6	2	3	5	3	8	6
5	12	11	8	5	10	4	7	9	8	14	13
9	15	14	13	13	16	14	11	16	17	20	22

**TABLE 2: Editions of *The Sun* Newspaper that were Studied (36 Issues)**

AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
3	2	6	1	2	5	3	1	5	4	3	8
11	7	9	10	4	8	6	12	13	12	10	13
13	10	14	12	14	16	15	17	18	16	14	19

**TABLE 3: Editions of *The Guardian* that were Studied (36 Issues).**

AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
4	1	7	2	1	3	5	4	6	3	1	2
6	3	8	11	6	7	9	10	14	5	5	12
14	13	12	15	17	13	11	16	21	16	9	18

**TABLE 4: Editions of *The Vanguard* that were Studied (36 Issues)**

AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
3	1	6	3	2	4	6	5	10	6	8	4
5	4	9	12	7	8	10	11	16	14	12	7
11	14	13	16	18	14	12	17	19	17	18	13

### 3.5 Unit of Analysis

This defines the content unit the researcher is interested in. This is important in content analysis because it assists the researcher to code the manifest contents being studied. It is therefore pertinent to classify these units to help analyse the data generated more appropriately.

The units of analysis are stated below;

1. Feature
2. News stories
3. Editorials

4. Opinion articles
5. Cartoons
6. Illustrations
7. Letters to the editor
8. Photographs.

### 3.6 Content Categories

This is pivotal to a research of this nature as it is used in the classification of media contents. The category system of any research work is dependent on the problem being studied. The variables that were studied were thus categorized and numbered. The content categories here are; the newspaper, story type, prominence, frequency and direction of the stories.

<b>ITEMS</b>	<b>DESCRIPTION</b>	<b>CODE</b>
NEWSPAPER	The Nation	1
	The Sun newspaper	2
	The Vanguard newspaper	3
	The Guardian newspaper	4
SOURCES/STORY TYPE	News stories	5
	Features	6
	Editorials	7
	Opinion Articles/Letters to The editor	8

	cartoon/pictures/illustrations	9
PROMINENCE	Front Page	10
	Inside Page	11
	Center Spread	12
	Back Page	13
DIRECTION	Positive/Favourable	14
	Negative/Unfavourable	15
	Neutral	16
FREQUENCY	1-10 times	17
	11-20 times	18
	21-30 times	19
	31-40 times	20
	40- 45 times	21
	51 & above	22

### 3.7 Measuring Instrument

A code sheet designed specifically for this study was used in collecting content data from the publication of *The Sun*, *Vanguard*, *The Guardian* and *The Nation Newspapers* within

the study period. The code sheet remains indispensable in the collection of data in content analytical studies.

### 3.8 Validity and Inter-coder reliability

The research design for the first phase of this work was content analysis. For this research design to be objective, its procedures and measures must be reliable. In content analysis, the intercoder reliability test is done to test if the measuring instrument is reliable.

Intercoder reliability, according to Wilmer et al (2011) refers to the level of agreement among independent coders who code the same content using the same coding instrument (p.171). The method presents a formula for determining the reliability of nominal data in terms of percentage of agreement. For the purpose of this work, two coders were trained to code the editions of the newspapers that were studied. Therefore, to calculate the intercoder reliability, the following formula was employed to determine the percentage of agreement between the coders.

$$R = \frac{M}{N1 + N2}$$

Where:

R= reliability

M = the number of coding decisions on which two coders agree,

N1 and N2 =the total number of coding decisions by the first and second coder.

### 3.9 Method of Data Analysis and Presentation

For content analysis, data was analysed within the context of the research questions using simple frequency distribution table, percentages and numbers, bar charts and pie charts for easy interpretation.

After using the code sheet in the collection of data from the newspapers selected, they were presented on tables and charts and analysed using simple percentages in order to break the bulk of data for easy comprehension. Okoro (2001:5) opines that data are facts of the truth or information, which when collected and analysed provides answer to the research questions. The presented mass of data were used in analyzing the research questions within the purview of the research objective.



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## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

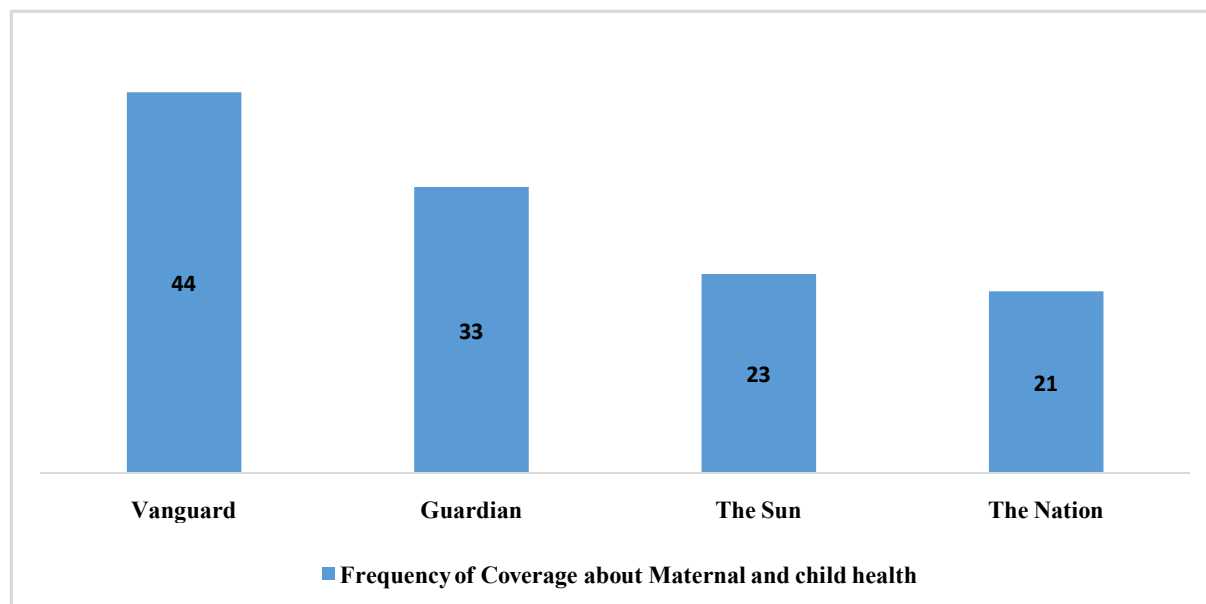
#### 4.1 Data from Content Analysis

To elicit information from the newspapers selected, each of the Newspaper (The Guardian, the Sun, Vanguard and the Nation) were analyzed separately and then compared. The Statistical Package for the Social Sciences was used to analyze the data gathered from newspapers into tables and figures.

**Research Question 1: What is the frequency of coverage given to Maternal and Child Health issues in the selected dailies?**

**Table 1: Frequency of coverage for the Vanguard Newspaper**

Year	Vanguard	Guardian	The Sun	Nation	Total (%)
August	5 (11.4%)	4 (12.1%)	3(12.5%)	3(14.2%)	15(12.4%)
September	4 (9.2%)	3(9.1%)	1(4.2%)	1(4.8%)	9(7.4%)
October	6 (13.6%)	3(9.1%)	1(4.2%)	2(9.5%)	12(9.9%)
November	3 (7.0%)	3(9.1%)	2(8.3%)	6(28.5%)	14(11.6%)
December	6 (13.6%)	3(9.1%)	1(4.2%)	1(4.8%)	11(9.1%)
January	0(0.0%)	2(6.1%)	2(8.3%)	1(4.8%)	5(4.1%)
February	6 (13.6%)	3(9.1%)	1(4.2%)	2(9.5%)	12(9.9%)
March	2 (4.5%)	3(9.1%)	2(8.3%)	1(4.8%)	8(6.6%)
April	2 (4.5%)	3(9.1%)	2(8.3%)	1(4.8%)	8(6.6%)
May	6 (13.6%)	4(12.1%)	4(16.7%)	2(9.5%)	16(13.2%)
June	2(4.5%)	1(3.0%)	3(12.5%)	0(0.0%)	6(5.1%)
July	2(4.5%)	1(3.0%)	1(4.2%)	1(4.8%)	5(4.1%)
<b>Total</b>	<b>44(100%)</b>	<b>33(100%)</b>	<b>23(100%)</b>	<b>21(100%)</b>	<b>121(100%)</b>



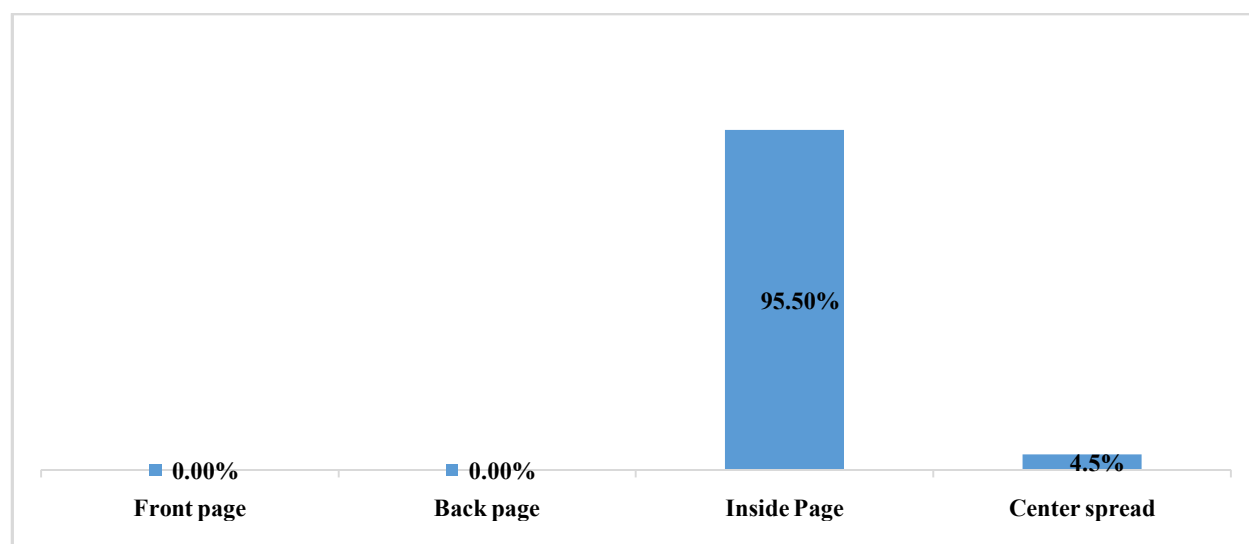
**Figure 1: Frequency of coverage for Vanguard Newspaper**

From the four newspapers (*Vanguard*, *The Guardian*, *The Sun* and *The Nation*), the total of 121 maternal and child health reports were recorded from the table and figure above. There were a total of 44 reports about Maternal and Child health in *Vanguard*, 33 in *The Guardian*, *The Sun* recorded a total of 23 and 21 in *The Nation*. For *Vanguard*, there was no record in January but the highest coverage was in December and February (13.6%). *The Guardian* recorded its least coverage of maternal and child health issues in June and July (3.0%) while its highest coverage was recorded in August and May (12.1%). The least coverage of *The Sun* recorded was (4.2%) about maternal and child health issues in while its highest coverage (12.5%) was recorded in August and June. *The Nation* has no record in June about maternal and child health issues while its highest coverage (28.5%) was recorded in November.

**Research Question 2: To what extent did the selected newspapers give prominence to Maternal and Child Health issues?**

**Table 2: Level of prominence in the Vanguard Newspaper**

Vanguard	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
Front page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Back page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Inside Page	5	4	6	2	6	0	5	2	2	6	2	2	42
	(100%)	(100%)	(100%)	(66.7%)	(100%)	(0%)	(83.3%)	(100%)	(100%)	(100%)	(100%)	(100%)	(95.5%)
Center spread	0	0	0	1	0	0	1	0	0	0	0	0	2
	(0%)	(0%)	(0%)	(33.3%)	(0%)	(0%)	(16.7%)	(0%)	(0%)	(0%)	(0%)	(0%)	(4.5%)
<b>Total</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>44</b>

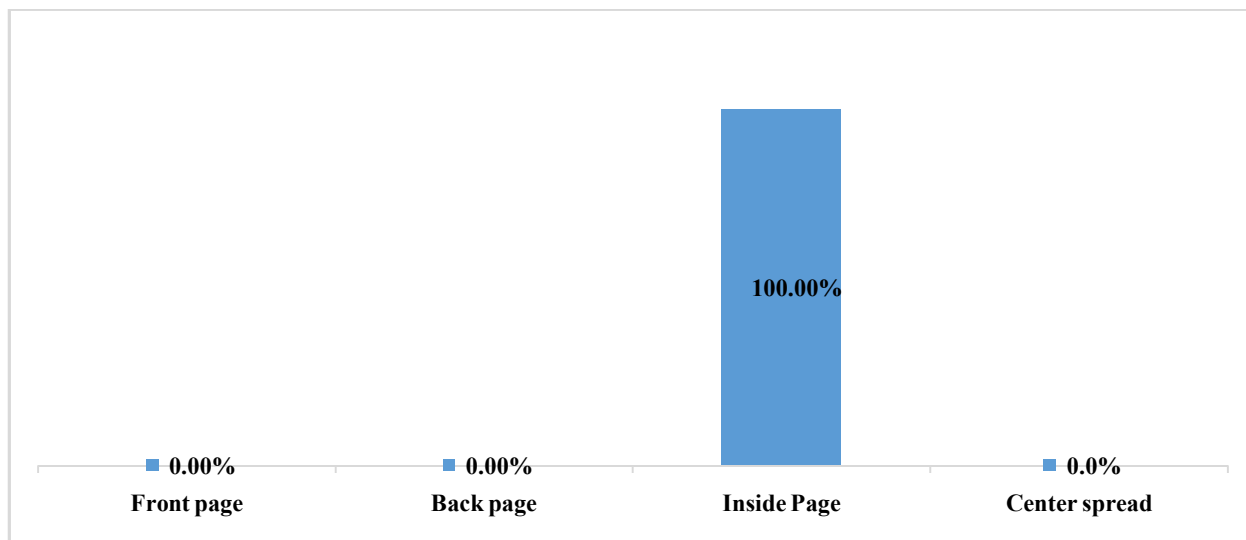


**Figure 2: Direction of Vanguard reportage**

Concerning the level of prominence given to Maternal and Child Health issues in *Vanguard* newspaper, issues concerning Maternal and Child Health issues were recorded on the inside pages and center spread of *Vanguard* newspaper. This is evident in the table and figure above, with 42 reports about maternal and child health issues found on the inside pages of the newspaper while 5 reports about maternal and child health issues were recorded in the center page of the newspaper.

**Table 3: Level of prominence in the Guardian Newspaper**

<b>Guardian</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Total (%)</b>
Front page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Back page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Inside Page	4	3	3	3	3	2	3	3	3	4	1	1	33
	(100%)	(100%)	(100%)	(100%)	(100%)	(10%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	100%
Center spread	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
<b>Total (%)</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>33</b>

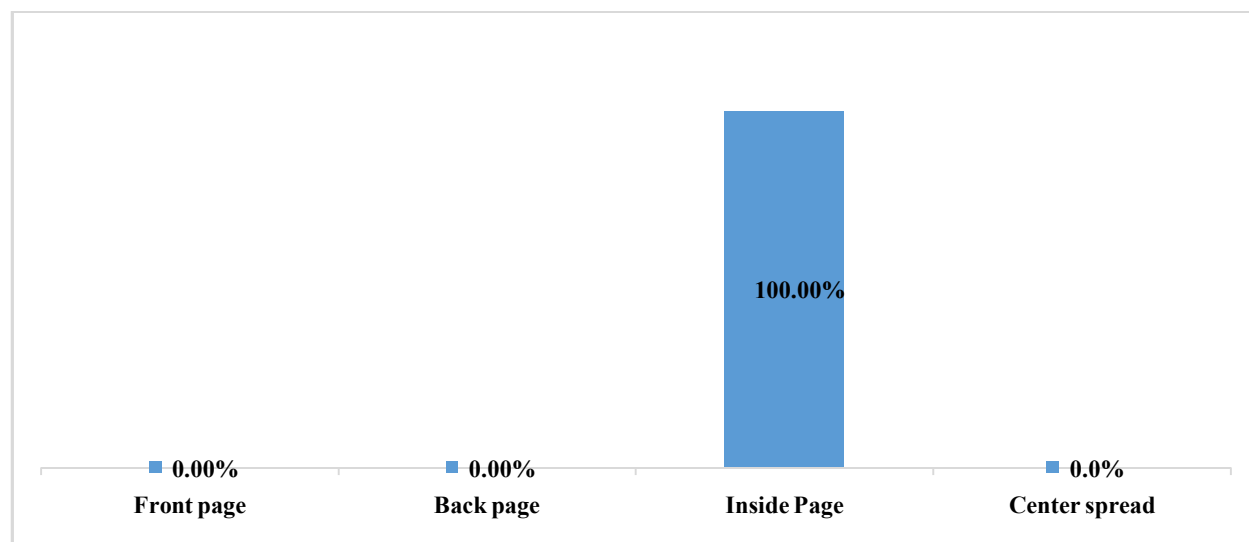


**Figure 3: Level of prominence in the Guardian Newspaper**

Concerning the level of prominence given to Maternal and Child Health issues in *theGuardian* newspaper, most reports were recorded in the pages of the newspaper . This is evident in the table and figure above. All the 33 report about Maternal and Child Health issues were found in the pages of the newspaper.

**Table 4: Level of prominence in the Sun Newspaper**

The Sun	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
Front page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Back page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Inside Page	3	1	1	2	1	2	1	2	2	4	3	1	23
	(100%)	(100%)	(100%)	(100%)	(100%)	(10%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	100%
Center spread	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
<b>Total (%)</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>23</b>

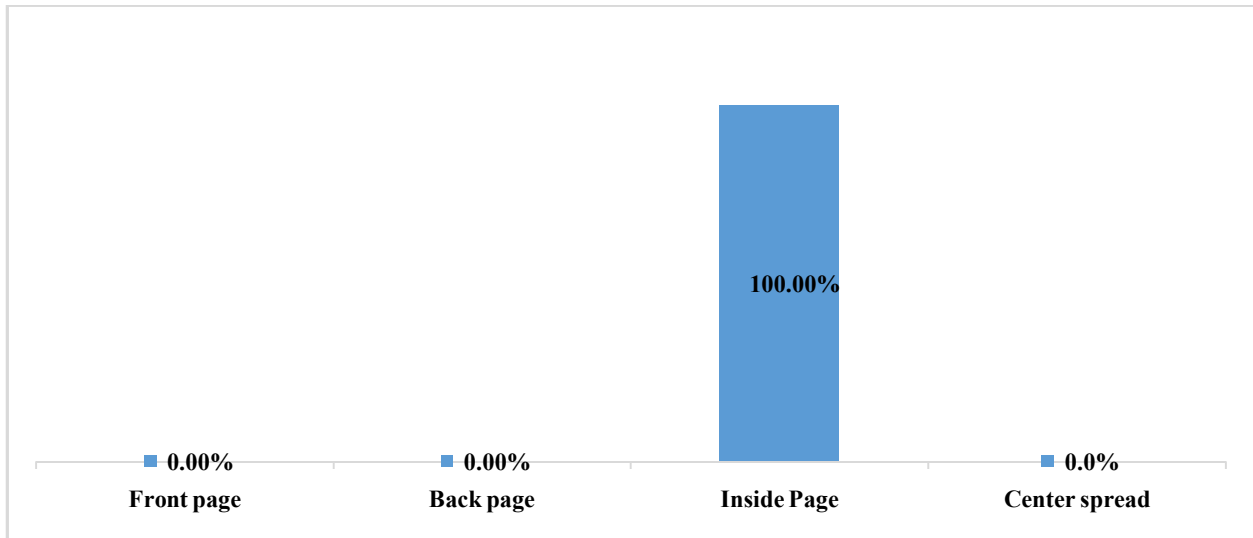
**Figure 4: Level of prominence in the Sun Newspaper**

Concerning the level of prominence given to Maternal and Child Health, in the Sun newspaper, issues on Maternal and Child Health were reported inside the pages. This is evident in the table and figure above. All the 23 report about Maternal and Child Health issues were tucked away in the pages of the newspaper.

**Table 5: Level of prominence in the Nation Newspaper**

<b>Nation</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Total (%)</b>
Front page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Back page	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Inside Page	3	1	2	6	1	1	2	1	1	2	0	1	21
	(100%)	(100%)	(100%)	(100%)	(100%)	(10%)	(100%)	(100%)	(100%)	(100%)	(100%)	(100%)	100%
Center spread	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
<b>Total (%)</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>21</b>





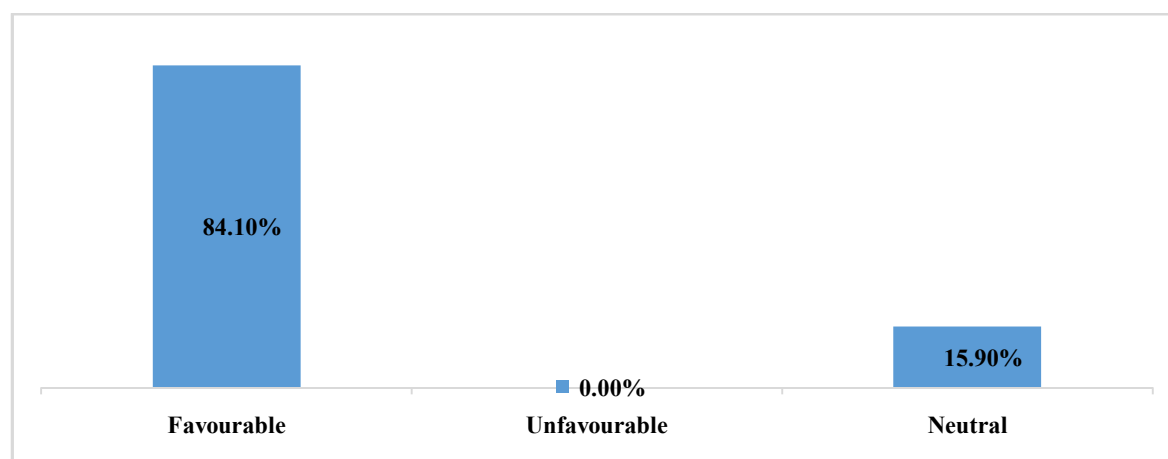
**Figure 5: Level of prominence in the Nation Newspaper**

Concerning the level of prominence given to Maternal and Child Health issues in newspaper, issues concerning Maternal and Child Health issues were only placed in the inside page of the Nation newspaper. This is evident in the table and figure above. All the 21 reports about Maternal and Child Health issues were recorded in the pages of the newspaper.

**Research Question 3: What direction of coverage did the selected newspapers take in their coverage of Maternal and Child Health issues?**

**Table 6: Direction of coverage in the Vanguard Newspaper**

Vanguard	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
Favourable	4	4	4	3	5	0	6	1	2	4	2	2	37
	(80%)	(100%)	(66.7%)	(100%)	(83.3%)	(0%)	(100%)	(50%)	(100%)	(66.7%)	(100%)	(100%)	84.1%
Unfavourable	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Neutral	1	0	2	0	1	0	0	1	0	2	0	0	7
	(20%)	(0%)	(33.3%)	(0%)	(16.7%)	(0%)	(0%)	(50%)	(0%)	(33.3%)	(0%)	(0%)	(15.9%)
<b>Total (%)</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>44</b>
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

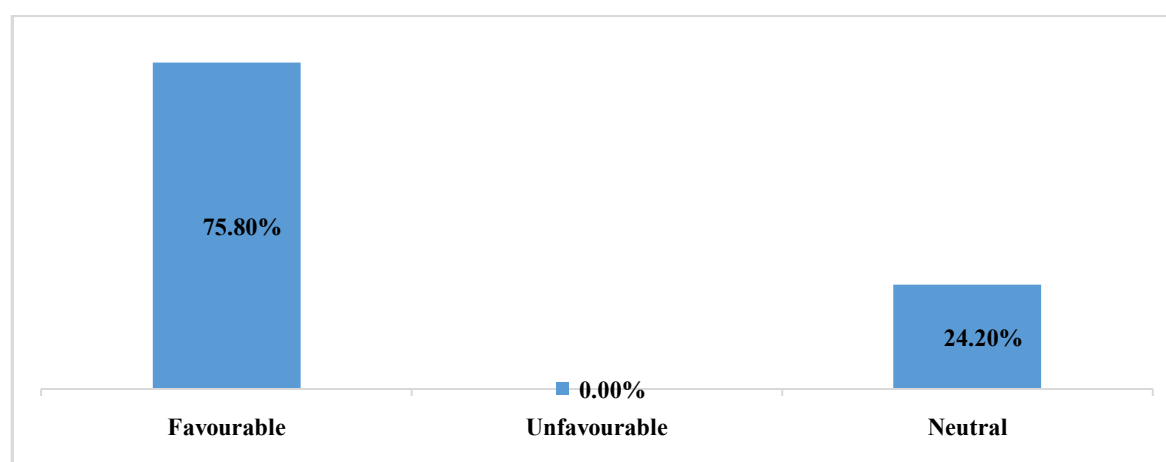


**Figure 6: Direction of coverage in Vanguard Newspaper**

The table above and the figure revealed the direction *Vanguard* newspaper takes in reporting Maternal and Child Health issues. The table and figure revealed that Maternal and Child Health issues was reported favourably by 84.10% (37). Nothing was reported negatively and the neutral direction was by 15.9% (7).

**Table 7: Direction of coverage in the Guardian Newspaper**

Guardian	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
Favourable	3	3	3	2	2	1	2	1	3	4	0	1	25
	75%	100%	100%	66.7%	66.7%	50%	66.7%	33.3%	100%	100%	0%	100%	75.8%
Unfavourable	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Neutral	1	0	0	1	1	1	1	2	0	0	1	0	8
	25%	0%	0%	33.3%	33.3%	50%	33.3%	66.7%	(0%)	(0%)	(100%)	(0%)	24.2%
<b>Total (%)</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>33</b>
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

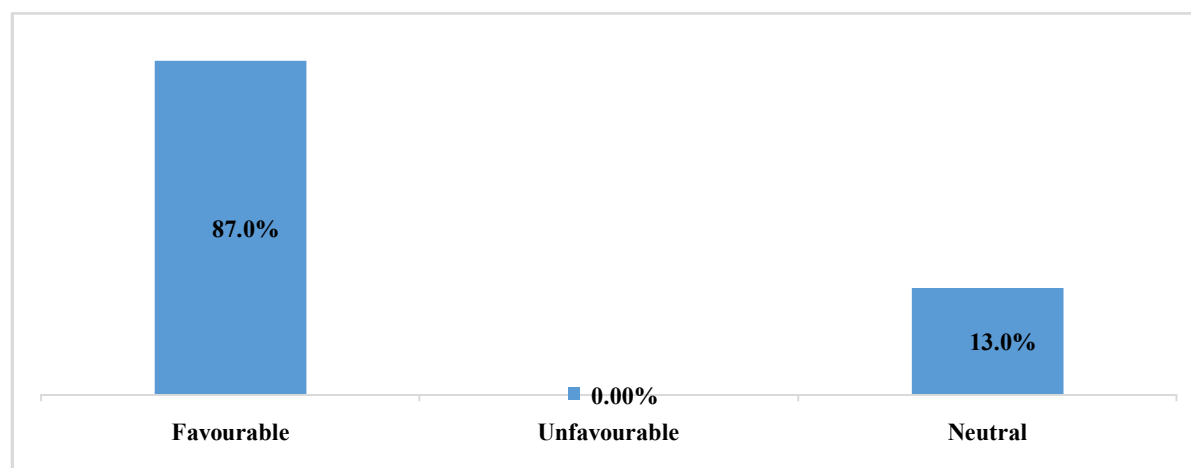


**Figure 7: Direction of coverage in Guardian Newspaper**

The table above and the figure revealed the direction *The Guardian* newspaper takes in reporting Maternal and Child Health issues. The table and figure revealed that Maternal and Child Health issues was reported favourably by 75.8% (25). Nothing was reported negatively and the neutral direction was by 24.2% (8).

**Table 8: Direction of coverage in The Sun Newspaper**

The Sun	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
Favourable	2	1	1	2	1	1	1	1	2	4	3	1	20
	75%	100%	100%	100%	100%	50%	100%	50%	100%	100%	0%	50%	87.0%
Unfavourable	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Neutral	1	0	0	0	0	1	0	1	0	0	0	0	3
	25%	0%	0%	0%	0%	0%	0%	50%	(0%)	(0%)	(100%)	(50%)	(13.0%)
<b>Total (%)</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>23</b>
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

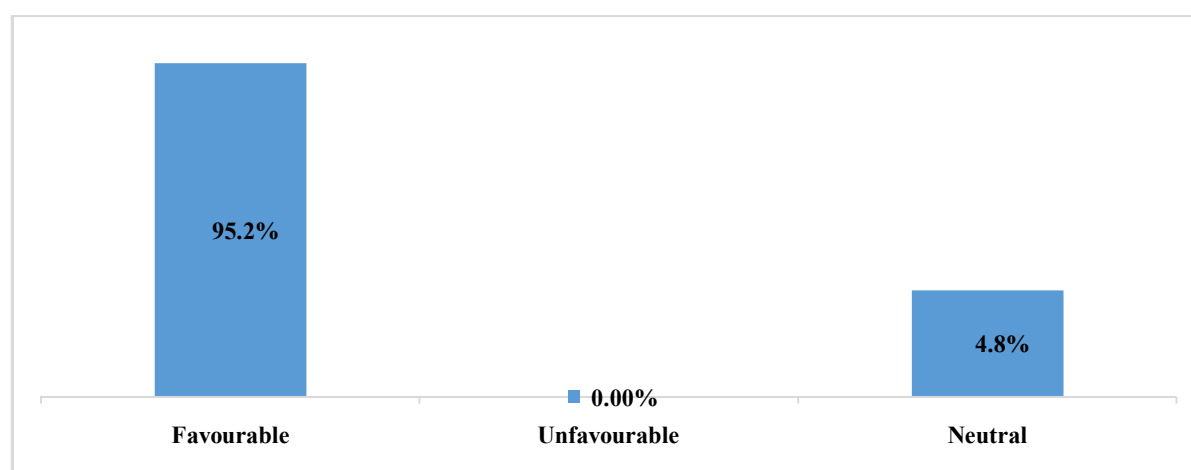


**Figure 8: Direction of coverage in The Sun Newspaper**

The table above and the figure revealed the direction *The Sun* newspaper takes in reporting Maternal and Child Health issues. The table and figure revealed that Maternal and Child Health issues was reported favourably by 87.0% (20). Nothing was reported negatively and the neutral direction was by 13.0% (3).

**Table 9: Direction of coverage in The Nation Newspaper**

Nation	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
Favourable	3	1	2	5	1	1	2	1	1	2	0	1	20
	100%	100%	100%	83.3%	100%	50%	100%	50%	100%	100%	0%	50%	95.2%
Unfavourable	0	0	0	0	0	0	0	0	0	0	0	0	0
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0.00%
Neutral	0	0	0	1	0	0	0	0	0	0	0	0	1
	0%	0%	0%	16.7%	0%	0%	0%	0%	0%	0%	0%	0%	(4.8%)
<b>Total (%)</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>11</b>	<b>0%</b>	<b>2</b>	<b>0</b>	<b>21</b>
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>



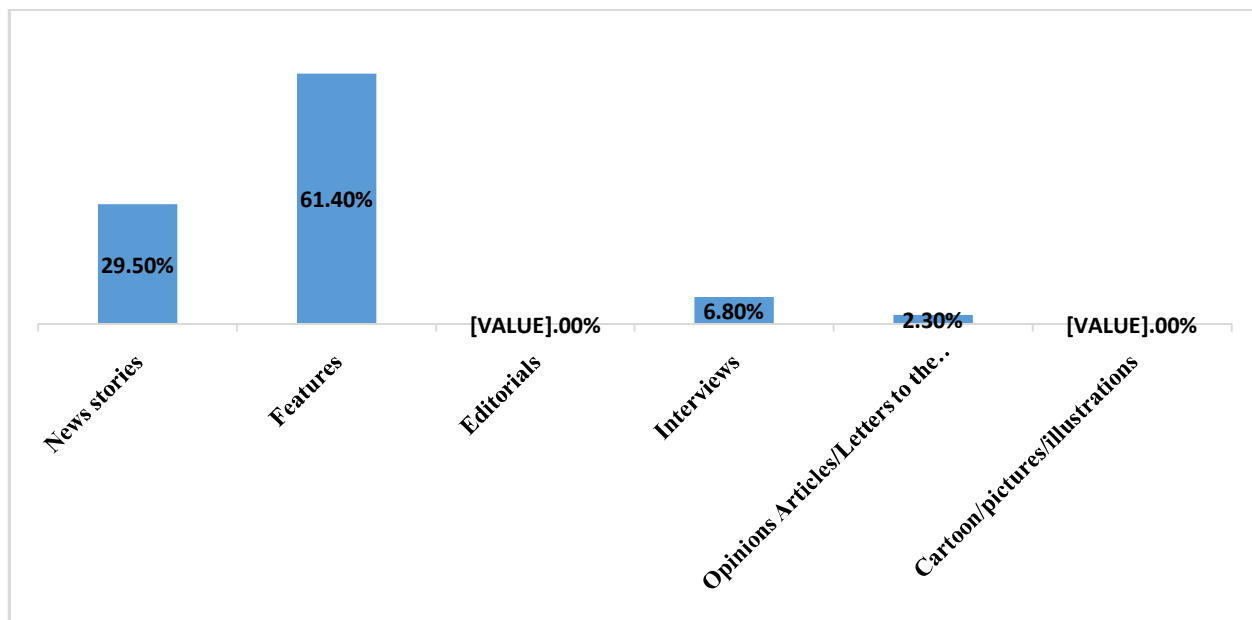
**Figure 9: Direction of coverage in The Nation Newspaper**

The table above and the figure revealed the direction *The Nation* newspaper takes in reporting Maternal and Child Health issues. The table and figure revealed that Maternal and Child Health issues was reported favourably by 95.20% (20). Nothing was reported negatively and the neutral direction was by 4.8% (1).

#### **Research Question 4: What are the nature of Maternal and Child Health reportage in the newspapers selected?**

**Table 10: Nature of reportage in Vanguard newspaper**

Vanguard	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
New story	3	1	2	0	1	0	2	1	0	2	1	0	13
	60%	25%	33.3%	0%	16.7%	0%	33.3%	50%	0%	33.3%	50%	0%	29.5%
Features	2	3	4	3	4	0	4	1	2	2	1	1	27
	40%	76%	66.7%	100%	66.6%	0%	66.7%	50%	100%	33.3%	50%	50%	61.4%
Editorials	0	0	0	0	0	0	0	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Interviews	0	0	0	0	0	0	0	0	0	2	0	1	3
	0%	0%	0%	0%	0%	0%	0%		0%	33.3%	0%	50%	6.8%
Opinions	0	0	0	0	1	0	0	0	0	0	0	0	1
	0%	0%	0%	0%	16.7%	0%	0%	0%	0%	0%	0%	0%	2.3%
Cartoon/p/	0	0	0	0	0	0	0	0	0	0	0	0	0
Illustrations	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total (%)</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>44</b>

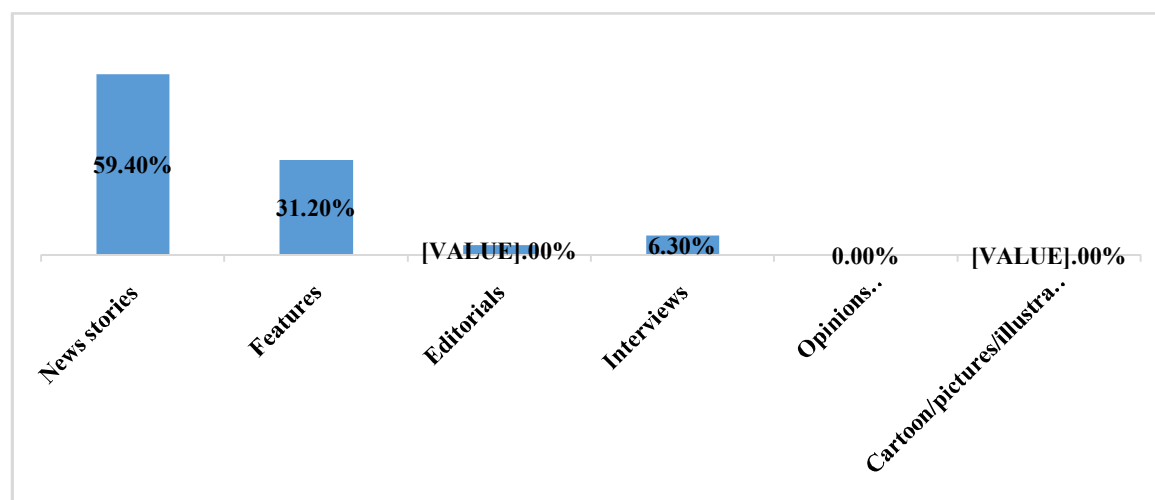


**Figure 10: Nature of reportage in the Vanguard newspaper**

The table and figure above sought to identify the nature of reportage used by *Vanguard* newspaper in reporting maternal and child health; the table and the figure indicated that 13(29.5%) stories about maternal and child health were under the news stories category, the features amounted to 27 (61.4%). The table and the figure also indicated that interview had 3 (6.8%) stories. Opinions Articles/Letters to the editor category recorded 1 (2.3%), while Editorials and Cartoon/pictures/illustrations categories has no record.

**Table 11: Nature of reportage in the Guardian newspaper**

Guardian	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
New story	2	0	2	2	1	2	2	2	2	2	1	1	19
	(50%)	(0%)	(66.7%)	66.7%	33.3%	(100%	66.7%	100%	66.7%	(50%)	100%	100%	59.4%
Features	2	2	1	1	2	0	1	0	0	1	0	0	10
	50%	66.7%	33.3%	33.3%	66.6%	(0%)	33.3%	(0%)	(0%)	(25%)	(0%)	(0%)	31.2%
	(0%)								1	0	0	0	1
Editorials	0	0	0	0	0	0	0	0	33.3%	0%	0%	0%	3.1%
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	0	1	0	0	2
Interviews	0	1	0	0	0	0	0	0					
	(0%)	(33.3%)	(0%)	(0%)	(0%)	(0%)	(0%)		(0%)	(25%)	0%	0%	6.3%
Opinions/	0	0	0	0	0	0	0	0	0	0	0	0	0
Letter-E	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Cartoon/p/	0	0	0	0	0	0	0	0	0	0	0	0	0
Illustrations	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Total (%)</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>32</b>

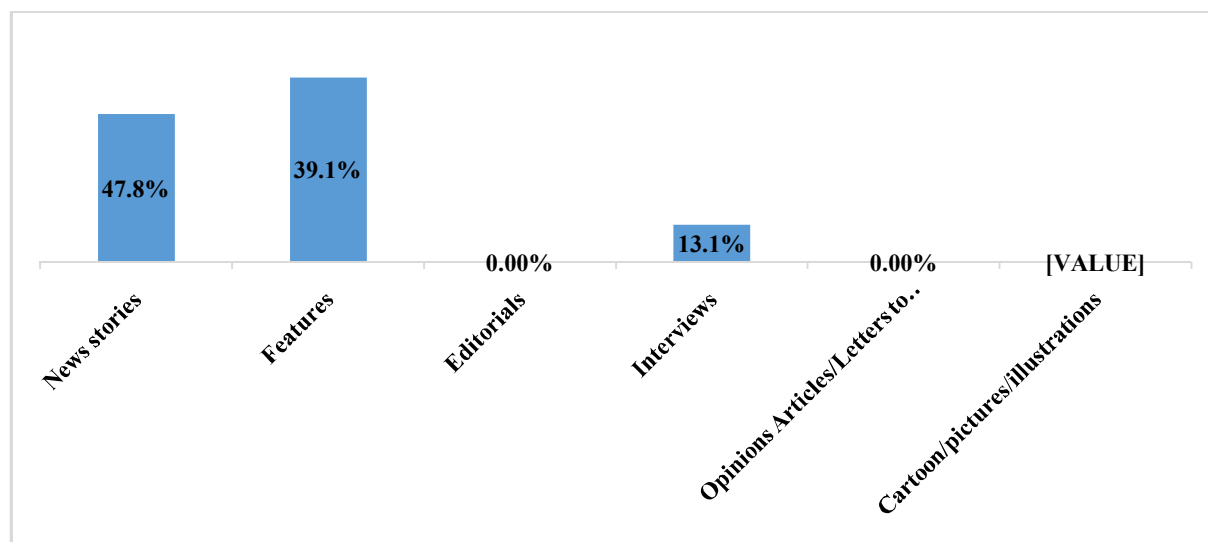
**Figure 11: Nature of reportage in the Guardian newspaper**



The table and figure above sought to identify the nature of reportage used by *the Guardian* newspaper in reporting Maternal and Child Health; the table and the figure indicated that 19(59.4%) stories about Maternal and Child Health were under the news stories category, the feature sources amounted to 10 (31.2%). The table and the figure also indicated that the Editorials category recorded 1 (3.1%), interview sources had 2 (6.3%) stories. While Opinions Articles/Letters to the editor category and Cartoon/pictures/illustrations categories has no record.

**Table 12: Nature of reportage in The Sun newspaper**

The Sun	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Total (%)
New story	1	1	1	1	1	1	0	2	0	1	1	1	11
	33.3%	100%	100%	50%	100%	50%	0%	100%	0%	25%	33.3%	100%	47.8%
Features	2	0	0	1	0	1	0	0	1	2	2	0	9
	66.7%	0%	0%	50%	0%	50%	0%	0%	50%	50%	66.7%	0%	39.1%
Editorials	0	0	0	0	0	0	0	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Interviews	0	0	0	0	0	0	1	0	1	1	0	0	3
	0%	0%	0%	0%	0%	100%	0%		50%	25%	0%	0%	13.1%
Opinions/	0	0	0	0	0	0	0	0	0	0	0	0	0
Letter-E	0	0	0	0	0	0	0	0		0	0	0	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0
Cartoon/p/	0	0	0	0	0	0	0	0	0	0	0	0	0
Illustrations	0	0	0	0	0	0	0	0		4	3	1	23
	0%	0%	0%	0%	0%	0%	0%	0%	0%				
<b>Total (%)</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>				

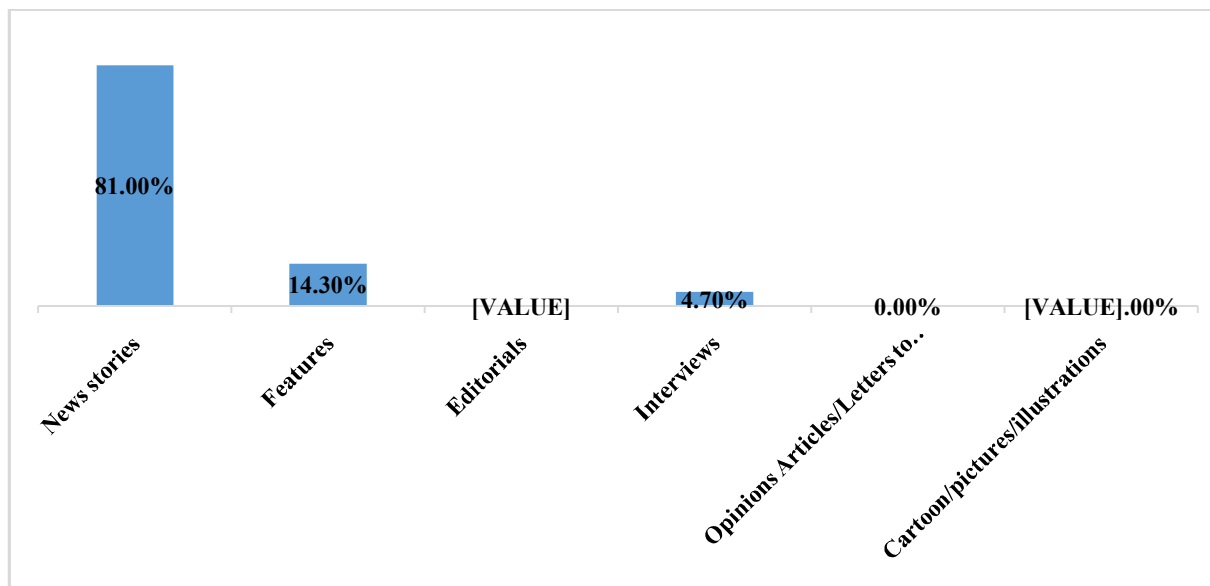


**Figure 12: Nature of reportage in The Sun newspaper**

The table and figure above sought to identify the nature of reportage used by *The Sun* newspaper in reporting Maternal and Child Health; the table and the figure indicated that 11(47.8%) stories about Maternal and Child Health were under the news stories category, the feature sources amounted to 9 (39.1%). The table and the figure also indicated that the Interview category recorded 3(13.1%). While Editorials, Opinions Articles/Letters to the editor and Cartoon/pictures/illustrations categories has no record.

**Table 13: Nature of reportage in The Nation newspaper**

<b>Nation</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Total (%)</b>
New story	3	0	1	5	1	1	2	1	1	2	0	0	17
	100%	0%	50%	50%	100%	100%	100%	100%	100%	100%	0%	0%	81.0%
100%									0	0	0	1	3
Features	0	1	1	0	0	0	0	0	0%	0%	0%	100%	14.3%
	0%	100%	50%	0%	0%	0%	0%	0%	0	0	0	0	0
Editorials	0	0	0	0	0	0	0	0	0%	0%	0%	0%	0%
	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	1
0%													
Interviews	0	0	0	1	0	0	0	0					
0%	0%	0%	0%	0%	0%	0%	0%		0%	0%	0%	0%	4.7%
Opinions/	0	0	0	0	0	0	0	0	0	0	0	0	0
0									0%	0%	0%	0%	0%
Letter-E	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0
0%									0%	0%	0%	0%	0%
Cartoon/p/	0	0	0	0	0	0	0	0	1	2	0	1	21
Illustrations	0%	0%	0%	0%	0%	0%	0%	0%					
0%													
<b>Total (%)</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>					



**Figure 13: Nature of reportage in The Nation newspaper**

The table and figure above sought to identify the nature of reportage used by *The Nation* newspaper in reporting Maternal and Child Health; the table and the figure indicated that 17(81.0%) stories about Maternal and Child Health were under the news stories category, the feature sources amounted to 3 (14.3%). The table and the figure also indicated that the Interview category recorded 1(4.7%). While Editorials, Opinions Articles/Letters to the editor and Cartoon/pictures/illustrations categories has no record.

#### **4.2 Discussion of findings**

This section of the study is a discussion of findings that were arrived at from the data collected through the instrument used in the study. The discussion therefore addresses the four (4) research questions raised.

**Research Question 1: What is the frequency of coverage given to Maternal and Child Health issues in the selected dailies?**

This question is answered by the content analysis provided in tables 1, the manifest data from the analysis revealed that there were a total of 44 reports about Maternal and Child Health in *Vanguard*, 33 in *The Guardian*, *The Sun* recorded a total of 23 and 21 in *The Nation*. The analysis also shows that *Vanguard* newspaper has no record about Maternal and Child Health issues in January but the highest coverage was in December and February which amounted to 13.6%. Also in *Guardian* newspaper the least coverage recorded about maternal and child health issues was in June and July which was 3.0% while its highest coverage was recorded in August and May represented by 12.1%.

The data also shows that *The Sun* recorded the least coverage of 4.2% about Maternal and Child Health issues in while its highest coverage was represented by 12.5% and was recorded in August and June. *The Nation* however, does not have record in June about Maternal and Child Health issues while its highest coverage was represented by 28.5% and recorded in November.

The implication of the above findings is that the newspaper reports about Maternal and Child Health is still very low as the highest record in *Vanguard* is represented by 13.6% , in *The Guardian* newspaper 12.1%, *The Sun* newspaper recorded 12.5 as its highest frequency and *The Nation* recorded 28.5%. This findings is in line with the findings of Adeniran (2009) in his study about media coverage of the Millennium Development Goals (MDGs) of which Maternal Health is one. He found out that MDGs about hunger and poverty, environmental sustainability and global partnership were the most reported, while MDGs concerning maternal health, child health and universal primary education were the least reported.

Gupta and Sinha (2010) supported this stand when they reported that many people rely on the mass media, newspapers inclusive, for their health related information and also obtain considerable amount of information from them. Therefore, there is need for extra effort by the media in setting agenda for national discourse about maternal and child issues in order to provide effective solutions for the issue. It is also important that the mass media intensify its reportage of maternal and child health issues since they are the purveyors of information.

**Research Question 2: To what extent did the selected newspapers give prominence to Maternal and Child Health issues?**

The content analysis data in table 2, 3, 4 and 5 show the extent to which the selected newspapers gives prominence to the reportage of Maternal and Child Health issues. Table 2 revealed that the level of prominence given to Maternal and Child Health issues in *the Vanguard* newspaper is that most of the stories are placed in the inside pages and center spread of Vanguard newspaper. This is evident by 42 reports about Maternal and Child Health issues which are in the insidepages of the newspaper while 5 reports about Maternal and Child Health issues is in center page of the newspaper.

The data in table 3 emanated from the content analysis data from *the Guardian* newspaper. The analysis shows that as regards the level of prominence given to maternal and child health issues in *the Guardian* newspaper, most of the stories are placed only in the inside page. This is evident by 33 reports from the Newspaper.

With regards to the level of prominence given to Maternal and Child Health issues in *theSun* newspaper ,reports about the subject matter are only found in the inside pagesof*theSun* newspaper. This is evident by the 23 report about Maternal and Child Health issues found in the

inside pages of the newspaper. Also, all the 21 reports about the issues concerning Maternal and Child Health in *the Nation* newspaper are tucked in the inside pages of the newspaper.

The implication of these findings is that, majority of the issues about Maternal and Child Health are pushed to the inside pages of the newspaper, where readers might not see nor read it and therefore carries little or no effect on the general public. The media has the responsibility of featuring the poor state of health facilities (which is one of the causes of maternal mortality), for instance, on the front and back pages of newspapers or in the form of editorials on a regular basis. This could engender government to embark on the renovation/restructuring and/or creation of its own health facilities to better serve the interest of everyone, especially the womenfolk. Scheufele and Tewsbury (2007:p.12) explained this implication in the framing theory when they noted that "the way a news item is presented can have an influence on how it is interpreted and understood by the audience. Particular concern is expressed on how news stories are placed, either presented with an imposing banner to get public attention and sympathy or tucked inside the newspaper for an interested reader to find."

Folarin (1998:68) lays down the following as elements that are important for agenda-setting.

- The quantity or frequency of reporting.
- Prominence given to reports via headline, display, pictures, etc.
- Degree of conflict generated in the reports.
- Media specific effects over time

The agenda setting function of the media suggests that the frequent selection and prominent display of stories on maternal mortality will provoke public discussion of same (i.e. Maternal mortality), which may invariably influence government to align its health policies as appropriate.

**Research Question 3: What direction of coverage did the selected newspapers take in their coverage of Maternal and Child Health issues?**

This question aimed at identifying the direction the newspapers take in reporting Maternal and Child Health issues. Tables 6, 7, 8, and 9 answered this question. Table 6 revealed that Maternal and child health issues were reported favourably by 84.10% (37) in the Vanguard newspaper. Nothing was reported negatively and the neutral direction was 15.9% (7). Table 7 revealed the direction Guardian newspaper takes in reporting Maternal and child health issues. The issues were reported favourably by 75.8% (25). Nothing was reported negatively and the neutral direction was by 24.2% (8).

The direction *the Sun* newspaper takes in reporting Maternal and Child Health issues, these issues were reported favourably by 87.0% (20). Nothing was reported negatively and the neutral direction was by 13.0% (3). While *The Nation* newspaper reported Maternal and Child Health issues favourably by 95.20% (20). Nothing was reported negatively and the neutral direction was by 4.8% (1).

The implication of the above findings is that majority of the reports about Maternal and Child Health is reported favourably, few were neutral and none was reported unfavourably. This means that the media have tried in reporting the issue in a positive direction which may bring the appropriate attention in providing solutions to the issue.

**Research Question 4: What are the nature of Maternal and Child Health reportage in the newspapers selected?**

The manifest data from the content analysis in tables and figures 10, 11, 12 and 13 sought to identify the nature of reportage of Maternal and Child Health issues. Table 10 shows that 13(29.5%) stories about maternal and child health issues were under the news stories category in



*Vanguard* newspaper, the feature stories amounted to 27 (61.4%). The data also indicated that interview stories had 3 (6.8%) stories. Opinions Articles/Letters to the editor category recorded 1 (2.3%), while Editorials and Cartoon/pictures/illustrations categories has no record.

Table 11 identified the nature of reportage in *the Guardian* newspaper about Maternal and Child Health; it indicated that 19(59.4%) stories about Maternal and Child Health were under the news stories category, features amounted to 10 (31.2%). The table and the figure also indicated that the Editorials category recorded 1 (3.1%), interviews had 2 (6.3%) stories, while Opinions Articles/Letters to the editor category and Cartoon/pictures/illustrations categories has no record.

Data from *the Sun* newspaper in table 12 revealed that 11(47.8%) stories about Maternal and Child Health were under the news stories category, the feature sources amounted to 9 (39.1%). Interview category recorded 3(13.1%). While Editorials, Opinions Articles/Letters to the editor and Cartoon/pictures/illustrations categories has no record. Data in *The Nation* newspaper indicated that 17(81.0%) stories about Maternal and Child Health were under the news stories category, the features amounted to 3 (14.3%). The Interview category recorded 1(4.7%). While Editorials, Opinions Articles/Letters to the editor and Cartoon/pictures/illustrations categories had no record.

The above findings means that the media performed well in reporting Maternal and Child Health issues as majority of the stories are in the news and feature categories which are the most read aspect of the items in the newspaper. The implication of this is that the content has credibility as issues reported in the news and feature articles are mostly from credible and reliable sources. However, adopting other sources of reporting Maternal and Child Health issues (i.e. editorials, opinion articles etc.) is also very importing in promoting the course of the issue.

This is because news stories alone often times do not give full and elaborate report about the topic under discussion. This is why Entman (2002) while explaining framing theory, noted that selecting an aspect of perceived reality- in this case maternal mortality- and making it more salient, to promote its proper definition, causal interpretation, moral evaluation, and/or treatment recommendation cannot be effectively achieved via news reporting alone; editorials would serve as a very vital backup for such purpose(s).

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## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1 Summary

The purpose of this study was to assess the extent to which the Nigerian print media select news and shape its content on Maternal and Child Health. In other words, it sought to know the extent to which the newspapers have been able to utilize their coverage to bring these issues to the fore through the attention given to the issues as well as the implications of the contents presented in the stories/reports. To achieve the purpose of the study, four research questions were raised. They were aimed at identifying the frequency and prominence given to the subject matter as well as the direction and nature of Maternal and Child Health reportage in the selected Nigerian newspapers. Four Nigerian newspapers constituted the population of the study, *Vanguard*, *The Guardian*, *Daily Sun* and *The Nation* newspapers. A total of 144 editions of the four selected newspapers formed the sample size for the study. A code sheet designed specifically for this study was used in collecting content data from the publications of the newspapers under study within the study period. The statistical techniques used in analyzing the data collected for this study were simple frequency distribution tables, percentages and numbers. Major findings of the study revealed that:

1. Newspapers barely give reports on Maternal and Child Health as most papers recorded very few stories on the issue.
2. Almost all the reports on Maternal and Child Health issues are tucked in the inside pages of the newspapers and as such, are not prominent enough to capture the attention of the audience. The reports are considered negative when they are reported in a scanty manner

that does not drive home the message and may not be useful and beneficial to the audience.

## 5.2 CONCLUSION AND RECOMMENDATIONS

Findings from the study indicate that most reports on Maternal and Child Health issues in the selected Nigerian newspapers had a favourable coverage. However, they were not projected enough in forms i.e. editorials and interviews which enhance the importance of maternal and child health. In view of this,

- The media should intensify its reportage and be proactive about issues of Maternal and Child Health since they have the power to shape opinions and mould opinions through their agenda setting role/function.
- By taking up a higher level of reportage on the issues regarding women and children's health, the media will help increase the awareness about the issue especially if the stories are effectively framed to serve as tools of empowerment towards better health.
- It is imperative for media establishments, agencies and the government to collaborate to chart a new part for the maternal and child healthcare delivery in Nigeria.
- Health reporters in the Nigerian media are urged to partner with health professionals to uncover detailed circumstances regarding health development issues such as Maternal and Child Health.

By constantly giving special reports on health issues featuring government officials and functionaries- health commissioners, health ministers, local government chairmen and other health professionals, the print media attracts the interest of policy makers to these health challenges. Through them the governments are likely to take interest in such critical issues being

raised and will be quick to formulate and implement health policies with solutions that address the issues that have been raised in the reports.

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