Abstract

This study content-analyzed 3000 news bulletins of Liberty TV and DITV stations in Kaduna to examine the frequency of the coverage of maternal health issues, ascertain the prominence the stations give to maternal health issues and determine the aspect of maternal health issues the stations covered from January to April 2018 when there was a call to action by the World Health Organization (WHO). Findings revealed low coverage of maternal health issues by both Liberty TV (n=33, 2.48%) and DITV (n=19,) in their news bulletins within the period under study. Liberty TV station mostly allots from three minutes (n=8, 24.24%), four minutes (n=7,21.22%) and five minutes (n=5, 15%) while DITV gives less allotting only 1 (5.26%) 4 minutes and 2 (10.53%) five minutes to maternal health bulletins. Also, Liberty TV station placed most of the news on maternal health at the middle (n=10, 30.30%) and end (n=19, 57.57%) of its news hours signifying average prominence and low prominence while DITV station placed maternal health news bulletin at the beginning (n=11, 57.89%) and middle (n=6,31.575) of its news hours signifying more prominence in terms of placement of the news. Furthermore, pregnancy/antenatal care is the most dominant maternal health issue covered in the Liberty TV news bulletins; however, DITV gave more focus on family planning and less coverage to issues of postnatal care and child care. Based on these findings, the study recommends that the two media organizations should increase their coverage of maternal mortality issues to create awareness through additional news coverage, as well as the prominence given to the maternal news bulletins in their news hours.

Keywords: Maternal health, Media coverage, Maternal motility, Television stations,
BACKGROUND

Maternal mortality, also commonly referred to as maternal death, remains one of the major causes of death among women of reproductive age in many countries. Shah and Say (2007) define maternal mortality as the death of a woman 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 intensified by the pregnancy or its management but not from accidental or incidental causes. Maternal health has become an issue of concern globally because it affects individuals, families, and communities at large especially in the third world nations where it is more prevalent (World Health Organization [WHO], 2017; Shah & Say, 2007).

Maternal death has been estimated to be 289,000 in 2015 with a maternal mortality rate (MMR) of 210 per 100,000 live births. Berer(2007), also indicate variations of record of maternal mortality in the different regions of the world. The WHO, in 2019, reported Africa as having the highest maternal death rate, as Sub-Saharan regions had an estimated 98% of maternal deaths in 2017. Similarly, the report estimated 1 in 210 as the ratio of lifetime risks of maternal death in developing countries compared to the 1 in 4300 of developed and industrial countries. Following the existent realities of healthcare systems in different regions across the world, the women in the Sub-Saharan regions have the highest risk rate going to a ratio of 1 in 31, followed by South Asia with 1 in 110.

Unfortunately, Nigeria has been among the countries with high maternal mortality rates. Nigeria has an estimated 40,000 maternal deaths in 2017 accounting for 14 percent of the global total. (African Population and Health Research Centre, 2017). In 2015 alone, the mortality ratio for Nigeria was 814 deaths per 100,100 live births against 574 per 100,000 in 2013 (Redcare
HMO, 2018). In 2017, UNICEF reported that a woman’s chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 compared to 1 in 31 for sub-Saharan Africa as a whole. This is because its report on maternal mortality in 2017 reveals that more than 150 women died every day because of pregnancy-related cases in Nigeria. In Nigeria which can be classified based on regions, the Northern region was found to have higher maternal mortality with a whopping 75% of the deaths coming from that region compared to both the South East and South-South and South-West combined in 2017 (UNICEF, 2017; WHO, 2017).

The findings in a high figure of maternal mortality in Northern Nigeria were recorded in Kaduna State as established by research findings from Galadanci, Kunzel, Shitu, Zinser, Gruhl, and Adams, (2011). The Nigerian Urban Reproductive Health Initiative (NURHI) (2018) and Kaduna Maternal Accountability Mechanism (KADMAM), (2018). Their findings revealed that over two thousand (2000) women in Kaduna State die annually from birth-related complications. The maternal deaths in Kaduna State from January – June 2018 alone was found to be 123 (KADMA, 2018).

It can be said that there is a brewing issue of concern about the state of the Kaduna maternal health system. This issue has created disturbances which have had a ripple effect on the progress of development. Owing to how standards are perceived anywhere in the world, this high rate of maternal mortality should not be condoned in anyway. Hence, this becomes a challenge that the family, government, and international community have to deal with.

The media as purveyors of information also have a role to play in educating and enlightening the populace about the issue. According to Cohen (1963), “the media may not be successful in telling readers what to think but are stunningly successful in telling their readers
what to think about”. The media engage people, convey information, and produce reactions in their audiences which justify their continuing production.

Communication is very vital for behavior change, especially on issues of concern such as health which is most needed to be communicated (Akinfeleye, 1989). Consequently, there is the need for the media to engage in programmes that will communicate and create awareness on the challenges of issues through its programmes. In the light of this, therefore, this study examined the extent to which some media organizations, particularly the television media stations in Kaduna State (Liberty TV and DITV) are responding to creating of awareness about maternal issues in their news bulletin. The specific objectives of this study were to:

1. examine the frequency of the coverage of maternal health issues in Liberty TV and DITV news bulletin from January to April 2018.
2. ascertain the prominence given to coverage of maternal health issues in Liberty TV and DITV news bulletin from January to April 2018.
3. determine the aspect of maternal health issues covered in Liberty TV and DITV news bulletin from January to April 2018.

LITERATURE REVIEW

Maternal health in Nigeria

Issues of access to proper maternal healthcare services have been one of the most devastating challenges of the Nigerian system. Omo-Aghoja, Aisien, Akuse, Bergstrom and Okonofua, (2010) proclaimed that the maternal care system in Nigeria is categorized into three different tiers, namely; primary, secondary, and tertiary care which cuts across all layers of the 774 local government councils in the country. According to them, it is prescribed that pregnant
women receive antenatal care, delivery, and postnatal care in the primary health centers closest to them. However, when matters of complications arise as the case may be, a referral to secondary healthcare is made which is handled by the state or a tertiary system handled by the federal government.

Nigeria’s health services halved the maternal mortality rate between 1990 and 2010, It was found that parts of the northern region which have the larger population as Muslims within their confines have 10 times more chances of women dying of childbirth, than in the southern region(Ujah, Muthir, Vanderjagt, Glew, and Uguru 2005). This, as further explained by Galadanci, Kunzel, Shitu, Zinser, Gruhl, and Adams, (2011) was caused by insufficient health services, issues surrounding northern culture, and the region’s social development challenges. Similarly, Sanda (2014) noted that several factors like illiteracy, ignorance, poverty, and various cultural beliefs and practices contributed immensely to maternal death among different regions in Nigeria.

The WHO factsheet (2008) specifies that the causes of about 80% of maternal deaths were as a result of severe bleeding, infections, hypertensive disorder during pregnancy, and obstructed labor. While 13% of maternal deaths were found to be as a result of complications after unsafe abortion, only 7% are among the indirect causes of maternal death. Indirect causes of maternal death are categorized as maternal death caused by diseases like malaria, anemia, hepatitis, anesthetic death, meningitis, HIV/AIDS, sickle cell anemia, and acute renal failure. The factsheet also revealed that causes of death could be streamlined to poor health statuses at the conception stage of pregnancy which are necessary for the outcome of pregnancy.
The causes of maternal death in Nigeria, according to Mojekwu (2005), can be classified into medical factors, health factors, reproductive factors, unwanted pregnancy, and socio-economic factors. Direct medical factors could be classified into direct obstetric deaths, indirect obstetric deaths and unrelated deaths. According to Mojekwu, direct obstetric deaths are factored out of pregnancy complications, delivery, or their management. While indirect obstetric deaths on the other hand have resulted from aggravation of some underlying health conditions which are caused by pregnancy such as hepatitis.

Other risk factors for maternal mortality in Nigeria, according to Ujah et al., (2005), include maternal age, illiteracy, non-utilization of antenatal services, and grand multi-parity. Mojekwu and Ibekwe (2012) lamented that there is an issue of service delivery on the quality healthcare in Nigeria which includes but is not limited to aggressive staff structure, inadequate skills, poor infrastructure, and shortage of supply of drugs or other necessities to keep the hospital running. Also, Alves (2007) opines that all the irregularities of power and water supply affect the functionality of healthcare which affects its ability to deliver proper services to the standards required. These factors, therefore, may be the reasons why Nigeria healthcare is rated 187 of 191 in 2000 by the World Health Organization.

**Policies and declarations on maternal mortality reduction**

The issue of maternal mortality has been considered a global concern, thus several workshops, training and conferences are being organized by the international communities in collaboration with homegrown initiatives to help address the issues that circumvent maternal mortality. This has drawn unprecedented attention to the matter which has led to more actions around reproductive health and also gender-based violence and equalities.
Notable declarations and conferences in this direction are the United Nations Decade for Women Population Conference (UNDWPC) held in Mexico City in 1984, and the Safe Motherhood Initiative (SMI) launched in Nairobi, Kenya, in 1987 through the United Nations. The SMI, whose target was the reduction of the estimated yearly world maternal mortality figure of 5,000,000 by 50% by the year 2000 was formally launched in Nigeria in 1990. Other declarations were the World Summit for Children (WSC) in 1990, the United Nations Conference on Population and Development held in Cairo in 1994, the Beijing Conference for women in 1995 and the United Nation’s Development Goals (MDGs) in 2000 which developed the Millennium Development Goals (MDGs) to enable the poorest countries to improve the quality of life of their citizens, and resolved to achieve these goals by 2015. As part of the declaration of the then development goals, the fifth mandate urged all member states to ensure the improvement of the maternal health system globally and the aim was to reduce maternal mortality by three quarters (75%) between 1990 and 2015 (Mojekwu, 2005; UN, 2008; Daily Independent, 2010).

Other efforts toward tackling the problem of maternal health include conducting treaties, policies, and declarations. Notable among these include African Charter, Maputo Protocol (CRR and WARDC, 2008), and 2001 Abuja Declaration in which African union governments pledged to allocate their annual budgets towards improving the health sector (OAU, 2001).

There are also national policies and strategies to help curb the menace of maternal mortality at national levels. In Nigeria, they include the 1988 National Health Policy and Strategy, Nigeria’s first comprehensive health policy (FMoH, 1988), the 2004 revised National Health Policy which replaced the 1988 National Health Policy, the Reproductive Health Policy...

Also, there have been several attempts by the Nigerian Federal Government to ensure the improvement of mortality rate in the country. State governments in Nigeria also have been making giant strides and creating leeway in the upgrade of maternal services (Harrison, 2009). For example, Anambra State Governor, in 2005, signed the bill for free maternal healthcare in the State (Schiffman & Okonofua, 2007; Ibeh, 2008). Jigawa State made a provisional arrangement for the upgrade of obstetric care in their hospitals and also the availability of ambulances that will transfer referred patients to more advanced medical facilities (Mojekwu & Ibekwu, 2012). The Kano State Government included a line on free maternal health service in its budget (Sanda, 2014). Furthermore, Lagos State Government had set up five maternal and childcare centres that are fully equipped and well-staffed to provide better care which spans family planning and post-natal care (The Sunday Punch, 2012).

In Kaduna State, effort to minimize maternal mortality by the state government is in its commitment to reviving the PHCs in the state through budget allocation, renovation and building of 255 Primary Health Centers (PHCs) across the state which was part of Universal Health Coverage plan as well as the PHCs Under One Roofs (PUOR) goal. Civil Society Organizations (CSOs) and Accountability Mechanisms also aided the activity of the Kaduna State Government towards reducing maternal mortality, notably Kaduna Maternal Accountability Mechanism (KADMAM) and Kaduna Neonatal Accountability Mechanism (KADNAM) (KADMAM Fact Sheet and Score Card, 2018).

**Empirical review**
A research carried out by Okoro, Umezulike, Onoh, Chukwuali, and Nweke (2001) on a retrospective analysis on maternal deaths for a two-year period shows that maternal deaths comprised mostly of women who were from poorer socioeconomic statuses than women that were in control and more privileged groups. Although both groups showed an equal lack of parental care, delayed treatment is one of the fundamental causes of maternal which was attributed to poor management structures.

Shiffman and Okonofua (2007) in their assessment of the priorities of the political fronts of maternal mortality deduced that advocates for the improvement of structures need to work harder in ensuring that the mandate of political force and sheer will are embedded into the fight for better healthcare to coerce governments to do better in Nigeria and the world at large.

Harrison (2009), thinks that there have been foolhardy attempts by the government to reduce mortality rates. He ascribed this to the complexities of the Nigerian situation which call for a fundamental community-based solutions in stamping out what he attributed as a chaotic system. And this can only be achieved if the country gets its political governance structures right.

Mairiga, Kawuwa, and Kuliwa (2008) did a qualitative study on the community’s knowledge and perceived implications of maternal mortality and morbidity in two selected urban and rural communities in Borno State Nigeria, using Focus Group Discussions and In-depth Interview. Their result showed that most of the community members agreed that there were maternal deaths in the communities, and many identify about two to five main direct causes of maternal mortality as universal. However, the study found that many had a misconception about the causes of maternal mortality. The study suggests that knowledge improvement in the area of
maternal mortality is good and thus more intervention programmes, including awareness creation by media, should be mounted.

Kayode and Adeniran (2012) examined media coverage of development issues in Nigeria using the MDGs as examples. Findings from their study showed that the Nigerian media did not give equal coverage to the development issues they covered and neglected most of the pressing development issues in their coverage.

Sanda, (2014) did a study on media awareness and utilization of antenatal care services by pregnant women in Kano State Nigeria, using focus group discussion, in-depth interviews, and document analysis. The study found that radio has the major source of information on Antenatal care among married women even though they are aware of the other sources of information such as print media, TV, hospital, among others.

Onyeizu and Binta, (2014) studied The Guardian and Punch newspapers to establish the extent to which media are working to set public agenda for the health sector so that it can mobilize both the government and the governed towards achieving a healthy state. They found that HIV/AIDS garnered the most media attention and was mostly reported through straight news genre. It concludes that the newspapers did not give prominence to health issues in their coverage.

**Theoretical framework**

This study is premised on Social Responsibility and the Agenda-Setting Theories. The Social Responsibility theory is an offshoot of the normative theories of the press which can be traced to the Hutchins School Commission. The postulations of the theory argue that mass media should reserve the right to publish news as they see fit without the external interference of the
government or fear of sanction but should hold itself in high moral standards of the report and should at all times take cognizance of its immediate environment and promote development both at home and abroad (Siebert, Peterson & Schramm, 1984). The principles of the theory can be summarized thus:

i. The media should reserve the obligation to serve its society and ensure the maintenance of public trust.

ii. The basic tenets of news should be held at the helm of media affairs; truthfulness, balance, and fairness, etc.

iii. The media should have high moral standards of operations by itself.

iv. The media is supposed to be owned privately not to be owned by the government.

v. Media should serve as a democratic institution and should help democracy prosper.

vi. The Code of conduct and ethics of operation should be upheld at all times.

vii. Under special circumstances, the intervention of the government may be entertained for the public interest (Siebert, Peterson & Schramm, 1984).

viii. Media should work for society and do things that are beneficial to society (Siebert, Peterson & Schramm, 1956).

In general, socially accepted press behaviour was to be anchored on self-regulation, but if the press would not voluntarily give them, then there must be certain structures to ensure that it behaves in compliance with recognized social standards. To this study, part of the media’s social responsibility is to talk on issues that are relevant to society, enlighten and mobilize the public through various programmes and news contents. In this case, issues as maternal health should be carried out especially in news bulletins for people to be enlightened and mobilized.
On the other hand, the Agenda-setting theory propounded by Donald Shaw and McCombs (1972) argues that the role and power the media is to create, maintain, and shape public discourses. The theory posits that the relevance society associates with certain issues are a result of the position of the media and how they have been shaped through reports (McQuail, 2009).

Hence, through agenda setting, it is expected that there should be a direct and healthy relationship between the media and the public. Since issues raised by media normally draw the attention of people, the media (the TV stations studied) should set agenda to give wider coverage to the issues that are important to societal development or are a hindrance to development for solutions. In this case, the two selected TV stations should set agenda on maternal health issues for a better Kaduna State.

METHODOLOGY

This study relied on quantitative content analysis as its method of research. The contents of news bulletins produced by Liberty Television (TV) and DITV stations were analyzed to answer the research questions. The two television stations were sampled considering their wider coverage, and similarity in mode of operation. The quantitative content analysis deals with “the systematic, objective, quantitative analysis of message characteristics” that can be applied to “written text, transcribed speech, verbal interactions, visual images, characterizations, nonverbal behaviors, sound events, or any other message type” (Neuendorf, 2002, pp. 1 – 24).

A total of 3000 news bulletins covered from 1st January 2018 to 30th April 2018 (120 days regarded as the first quarter of the stations’ year) were used as the population of this study. This period covered the time when the issue of maternal mortality was high as the reports of WHO and World Bank were out showcasing high motility rates in the country and Kaduna State.
where the study was conducted. *Liberty TV* station produced a total of 1320 news bulletins within the period under study while *DITV* station produced 1680 news bulletins. The study analyzed all the news bulletins during the period under study.

The unit of analysis was news bulletins while the content categories were “frequency of coverage”, “prominence of coverage” and the “areas of maternal issues covered by the two TV stations” as guided by the research objectives.

The frequency of coverage means the number of times news bulletins were produced on maternal health issues in the two selected TV stations. 1 was used to represent each news bulletin that contains maternal health issues and ‘0’ was used where maternal health issue was not covered in the news bulletin. The aggregate frequency of coverage was then calculated by counting the presence of a descriptor in the coding sheet as percentages and frequencies in the analysis.

The prominence of the coverage means significance attached to the coverage of maternal health issues in the selected television stations in terms of time allotted and placement of the coverage in the news bulletins. The time allotted was categorized as one (1) minute to five (5) minutes coverage. 1 minute or less is considered to be given less prominence, two (2) to three (3) was medium while four (4) to five (5) was high. The coverage placement is considered in terms of precedence given to the news bulletin to be at the beginning of the news hour (high prominence), middle (average prominence), or the end of the news hour (low prominence).

On the other hand, the issues of maternal health covered in the news bulletins of the two selected TV stations were coded based on the WHO (2018)’s categorization of maternal health issues which included:

i. Issues of pregnancy/antenatal,
ii. Child spacing/family planning,

iii. Childbirth,

iv. Childcare, and

v. Postnatal care.

A coding sheet was designed to collect the data for analysis and a descriptive method of data analysis was used to present and analyze the data, using tables of frequency and percentages. For validity, a pilot study was done with the designed code sheet on a content analysis of broadcast health news of Samaru FM, Zaria. Two coders coded the broadcast contents using the same code sheet independently. Holst formula was used to test the percentage of agreement between the two coders and a perfect agreement of .9 was found. .9 is a perfect agreement according to Holst (1960) and that makes the code sheet used in this research valid and reliable.

**FINDINGS**

The analysis started by finding out the frequency of the coverage of maternal health issues in the two selected TV stations. This is presented in Tables 1 and 2 below:

<table>
<thead>
<tr>
<th>Month</th>
<th>Total stories</th>
<th>Maternal Mortality Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>341 (25.83%)</td>
<td>8 (0.06%)</td>
</tr>
<tr>
<td>February</td>
<td>308 (23.34%)</td>
<td>5 (0.37%)</td>
</tr>
<tr>
<td>March</td>
<td>341 (25.83%)</td>
<td>11 (0.83%)</td>
</tr>
<tr>
<td>April</td>
<td>330 (25%)</td>
<td>9 (0.68%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1320 (100%)</strong></td>
<td><strong>33 (2.48%)</strong></td>
</tr>
</tbody>
</table>

Table 1 shows the coverage of maternal health issues in Liberty television station’s news bulletin during the period under study. Out of 1320 news bulletins covered by the station, it was found that only 33 (2.48%) were on maternal health issues. This indicates low coverage of maternal health issues by the station. Between the months studied, April covered more maternal
issues (n=9, 0.68%) in the news bulletins compared to other months studied. The month with the least coverage of maternal mortality issues was found to be February (0.37%).

Table 2: Coverage of Maternal Health Issues in DITV Station’s News Bulletin (January – April 2018)

<table>
<thead>
<tr>
<th>Month</th>
<th>Total stories</th>
<th>Maternal Mortality Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>434 (25.83%)</td>
<td>7(0.042%)</td>
</tr>
<tr>
<td>February</td>
<td>392(23.34%)</td>
<td>4(0.24%)</td>
</tr>
<tr>
<td>March</td>
<td>434 (25.83%)</td>
<td>5 (0.30%)</td>
</tr>
<tr>
<td>April</td>
<td>420 (25%)</td>
<td>3 (0.18%)</td>
</tr>
<tr>
<td>Total</td>
<td>1680 (100%)</td>
<td>19 (1.14%)</td>
</tr>
</tbody>
</table>

Table 2 shows the frequency of the coverage of maternal health issues in DITV station’s news bulletin during the period under study. Out of a total of 1680 news bulletins covered by the station, only 19(1.14%) of the news bulletins were on maternal health issues. Most of the maternal health issues were covered in January (0.042%) while only 3 (0.18%) maternal issues were covered in April.

This also indicates low coverage of maternal issues by the station during the period under study. The prominence given to the coverage of maternal health issues in the selected TV stations’ news bulletins was further analyzed and presented in Tables 3 (Time allotted) and 4 (news proceedings placement) below:

Table 3: Time allotted to the news bulletins of maternal health issues in Liberty TV and DITV Stations

<table>
<thead>
<tr>
<th>The aspect of Maternal Health</th>
<th>Liberty TV</th>
<th>ITV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 minute</td>
<td>9 (27.22%)</td>
<td>6 (31.57%)</td>
</tr>
<tr>
<td>2 minutes</td>
<td>4 (12.12%)</td>
<td>6 (31.57%)</td>
</tr>
<tr>
<td>3 minutes</td>
<td>8 (24.24%)</td>
<td>4 (21.05%)</td>
</tr>
<tr>
<td>4 minutes</td>
<td>7 (21.22%)</td>
<td>1 (5.26%)</td>
</tr>
<tr>
<td>5 minutes</td>
<td>5 (15.15%)</td>
<td>2 (10.53%)</td>
</tr>
<tr>
<td>Total</td>
<td>33 (100%)</td>
<td>19 (100%)</td>
</tr>
</tbody>
</table>
Table 3 shows that Liberty TV station gives prominence to issues of maternal health in their news bulletin based on the time they allot to it, mostly from three minutes (n=8, 24.24%), four minutes (n=7, 21.22%) and five minutes (n=5, 15%). Only 9 (27.22%) of their news bulletin on maternal issues were allotted the only minute. This result is slightly different from what was found in DITV where the station gives less prominence mostly allotting one and two minutes on news bulletin regarding maternal health. Only 1 (5.26%) and 2 (10.53%) of DITV station’s maternal health news bulletins were allotted four (4) and five (5) minutes respectively.

<table>
<thead>
<tr>
<th>The aspect of Maternal Health</th>
<th>Liberty TV</th>
<th>DITV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of news hour</td>
<td>4 (12.12%)</td>
<td>11 (57.89%)</td>
</tr>
<tr>
<td>Middle of news hour</td>
<td>10 (30.30%)</td>
<td>6 (31.57%)</td>
</tr>
<tr>
<td>End of news hour</td>
<td>19 (57.57%)</td>
<td>2 (10.52%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33 (100%)</strong></td>
<td><strong>19 (100%)</strong></td>
</tr>
</tbody>
</table>

Table 4 reveals the place of news bulletins on maternal health issues by the two selected television stations. Liberty TV station placed most of the news on maternal health in the middle (n=10, 30.30%) and end (n=19, 57.57%) of the station’s news hour. This signifies average prominence and low prominence as not every viewer tends to wait till the end of the news. DITV station on the other hand placed most of the maternal health news bulletin at the beginning (n=11, 57.89%) and middle (n=6, 31.575) of the TV station’s news hour. This signifies that the station though gives less time in terms of time allotted to maternal health issues, it gives more prominence in terms of placement of the news in its news hour.

To check the aspects of maternal health issues covered in the selected TV stations’ news bulletin, the study categorized the news bulletins covering maternal health issues in accordance
with WHO (2018)'s categorization of maternal health issues and coded the news bulletin where applicable. This is presented in Table 5 below.

<table>
<thead>
<tr>
<th>The aspect of Maternal Health</th>
<th>Liberty TV</th>
<th>DITV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy/Antenatal Care</td>
<td>9 (27.22%)</td>
<td>4 (21.05)</td>
</tr>
<tr>
<td>Childbirth</td>
<td>4 (12.12%)</td>
<td>4 (21.05)</td>
</tr>
<tr>
<td>Post Natal Care</td>
<td>8 (24.24%)</td>
<td>3 (15.79)</td>
</tr>
<tr>
<td>Family Planning</td>
<td>7 (21.22%)</td>
<td>6 (31.57%)</td>
</tr>
<tr>
<td>Child Care</td>
<td>5 (15.15%)</td>
<td>2 (10.54%)</td>
</tr>
<tr>
<td>Total</td>
<td>33 (100%)</td>
<td>19 (100%)</td>
</tr>
</tbody>
</table>

Table 3 indicates the issues of maternal health as covered by the two selected TV stations in their news bulletin. *Liberty TV* station was found to give more coverage to issues of pregnancy /antenatal care (n= 27.22%) and less to childbirth (n= 5, 15.5%) with constitute the bedrock of maternal death. *DITV* also focused on family planning (n= 6, 31.5%) and only 2 of its news bulletins covered childcare (10.54%).

**DISCUSSION OF FINDINGS**

Findings from the study show low coverage of maternal health issues by both *Liberty TV* and *DITV* stations in their news bulletins within the period under study. In other words, despite the need for media campaigns on maternal mortality, as suggested by many scholars and researchers, these private media organizations did not adequately cover issues of maternal health in their news bulletins during the period under study. This is evident in the frequency of coverage (Tables 1 and 2) and the prominence (Tables 3 and 4) given to maternal health issues in the news bulletins of the two selected newspapers during the period under study.
Though liberty was found to have given more (n= 33, 2.48%) coverage of maternal issues in their news bulletins as against DITV (n=19, 1.14%) which was found to have more news bulletins than its counterpart, this study found no variation when compared looking at the number of news bulletins covered by both the two TV stations. This is because despite having a good number of news bulletins as indicated in Tables 1 and 2, none of the stations gave up to five percent of their news coverage to maternal health issues even with the need to create more awareness on the menace of maternal mortality in the state. The same way, Kayode and Adeniran (2012) found that the Nigerian media do not give equal coverage to development issues that they cover as they neglect most of the pressing development issues such as maternal health in their coverage.

Similarly, the stations didn’t give much prominence to the issues of maternal health during the period under study. Liberty TV station mostly gives three minutes (n=8, 24.24%), four minutes (n=7, 21.22%) and five minutes (n=5, 15%) while DITV gives less prominence (Table 3). Also, Liberty TV station placed most of the news on maternal health at the middle (n=10, 30.30%) and end (n=19, 57.57%) of its news hours signifying average prominence and low prominence while interestingly, DITV station placed most of the maternal health news bulletin at the beginning (n=11, 57.89%) and middle (n=6, 31.575) of its news hours signifying that the station though gives less time in terms of time allotted to maternal health issues, it gives more prominence in terms of placement of the news in its news hour. This supports the findings of Mairiga et al. (2008) that misconceptions and lack of knowledge about maternal health among their respondents are due to the media not giving much prominence to the issues of maternal health.
Furthermore, the results show that pregnancy/antenatal care is the most dominant maternal health issue covered in the Liberty TV news bulletins. However, DITV gave more focus on family planning and less coverage to issues of Post-natal care and childcare. In a similar study, Onyeizu and Binta (2014) found that HIV/AIDS garnered the most attention of the media and are mostly reported on straight news than any other health issue.

Based on the social responsibility theory adopted in this study, it could be deduced that the two selected television stations (Liberty TV and DITV) did little to meet their social responsibility in enlightening and mobilizing the public on issues of maternal health through their news contents in Kaduna State during the period under study. Against the Agenda-setting theory also as adopted in the study, it could be deduced that there was no direct positive relationship between the focus of the news bulletins of the two selected television stations and the topics discussed in the public space.

Since issues raised by media normally draw the attention of people, the two selected television stations ought to have set agenda to give wider coverage to the issues of maternal health in Kaduna State, at least to make the issue more relevant and draw the attention of the government and other stakeholders towards solving the menace. This is similar to what was found in the study by Shiffman and Okonfouo (2007) and Harrison (2009), which suggest that the advocates for improvement of maternal health need to work harder in ensuring that mandate of political force and sheer will are imbedded into the fight for better health to ginger government and other stakeholders to do better.
CONCLUSION/RECOMMENDATIONS

This study revealed low coverage of maternal health issues in the news bulletins of *Liberty TV* and *DITV* Kaduna and does not emphasize all issues of maternal health as advised by WHO. The study concludes that the two selected media organizations did not do well to advocate and enlighten the Kaduna populace on issues of maternal mortality towards solving the menace of maternal health in the state. This has implications on health communication principles which point to effective use of communication channels and strategies to advocate, educate, and enlighten the public towards solving health problems and emphasizing healthy outcomes such as the issue of maternal health. Therefore, the result of this study confirms the importance of the use of mass media in health communication.

This study recommends that:

i. *Liberty TV* and *DITV* should increase their coverage of maternal mortality issues to create more awareness on the menace. More awareness creation through additional news coverage, the prominence given to the maternal news bulletins in their news hours, and also the aspects of maternal health issues covered in the selected TV stations’ news bulletin should be more in line with WHO (2007)’s categorization of maternal health issues.

ii. Similar studies should also be carried out on other programmes of the two stations, especially their health programmes, as well as in other media stations in the state and among civil society organizations working on maternal health issues. This will go a long way in portraying and eventually containing the menace.
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