



ABSTRACT

This research work examines audience perception especially the nursing mothers of a particular radio programme, in Yamaltu - Deba Local Government area of Gombe State. This provides us with logical answer and empirical evidence whether radio can be used in influencing nursing mothers attitudes to archive this survey research method has been adopted which include face to face interview and the sampling techniques adopted for the study is the convenience available sampling. Through this research it has been discovered that most nursing mothers in Yamaltu - Deba Local Government were

AUDIENCE PERCEPTION OF THE EFFECTIVENESS OF BBC HAUSA WEEKLY HEALTH PROGRAMME (LAFIYA ZINARIYA) AS A TOOL FOR EMPOERING NURSING MOTHERS IN THE FIGHT AGAINST INFANT MORTALITY A FOCUST OF YAMALTU DEBA LOCAL GOVERNMENT

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Introduction

BACK GROUND OF THE STUDY

How to inform the vast majority of their populace who are largely illiterate poor and rural about development programmes is one of the major issues facing developing countries. The right messages must be delivered to the appropriate audience at the appropriate time through the appropriate channel in order for communication to be effective.

And after a decade of research on the connections between different communication mediums and socio-economic factors, development communication scholars now generally agreed that broadcast; radio particularly may be the most effective medium for disseminating information on the various change programmes from the Government and other institutions to the masses living in developing countries of the world.

One of the most effective methods of health communication is the use of credible radio and other forms of mainstream media. To influence the behaviour of a larger audience and promote health,



influenced by the programme LAFIYA ZINARIYA a BBC Hausa weekly health programme. Most nursing mothers interviewed agreed that they consider the programme influential.

mass media has been used as a tool for campaign for many years. The majority of the campaign has focused on preventing tobacco use and heart disease but they have also addressed other health related issues such as child survival and the use of alcohol and illegal drugs (Wakefield, Loken and Hornik, 2015).

According to Wakefield et'al (2015) the duration of a media campaign can vary depending on it's goal and the funding available for it. They can be used in conjunction with policy changes or can stand alone or be linked to other organized programme elements like clinical or institutional outreach and convenient access to recently release or already available goods and services. If health campaigns are part of larger social marketing programmes, variety of dissemination techniques may be used.

Moemeka, A.A. P.33 Radio is crucial in carrying out this function because it is a tool for mobilizing, sensitizing, educating, informing and entertaining the vast majority of its listening audience both domestically and internationally.

According to Adamu (2006), cited in Okpobo (2012) radio broadcasting is the most widely used form of communication. Millions of rural Africa villages, towns and cities now have access to oral communication via radio waves, erasing the information divide caused by illiteracy and poverty among Africans. According to Kats 1976 radio has an impact on society and a role in integrating and defending the society.

Effective communication with the community people and their active participation in the programme that affect them is essential for every community, however community radio in it's reach to the people is a variable tool and for this reason is considered for taking awareness messages and health related issues to the millions of people who live and work in different communities Moemeka (1986). Programmes like the one mentioned in this study have the potentials to helpgroups like nursing mothers inYamaltuDeba Local Government area ofGombe state in the fight against infant mortality through pro-active and pragmatic radio programmes that are carefully designed, produced and packaged while taking into consideration the socio-cultural pattern of the community.

At least 75 percent of the world's population has easy access to some form of broadcast technology primarily radio. Radio is also an effective communication tool because it is in expensive, has widespread coverage, is occasionally battery operated and does not require literacy to operate Mefalopulos (2008, P.193) Therefore radio contribution to addressing health issues in developing nations cannot be understated. The rate of infant mortality in countries like Nigeria is pertinent to this study.

The infant mortality rate in Nigeria continues to be high despite the sustainable development goals. It follows that the media role in addressing this issues is crucial. Community radio for instance is a crucial tool for delivering health related information and awareness messages to the millions of people who reside and work in various communities (Moemeka 1986)



Radio plays a significant role in empowering nursing mothers in the battle against infant mortality in Yamaltu - Deba Local Government area of Gombe State which is the location of this research, by providing proactive and practical radio programmes that are carefully designed, produced and packaged while taking into account the socio-cultural patterns of the community. While radio programmes like BBC Hausa Lafiya Zinariya were made to serve this purpose it is crucial to know whether the people of Yamaltu - Deba Local Government area of Gombe state especially the nursing mothers are empowered.

INTRODUCTION

The goal of a family as a social institution in all societies is to provide for the need of the population. It also aims to protect the child until he/she is old enough to care for him/herself and to teach him/her about socially accepted values. Palmer (2000) claims that women in traditional societies were by virtue of their social and psychological makeup in charge of caring of children and maintaining the home. Despite these roles statistics shows that every year, roughly 11 million children pass away before turning five, with the majority of these deaths occurring in the first year of life. And the majority of these fatalities occur primarily in developing nations of Asia, Latin America and Africa (Hornby, 2000). Additionally 340,000 infant per year pass away during child birth (WHO 2006). For instance the National Demographic Health Survey (NDHS) (2008) revealed that the infant mortality rate in Nigeria was 75 per 1,000 live births on average. According to this Nigeria still has high infant mortality rate.

In response to this, a number of nongovernmental organizations have stepped into support strategies like exclusive breast feeding (Slusser and Lange, 2000).

The media has additionally played a key role in the effort to ensure that Nigeria reaches the MDGs 2015 Target Goal 4 of the MDGs which directly addresses the reduction of infant mortality by two third between 1999 and 2015 make necessary for an evolution of radio programme as a campaign tool for empowering nursing mothers in particular and the public in general.

While the media has been active in this space LAFIYA ZINARIYA there are not many studies that have looked at the effectiveness of such programmes particularly in Nigeria, Local communities from the perspective of mothers. Therefore these studies focus on one of these communities to investigate how the mothers in particular view the effect of radio programme on them

THEORITICAL FRAME WORK

Perception theory was chosen as the theory to be used in this research work. The magic bullet theory was firmly put to rest, thanks to perception theory. Despite the fact that perception is a broad topic we will focus on the aspect most pertinent to the topic of this research study, namely how individuals perceive media messages that are directed at them.

According to (Burgeon and Ruffner 107 P.104) Perception is the process of making out of experience. According to Corner and Hawthorn (1980) perception depends on a complex of variables such as psychological disposition past experience, cultural expectation and social relationship. All these is conjunction with language constraint and the "Limited experience factor" result in the selective perception process which take place in a 'stop gate' fashion with selective exposure, selective attention and selective retention in other word you have to be expose to



messages before you attend to it you have to pay attention before you can perceive it before you can retain it.

DEFINATION OF KEY TERMS

All key terms used in this research are precisely defined within the context for which they are used to provide proper understanding of how they function.

- **Radio programme:** BBC Hausa radio health programme that covers maternal and child health
- **Radio Station:** BBC Hausa.
- **Nursing mothers:** Who is breast feeding her child
- **Infant mortality:** The children under the age of one.
- **Cultural belief:** Include incorporate belief and values that support behaviour that promote health or disease.

MILLENIUM DEVELOPMENT GOALS AND INFANT MORTALITY

Despite the fact that one of the development goal for the period between 1990 and 2015 is to reduce infant mortality by two third. Sub-saharan Africa continue to experience un acceptable levels of infant mortality, particularly with regard to Nigeria, the continent economic power house (Mojeka and Ajilola, P.164). According to the data that are currently available, infant mortality rate are still high and exhibit significant geographic variation. This is even more true in Nigeria specifically because the northern region of the country has generally worse indicators and is the area where polio has proven to be the most challenging to control (Ladipo, 2009, P.11).

According to Akpan (2010) the Nigerian government has over the years been seriously pursuing programmes and policies that will ensure improvement and stability in the death status of the citizens (P.120)

In Nigeria, a number of policies have been implemented with the goals of lowering infant mortality, enhancing maternal and child health and enhancing nutritional health, these are example of such regulations. Health child policy, National policy on infant and young child feeding, National strategic plan for implementing global strategy on infant and young child feeding and nutritional maternal new born child and child health strategic Document (FMJ, 2009). These policies aim at helping the particular the residents of rural areas (Rima and Akpan 2010).

The rate of infant mortality in Nigeria is still increasing despite objectives of these policies. Nigerian's low rate exclusive breast feeding serves as one illustration. Traditional beliefs practices and rites are among the causes of this to some extent (Aghoet'al 2011). The media thus support government and health institutions in addressing these issues. For instance, radio programmes focus on educating community women about the value of breast feeding as a means of enhancing exclusive breast feeding (UNICEF 2008).

Health care providers and nursing mothers must be persuaded to change their behaviors in order to promote healthier lives, for the radio programmes to be effective (Umo et al 1996). The goal of radio health programme on infant mortality is to persuade nursing mothers to adopt these behaviors such of this programme is Lafiya Zinariya.

INFANT MORTALITY IN NIGERIA



The majority of the nearly 11 million children who passed away before turning five every year do so in their first year of life. According to Ladipo (2009). Most of these children die in developing countries like Nigeria in which more than half are due to acute respiratory infections, diarrhea, measles, malaria HIV/AIDS while malnutrition contribute about 54% (P.11)

Because of this the media are crucial in disseminating knowledge that might aid in solving the issues by giving a voice to the voiceless and empowering nursing mothers, one of this flat form like radio programmes can go a long way toward providing and enhancing access to the information that is necessary for infant health. This becomes crucial when radio informs nursing mothers about common illness and how to respond to them including when to seek medical attention and how to implement any treatment recommendation made by health expert on the air.

At 92 versus 79 per 1,000 infant death and 144 versus 131 per 1,000 live births for children under five respectively, male children in Nigeria are more likely than female children to die as infant or as children under five, according to the federal ministry of justice report (FMJ 2008). The infant mortality rate decreases from 94 to 63 per 1,000 in rural to urban areas from uneducated mothers to those with a secondary education or higher education (94 to 63 per 1,000 and from poorest to the wealthiest) households (101 to 64 per 1,000). The rate of infant mortality vary significantly by geographic zone from 68 per 1,000 in the south west with notable dispersion in the northwest (MICS 2007) (cited in FJN 2008).

Many mothers are also unaware of some preventive measures including vaccination and immunization. In 2007 approximately 54 percent of children aged 12-23 months had received the DPT Vaccine. The majority of these illness are treatable but preventable but due to insufficient funding and medical facilities too many children pass away from them.

With a neonatal mortality rate of 48/1,000 live birth and more than 700 new birth death every day, NwosuOdubanjo and Osunusi (2009) concludes that Nigeria has the highest obsolete number of new born death among African nations accounting for 255,500 of the 91,200 neonates who die annually in Africa. Nigeria Ranks seventh among the 10 African countries where new born has the highest risk of dying (op-cit). Neonatal death in Nigeria account for a quarter of under five mortality.

MEASURING INFANT MORTALITY

Because it is correlated with a number of variables including maternal health quality and access to medical care socio-economic status and public health practices the infant mortality rate is a crucial indicator of the health of a country or community (NCHS 1990). Basic indicators of a nation's socio-economic status are infant and child mortality rates. Infant mortality is the term used by the national centre for health statistics (1990) to describe the death of a baby before birth day.

Regarding the millennium Development Goals, Nigerian's maternal new born and child health status is a key area of focus. The United Nations millennium declaration which nations signed in September, 2000 set eight goals for the world to achieve by the year 2015 with goal number 4 MDGs directly addressing the issues of child mortality (Nigeria MDGs 2010-2015). With the goal being to reduce the under-five mortality rate demonstrate that it is still along way from MDGs goal 4.

CULTURAL REASONS FOR INFANT DEATH IN NIGERIA



Regarding the MDGs there are a lot of concern about the high infant mortality rate in developing nations particularly Nigeria. This is attributed by Umo Okesini and Dimpka (1996:102). To the parenting style and the in availability of medical facilities. They clarify that the causes of the infant mortality are determined by what people believe to be the causes, for example the majority of these causes are frequently cultural in nature.

According to UNICEF (1990) cited in Umo et al the cultural belief, values, practices and norms of the community were deeply ingrained with respect to a number of maternal and child health related issues. Reducing infant mortality has become a very difficult task especially in Developing countries like Nigeria where many parents think that the death of their child was brought on by care givers, family members or gods. Most parents find it occasionally challenging to accept modern medical care for their infant due to this belief.

Additionally it was found that an evaluation mission report on Nigeria experience with universal child immunization (UCI) found significant resistance to the national programme on immunization (NPI) specifically that vaccinated person may not be able to have children when he/she reaches child bearing age (UNICEF 1990) cited in Umoh et al (1006) it was also discovered that due to poor administration of BCG which led to abscess most group of people notably farmers, traders and practitioners of traditional religion have withdrawn from the idea. As a many infants are still dying of preventive causes of illness

Moreover, the sex of a child, the mother's age at the time of delivery and the interval as well as the child size at birth are some of the variables causing variation in infant child mortality rates. In addition mothers under the age of 20 have the highest infant mortality rates (UNICEF, 1995 cited in Umoh et al 1996). The report noted mortality rates were lowest in areas where birth occur less frequently.

Science does not support attributing responsibilities for event to internal or external causes. According to Umoh and Okesini (1995:238). The idea of the Ogbaje which is said to be a child that supposedly dies repeatedly and then return to the mother to be reborn is one such superstitious idea. They asserted that the general public has the misconception that Ogbanje children are essentially irrecoverable.

CHALLENGES OF INFANT MORTALITY IN NIGERIA

The high rate of maternal and infant mortality in Nigeria is a result of number of underlying factors. According to Nwosu et al (2009), these include lack of maternal care, a low percentage of women receiving skilled births attendants, and a delay in the treatment of pregnancy complications. Malnutrition is a significant contributor to about half of all infant deaths in the case of post-neonatal mortality (Op cit)

Maternal education level, cultural practices and poverty are additional direct factors that have an impact on both maternal and infant mortality rate. According to MICS (2007), which was referenced in Nwosu et al (2009) infant mortality and socio-economic status are closely related in Africa the lowest quintile of income has a neonatal mortality rate of 59 and the highest quintile has a neonatal mortality rate of 23 per 1,000 live births. The highest income quintile IRM is 23, in the highest in come quintile. The IMR showed a clear trend of decreasing mortality as well, index increases with the highest income quintile having an IMR of 54 per 1,000 live births and the lowest income quintile having an IMR of 101 per 1,000 live births.



THE FEDERAL GOVERNMENT OF NIGERIA EFFORTS

Section 13 of the child right act of 2003 establishes a child right to medical services and places a duty on all government levels and pertinent organizations to ensure the health and welfare of children. According to the law, every child has the right to the best possible state of physical, mental and spiritual health.

With an emphasis on the development of primary health care and the combating of childhood diseases and malnutrition within the frame work of primary health care through the application of appropriate technology, the act requires the reduction of infant and under five mortality rates and the provision of necessary medical assistant and child health care services to all children.

The federal Ministry of Justice (2008) claims that Nigeria has created a number of policies, plans and strategies that support an environment that is favourable for children survival and development. A few examples include the National Maternal New born and child health strategic document (2007) the national policy on infant and young child feeding (2006) and the National Health Child Policy (2005).

Last but not the least every child is entitled to the best state of physical, mental and spiritual health that is practicable under section 13 of the child right act of 203. Accordingly the Federal of Nigeria cited in (FMJ 2008), launched a number of initiatives such as the integrated management of childhood illness strategy, the National Immunization Programme, the Baby friendly Hospital initiative, the HIV/AIDS Programme, the Adolescent Reproductive health guidelines, the Micro Nutrient Control Programme, the Onchocerciasis and Gunea worm Control Programme, The Role Back Malaria Initiative, the Bamako Initiative as well as the role of Bamako Declaration.

Radio programmes can be helpful in archeiving success despite this these vertical programmes only a slight improvement in the rate of childhood mortality has been recorded

RADIO AS A MASS MEDIUM IN NIGERIA

Onabanjo (2004) referenced in in Babafemi (2009, P.139) described radio as “sound which is instantaneously transported from one place to another by the use of electromagnetic waves Folarin (2000) sees radio broadcasting as “the use of electromagnetic waves to transmit information, education and entertainment in the form of sound signals (alone) for simultaneous reception by large heterogeneous reception and scattered audience, either individually or in group using appropriate sound receiving apparatus” (P.36) Despite recent invention likenew media and digital technology, radio has remained relevant since it’s inception.

According to Izuora (1993),“the radio undertake functions that engender developmental progress and encourage social change (P. 121). Radio is still relevant because people want to know what is happening in their immediate environment, why is it happening, how it happening and what will happen as a result of the event.This helps them prepare their basic human instinct for what ever may happened as a result of the event (Okoyi, 2007).

People’s ability to make informed decision on matters that can enhance their lives is increased when they have access to information that will enable this. People need to have access to information that will address both their needs and the need of the communities in which they live for development communication to be effective.



As a result, people will be able to alter their attitudes and behaviours with the right information. All of these points to the importance of Mass Media role in shaping how quickly society can develop (Okoyi 2007)

THE USE OF STRATEGIC COMMUNICATION IN RADIO PROGRAMMES

According to the progressive communicators Network (PCN 2007), Strategic Communication is the highest level of direct involvement with communities by helping grass root organizations use the media to effectively empower nursing mothers to combat infant mortality, Strategic Communication can be defined as involving nursing mothers by using radio programmes to educate them about infant mortality in the nation and adopting measures to combat it. Health communication is included in communication strategy because the health sector is a stake holder. As a result, the National Cancer Institute and the centre for disease control and prevention (2000) defined health communication as the study and application of communication strategies to inform and influence individual and group decisions that improve health. The main goal is to promote growth and change that will improve the values of those living in the community. Because development aims to empower, to perceive problems in the community, state or nation in which it is being applied. It can not be separated from strategic communication. According to Mozammel and Schecher(2004) empower in this context refers to the improvement of poor peoples resources and capacities for engagement in Nigeria with an accountability of institutions that have an impact on their live. Giving people a voice and access to information will lead to greater social inclusion participation accountability and organizational strength.

Thus the human development angle comes into play which is at the core of all strategic planning and programming all communication net works and medium to bring about the desired change.

To support this, Anyaegbunam, Mefalopulos and Moetsabi (2004:6) explains that human development is the process of expanding peoples capabilities choices and opportunities especially the rural poor to live along healthy life that is fulfilling. This is the core of strategic communication aimed at promoting human development, in other words strategic communication can not be separated from human development because the process entails increasing peoples capacity and skills to access and manage others factors that affect their basic needs which can include being free from poverty having access to food security, safe drinking water and improve sanitation as well as primary education.

The goal of human development according to Anyaebunamet'al (2004) is to enable people to utilize their skills and resources to the fullest extent possible without destroying the richness of their cultural and natural environments. It also recognizes that not much can be accomplished without improving women status and providing opportunities for them.

Therefore according to Anyayaebunamet'al (2004) communication for development is mutual understanding and consensus through the exchange of information and knowledge among all stake holders in the rural development process. The aim is to promote people's participation at all levels of development efforts to identify and implement appropriate policies and technologies to prevent and reduce poverty in order to sustainably improve people's living standards. Therefore the participation of all stake holders is essential for change and sustainable development.

INFANT MORTALITY RATE IN GOMBE STATE

The infant and maternal death rate in Gombe State is high with 814 per 1000,000 live birth and 35 per 1,000 live birth respectively it is estimated to be 814 per 100,000 live birth while neonatal mortality is estimated to be 39 per 100 live births which is similar to the national average (Bhattacharya, Allen, Umar, Felix, Audu, Schellenberg and merchant, 2019).



The state is largely made up of rural villages with only 44% of resident having completed primary school, in addition the majority of women seek health care or maternity care at public or government facilities. According to Bhattacharya et'al (2019), 72% of women may have had pre-natal check ups at public hospitals during their pregnancy. According to the research 29% of women in rural areas give birth at public health centres. Furthermore, nearly 70% of the deliveries took place in rural public clinics and hospitals.

Gombe State used to be one of the North eastern state that offered a free mother and child health programme, however the state administration has put a stop to it this is an issue with Nigeria, for example it is believed to lose more than 2,300 children under the age of five every day. Around 150 women of child bearing age lose their live in the country (Ahmad, 2017). This shows that the nation maternal mortality ratio MMR is 576 death per 100,000 live births. Based on 2013 form of the Nigerian Demographic and Health Survey NDHS compare to other geo political zones in the country, the north east zone has the greatest maternal death rate of 1,549/100,000 live births, according to some research (Ahmad,2017). North-West region has the greatest neonatal mortality rate (death of infant within the first 28 death of live). According to Ahmad (2017) Gombe State has the highest rate of new born death, the state hospital based maternal mortality is estimated to be substantially higher than the national average According to Ahmad with the projected population of 3,022,590 (PPS) in adequate funding of the health system especially in the rural areas is said to be the causes of infant mortality in the state. For instance the state allocated only 9.7 percent in the 2016 budget to the health sector a state with 615 health facilities including 592 primary health care centres and one tertiary health care centre. In the state public sector there are 4,081 health care workers, community health extension workers (CHEW) which make up of the majority with 1,207 nurses and midwives are next with 1,150 605 junior community health extension workers, 163 Doctors 114 communality health officers 560 environmental health officers, environmental health technician and environmental health assistant and over 1,000 village workers among others (Ahmad,2017 PP 18).

Assessed by simulation exercise the percentage of facility births that happened in an environment that could provide neonatal resuscitation was then calculated. Result, a timing device and resuscitation bag with two sizes of neonatal face mark were the item or equipment's least frequently presents in the analysis which include 17,383 births that took place between the months of may and October 2015 in 117 primary and referral facilities, survey conducted in 2015 over all 81 percent of the facilities do not have all the needed resuscitation equipments required the items or equipment's least frequently present include a timing device and resuscitation bag with two size of neonatal face mark only 3% of the 117 birth attendants interviewed all of them were classed as trained attendants and worked in referral hospital, indicated competence to perform resuscitation. It was observed that 20% of the 17,383 birth occurred in a facility capable of providing live saving resuscitation care.

USE OF RADIO CAMPAIGN FOR BEHAVIOUR CHANGE COMMUNICATION

Possibly the most popular channel for carrying behaviour change messages be it on nutrition, infant mortality or health development in general is the radio due to it's simplistic nature and ease of access among the members of the rural community. In Burindi and Burkinafaso for instance a 35 months radio programme addressed important number of family behaviour for promoting under



5 child survival and was evaluated using cross-sectional cluster randomized approach. The trials primary end point was post-neonatal mortality in children under the age of five, notable behaviour change has been attained by the interventions midpoint, and fourteen community radio stations from fourteen geographical locations were selected for its intervention strategy, based on their strong relationship. The intervention was given to seven areas of random while the other seven functioned as control. The campaign began in march 2012 after 20 month of campaign cross-sectional survey of roughly 5,000 mothers of under five children residing in villages near the radio station were done at base line from December 2011 to February 2012 and midline in November 2013, statistical analysis were based on cluster –level summaries and collected for baseline in balances between arms using the difference in difference (DID) techniques, furthermore, regular health care data was examined for evidence of change in health care utilization. At the half way point of the project 75 percent of the women in the intervention group said they recognize radio commercials from the campaign have a positive impact on diarrhea treatment, antibiotic therapy for fast/difficultbreathings

METHODOLOGY

Quantitative research techniques has been used for the purpose of this research, According to Baran (2003) quantitative research method used number based observation in the research process analysis. The primary focus of quantitative research is the collection of quantitative data it is all about asking people for their thoughts in an organize approach so can a researcher can come up with hard fact and figures to assist the researcher in obtaining trust worthy statistical data, a researcher must survey a large number of people and ensure that they are representative sample of your target respondents.

Quantitative method on the other hand refers to a research strategy in which evidence is observed and measured using statistical or mathematical instruments, this method was adopted from scientific ideology and was initially intended for the examination of phenomenon in natural science particularly physics. The method of data collection employed in research designed study variables, study population, sampling methodology, sampling size, data collection method and data presentation and analysis method

DATA PRESENTATION ANALYSIS AND INTERPRETATION

This study examined audience perception of the effectiveness of BBC Hausa weekly health programme LAFIYA ZINARIYA as a tool for empowering nursing mothers in the fight against infant mortality a focus on YamaltuDeba Local Government area of Gombe state.

To achieve this 254 questionnaire were distributed across eleven health facilities in the eleven wards of the Local Government. The method of data analysis and simple percentage which were both employed. By descriptive analysis data related to the statistical analysis was summarized, the data used were organized in simple frequency distribution and percentage.

Most of the data were codified numerically with the percentage of respondents presented fully to grasp the implication of their views as they affect research question.

RESPONSES OPINION ON AGE

AGE	NO OF RESPONSES	PERCENTAGE
15-19	43	34
20-29	54	43



30-39	19	15
40-49	8	6
50 and above	3	2
Total	127	100

The above table shows the age distribution of the respondents. It indicates that 43 respondents representing 34% are of the age between 15-19 years, 54 respondents representing 43 % are of the age between 20-29 years 19 respondents representing 15% are of the age between 30-39 years, 8 respondents representing 6% are of between 40-49 years and 3 respondents representing 2% are of the age between 50 years and above.

RESPONSE OPINION ON MARITAL STATUS

MARITAL STATUS	NO OF RESPONSE	PERCENTAGE
Single	2	2
Married	97	76
Widow	12	9
Separated	9	7
Divorced	7	6
Total	127	100

The above table shows the marital status distribution of the respondents. It indicate that 2 respondents representing 2% are single, 97 respondents representing 76% are married, 12 respondents representing 9% are widows, 9 respondents representing 7% are separated and 7 respondents representing 6% are divorced. The table shows that married women has a highest number of responses of 97 representing 76% which can be relied upon.

RESPONSES OPINION ON OCCUPATION

OCCUPATION	NO OF RESPONSES	PERCENTAGE
Private Employee	5	4
Civil servant	10	8
Unemployed	18	14
House wife	81	64
Self Employed	13	10
Total	127	100

The above table shows the occupation distribution of the respondents. It indicates that 5 respondents representing 4% are private employee, 10 respondents representing 8% are civil servant 18 respondents representing 14% are unemployed 81 respondents representing 64% are house wife and 13 respondents representing 10% are self-employed. The table shows that house wives have a highest number of responses of 81 representing 64% which can be relied upon.



RESPONSES OPINION ON QUALIFICATION OBTAINED

QUALIFICATION	NO OF RESPONSES	PERCENTAGE
First School Leaving Cert	54	43
JSS/SSCE	29	23
OND/Equivalent	11	9
HND/Degree	6	5
Higher Degree	3	2
Non formal Education	24	19
Total	127	100

The above table shows the qualification obtained distribution of the respondents. It indicates that 54 respondents representing 43% obtained first school leaving certificate, 29 respondents representing 23% obtained JSS/SSCE, 11 respondents representing 9% obtained OND or its equivalent, 6 respondents obtained HND/Degree representing 5% 3 respondents representing 2% obtained higher degree and 24 respondents representing 19% non-formal education.

RESPONSES OPINION ON THE NUMBER OF CHILDREN

NUMBER OF CHILDREN	NO OF RESPONSES	PERCENTAGE
One	16	13
Two	32	25
Three	43	25
Four	24	19
More	12	9
Total	127	100

The above table shows the distribution of number of children of the respondents. It indicates that 16 respondents representing 13% have one, 32 respondents representing 25% have 2, 43 respondents representing 34% have 3, 24 respondents representing 19% have 4 and 12 respondents representing 9% have more children.

Responses Opinion on the place of delivery

PLACE OF DELIVERY	NO OF RESPONSES	PERCENTAGE
At home	35	28
Hospital/Clinic	63	50
Traditional birth attendants	18	14
Others	11	9
Total	127	100



The above table shows the distribution of place of delivery of the respondents. It indicates that 35 respondents representing 28% delivered at home, 63 respondents representing 50% delivered at hospital/clinic, 18 respondents representing 14% delivered with the help of traditional birth attendants and 11 respondents representing 9% delivered by others.

RESPONSES OPINION ON THE INFANT DEATH RECORD

	Yes	%	No	%
Have you recorded any infant death?	107	84	20	16
	Malaria		Measles	
If yes what courses the death?	88	82	19	18

The above table shows the distribution of the infant death record of the respondents. It indicates that 107 respondents representing 84% choose to yes to the recorded infant death and 20 respondents representing 16% choose no to the to the recorded infant death. However, for those that choose yes 88 respondents representing 82% indicates Malaria and 19 respondents representing 18% indicates measles.

Response opinion on the infant receiving post-natal immunization

	Yes	%	No	%
Is your infant receiving post-natal immunization?	82	65	45	35
If no, why?	Tradition		%	
	45		100	
	Yes	%	No	%
Are you aware of infant illness that will lead to death before the first year of life?	114	89	13	11

The above table shows the distribution of the infant receiving post-natal immunization of the respondents. It indicates that 82 respondents representing 65% choose yes and 45 respondents representing 35% choose no to the post-natal immunization. For those that choose no, they indicate that the reason of not receiving post-natal immunization is the tradition of their area where husbands are not allowing them to go for immunization.

However, 114 respondents representing 89% indicates awareness of infant illness that will lead to death before the first year of life and 13 respondents representing 11% indicates not awareness.

RESPONSES OPINION ON HOW THE RESPONDENTS GET TO KNOW THE INFANT ILLNESS

Information Medium	No of responses	Percentage
Radio News programme	91	71
Television News programme	7	6
Newspaper/Magazine	3	2
Social Media	7	6
Antenatal Classes	10	8



Others	9	7
Total	127	100

The above table shows the distribution of how the respondents get to know the infant illness. It indicates that 91 respondents representing 71% are by radio/programmes, 7 respondents representing 6% are television news programme 3 respondents representing 2% are by newspaper/Magazine 7 respondents representing 6% are by social media, 10 respondents representing 8% are by antenatal classes and 9 respondents representing 7% are others.

RESPONSES OPINION ON THE HEALTH PROGRAMME “LAFIYA ZINARIYA ON RADIO

Do you know of the health programme “Lafiya Zinariya” on radio	Yes	%	No	%
	108	85	19	15

The above table shows the distribution of the health programme “LafiyaZinariya” on radio. It indicates that 108 respondents representing 85% indicates yes and 19 respondents representing 15% indicates no.

RESPONSES OPINION ON THOSE THAT INDICATE YES ON THE HEALTH PROGRAMME “LAFIYA ZINARIYA” ON RADIO

If yes how often do you listen to the programme “Lafiya Zinariya”		No of responses	%
	All the time	95	88
	Sometimes	11	10
	Never	2	2
Total		108	100

The above table shows the distribution of how often they listen to the programme “Lafiya Zinariya” on radio. It indicates that 95 respondents representing 88% indicates all the time, 11 respondents representing 10% indicates sometime and 2 respondents representing 2% indicates never.

RESPONSES OPINION ON HOW MUCH INFORMATION ON INFANT ILLNESS DO YOU GET FROM THE PROGRAMME

How much information on infant illness do you get from the programme ?		No of responses	%
	All from the programme	78	72
	Only little from the programme	27	25
	Never get it from the programme	3	3



Total	108	100
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The above table shows the distribution of how much information on infant illness do you get from the programme “Lafiya Zinariya” on radio. It indicates that 78 respondents representing 72% indicate all from the programme, 27 respondents representing 25% indicates only a little from the programme and 3 respondents representing 2% indicates never get it from the programme

RESPONSES OPINION ON THE HEALTH PROGRAMME “LAFIYA ZINARIYA” HAS BEEN USEFUL EDUCATING ME ABOUT INFANT ILLNESS

The health programme “Lafiya Zinariya has been useful in educating me about infant illness	No of responses	%
Strongly agreed	82	65
Slightly agreed	29	23
Slightly disagreed	12	9
Strongly disagreed	4	3
Total	127	100

The above table shows the distribution of the health programme “LafiyaZinariya” has been useful in educating me about infant illness. It indicates that 82 respondents representing 65% strongly agreed, 29 respondents representing 23% slightly agreed, 12 respondents representing 9% slightly disagreed and 4 respondents representing 3% strongly disagreed.

RESPONSES OPINION ON THE PROGRAMME “LAFIYA ZINARIYA” HAS BEEN USEFUL IN GIVING INFORMATION ON HOW TO PREVENT INFANT ILLNESS

The programme “Lafiya Uwarjiki has been useful in giving information on how to prevent infant illness	No. of Responses	%
Strongly agreed	72	57
Slighly agreed	39	31
Slightly disagreed	7	6
Strongly disagreed	9	7
Total	127	100

The above table shows the distribution of the programme “Lafiya Zinariya” has been useful in giving information on how to prevent infant illness. It indicates that 72 respondents representing 57% strongly agree, 39 respondents representing 31% slightly agreed, 7 respondents representing 6% slightly dis agreed and 9 respondents representing 7% strongly dis agreed.

RESPONSES OPINION ON THE PROGRAMME “LAFIYA ZINARIYA” HAS BEEN USEFUL IN PROVIDING INFORMATION ON HOW TO TAKE CARE OF CHILDREN

The programme “Lafiya Zinariya has been useful in providing information on how to take care of children.	No. of Responses	%
Strongly agreed	92	72



Slightly agreed	29	23
Slightly disagreed	4	3
Strongly disagreed	2	2
Total	127	100

The above table shows the distribution of the programme “Lafiya Zinariya” has been useful in providing information on how to take care of children. It indicate that 92 respondents representing 72% strongly agreed, 29 respondents representing 23% slightly agreed 4 respondents representing 3% slightly disagreed and 2 respondents representing 2% strongly agreed.

RESPONSES OPINION ON THROUGH THE PROGRAMME “LAFIYA ZINARIYA” I HAVE BEEN ABLE TO PROTECT MY BABY FROM INFANT ILLNESS

Through the programme “Lafiya Zinariya I have been able to protect my baby from infant illnesses	No. Responses	of %
Strongly agreed	68	54
Slightly agreed	24	19
Slightly disagreed	26	20
Strongly disagreed	9	7
Total	127	100

The above table shows the distribution on through the programme “Lafiya Zinariya” I have been able to protect my baby from infant illnesses. It indicates that 68 respondents representing 54% strongly agreed 24 respondents representing 19% slightly agreed, 26 respondents representing 20% slightly disagreed and 9 respondents representing 7% strongly disagreed

RESPONSES OPINION ON RADIO AS A MEDIUM OF INFORMATION IS IMPORTANT IN PROTECTING CHILDREN AGAINST INFANT ILLNESS.

Radio as a medium of information is important in protecting children against infant illness	No. Responses	of %
Strongly agreed	78	61
Slightly agreed	34	27
Slightly disagreed	9	7
Strongly disagreed	6	5
Total	127	100

The above table shows the distribution of the respondents on the radio as a medium of information is important in protecting children against infant illnesses. It indicate that 78 respondents representing 61% strongly agreed, 34 respondents representing 27% slightly agreed, respondents representing 7% slightly disagreed and 6 respondents representing % strongly disagreed.

DISCUSSION OF FINDINGS

According to Adamu (2006) referenced in Okpobie (2012) radio broadcasting is the most ubiquitous form of communication (P.12). According to Katz (1976), the impact and role of radio in any society is to integrate and safeguard concern in the society. Radio according to Moemeka A.A. P.13 is particularly vital in carrying out these functions since it is a means for mobilizing, sensitizing



educating, informing and entertaining a large number of people within and through out the globe. As a result the majority of nursing mothers in Yamaltu - Deba listen to the radio programme LAFIYA ZINARIYA which help them overcome illiteracy and lack of information by educating them about their health care system particularly infant mortality.

However, effective Communication with community members and their active participation in programmes that affect them is critical for every community. Through pro-active and pragmatic radio programmes that are carefully designed produced and package with the community's socio-cultural pattern in mind, programme Lafiya Zinariya has the potentials to empower groups successfully.

Radio as medium of Communication is also useful since it is inexpensive, has a wide range of coverage and is and is sometimes battery powered and require no literacy to operate. Atleast 75% of the world population has easy access to some form of broadcasting technology notably radio (Mefalapulos, 2008 P.193)As a result the influence of radio as a medium in addressing health challenges in poor nations should not be under estimated. The rate of infant mortality in a nation like Nigeria is relevant to this study and response opinion indicates that the majority of Yamaltu - Deba community members listen, understand and accept the general aims intended at BBC Hausa radio programme Lafiya Zinariya especially the nursing mothers

SUMMARY, RECOMMENDATION AND CONCLUSION

SUMMARY

Programmes are not just produced and aired by radio stations. Before a programme is aired, it must have a well defined objective, fulfill the objectives of establishing the station and so many others. A times, these programmes achieve their aims. At other time they fail totally. The effectiveness of radio programmes that are meant to influence people behaviour in most cases are discovered through audience research.

This work which is titled "Audience perception of the effectiveness of BBC Hausa weekly health programme (LAFIYA ZINARIYA) As a tool for empowering nursing mothers in the fight against infant mortality a focus on Yamaltu - Deba Local Government area of Gombe stat. Is directed at discovering whether the the programme has impacted positively on the nursing mothers of Yamaltu - Deba Local Government.

CONCLUSION

Through this investigation we have been able to discover or provide empirical answers to our research objectives about the programme. Based on the findings of this work we now categorically concluded that:

- 1- Majority of the nursing mothers in Yamaltu - Deba Local Government listen to the programme LAFIYA ZINARIYA.
- 2- LAFIYA ZINARIYA has been effective in influencing the attitudes of nursing mothers.
- 3- The various advice offered by Lafiya Zinariya to the nursing mothers in doing away with some cultural beliefs are generally acceptable
- 4- The attitudes of nursing mothers can change through radio programme that advices, the best result will be gotten when the programme uses arousal and advice techniques.

RECOMMENDATIONS



Having discovered through this investigation that “LAFIYA ZINARIYA” is making a lot of positive impact on the nursing mothers of Yamaltu - Deba Local Government, I have recommended that

- 1- More air time should be allocated to the programme by the management of BBC Hausa
- 2- LAFIYA ZINARIYA should continue to exist as long as BBC Hausa exist
- 3- More attention should be paid to advertising nursing mothers on how to take care of their infant.

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