

Influence of Television Health Programmes on Maternal Health

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Abstract

The importance of women's health in the development of a nation is underscored by its frequent appearance in national developmental plans. This study examined the Influence of Television Health Programmes on maternal health focusing on Badagry and Ikenne Local Government Areas and health programmes on Lagos State Television and Ogun State Television. The purpose of this study was to generate empirical data for stakeholders in the Nigerian Health sector to improve maternal health. The study used questionnaire to gather data from 300 and 160 Pregnant and post-partum women from Badagry and Ikenne local government areas. Respectively, 441 copies of questionnaire were analysed using descriptive statistics. The study found that while television health programmes had a moderate influence on women in the two local government areas, rate of exposure is low. The study concluded that women health programmes should be a blend of education and entertainment as respondents prefer edutainment programmes.

Keywords: maternal health, influence, health programmes, pregnant, post-partum women

1.1 Introduction

A woman living in sub-Saharan Africa has a 1 in 16 chance of dying during pregnancy or childbirth as compared to 1 in 3,700 in North America (United Nations Millennium Project). Close to 60% of global maternal deaths occur in sub-Saharan Africa and at 500 maternal deaths per 1,000 live births, the region has the highest maternal mortality rate ratio (MMR) in the world (Trends in maternal mortality: 1990 to 2010 by WHO, UNICEF, UNFPA and the World Bank estimates). This paints a very dire picture. There are several factors that cause maternal mortality which according to United Nations Fund for Population Activities (UNFPA) include negligence to family planning, HIV and AIDS, unwanted pregnancy, finance, lack of education and ignorance. There needs to be renewed push to educate all those involved especially the women in these areas on maternal health and this can be done through television.

Omoloso, (2009, p. 183) citing Dejong (2002) notes that; "television, radio and print advertising can entice... Television entertainment programmes and movies exert enormous influence over our ideas, values and behavior". Recognizing the powerful tool of the media as having influence on their audience, television as a medium of entertainment and information seeks to keep the woman educated and informed. Flores, Weber, Kilker, Dang and Lindsey (2007) assert that pregnant women in particular are in need of specific information related to their condition. Citing Abone (2008) Omoloso, (2009, p. 183) equally describes the mass media as key components of the global strategy for sustainable health development through adequate information and education on various health issues. The role played by the mass media is also a vital one such that without the media, it would be absolutely impossible for health promoters and stakeholders to disseminate information as well as monitor and coordinate the activities of the various countries on health issues. Television can also be effective to reach people with limited literacy skills as relying on written materials on health information can be overwhelming (Flore et al 2007). Therefore, health messages delivered through television outlets might be an effective option because of their visual appeal. It also cut across literacy barrier which affords those in the rural region, especially for those with limited literacy skills to view health programmes directed at them.

Kabir (2003) defines Maternal Mortality according to WHO as:

The death of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of pregnancy from any case related to or aggravated by pregnancy or its management. Causes of maternal mortality have been linked with obstructed labor and ruptured uterus, Hemorrhage, Hypertensive disease of pregnancy, Infection and Abortion. (p. 43).

1.2 Objectives of the Study

The broad objective of this study is to determine the influence of television health programmes on LTV and OGTV in the improvement of maternal health in Badagry and Ikenne local government areas of Lagos and Ogun states. Other objectives cropped from the main one are:

1. To find out the degree of exposure of women in Badagry and Ikenne local government areas to health programmes on LTV and OGTV.
2. To determine the extent to which health programmes on LTV and OGTV address the maternal health needs of women in Badagry and Ikenne local government areas.

1.3 Research Questions

1. What is the degree of exposure of women in Badagry and Ikenne local government areas to health programmes on LTV and OGTV?
2. To what extent do health programmes on LTV and OGTV address the maternal health needs of women in Badagry and Ikenne local government areas of Lagos and Ogun states?

1.4 Focus of the Study

The study covered pregnant and postpartum women specifically from Badagry and Ikenne Local Government Areas of Lagos and Ogun States, respectively. The television stations that were also considered for this study were Lagos State Television (LTV) and Ogun State Television.

1.4.1 Rationale for Choice of States and Local Governments

Badagry and Ikenne Local Government Areas of Lagos and Ogun States are semi-urban and rural in nature. Studies have shown that women living in semi-urban and rural areas are more affected with maternal health issues. For instance Musbau, (2012) found out that maternal mortality rates are higher in rural areas, where the rate is estimated to be around 828 per 100,000 live births. In urban Nigeria, the average is 351. Musbau (2012) made following Maternal Mortality Ratio of Lagos State: out of every 40 pregnant women, one dies during gestation, child-birth or during six weeks after the end of pregnancy or delivery, according to a recent study commissioned by the Lagos State Ministry of Health. The study found the lifetime risk of maternal death in the state to be 0.025 or one in 40, which translates to a Maternal Mortality Ratio (MMR) of 555 per 100,000 live births. Similar study by Advocate for the Young, found that complication of pregnancy and childbirth Pregnancy is the leading cause of death for young women ages 15 through 19. It noted that more than 529,000 adolescent women die each year from complications in pregnancy. This could be because many of the young girls lack access to modern contraceptives or they are not well informed about the use of contraceptives while studies have shown that people living in the rural areas most times do not have access to healthcare facilities. According to UNFPA, access to quality care in rural and remote areas is problematic, due to difficulties in retaining qualified health care providers; women in rural areas have a maternal mortality ratio that is 2.4 times higher than that of women in urban areas and are 2.7 times less likely to use modern contraceptives. Thus, nearly 70 percent of our births take place in areas where access to care is limited. James (2013) affirmed that while 351 of women die in urban areas out of 100,000 live births annually, 828 deaths per 100,000 occur in the rural areas. This statistics further support the fact that women in rural areas suffer more from maternal mortality. Ojua, Ishor, and Ndom (2013) opine that pregnant woman living in rural or semi-urban areas would prefer to be delivered by a village birth attendant to going to a healthcare delivery center or a hospital. These birth attendants are not well trained to identify complicated labor thus they are incapable of handling complications when they arise.

2.1 Theoretical Framework

In order to establish a theoretical framework for this study, two theories were adopted. They are Innovation Diffusion Theory and the Social Responsibility Media Theory. Diffusion theory basically explains how innovations are introduced and adopted by various communities (Baran and Davis, 2009: 271).

Innovation Diffusion Theory is defined by Rogers (2003, p 418) as the process by which an innovation is communicated through certain channels over time among the members of a social system. This theory is relevant to this study as Daramola (2003) notes that the media have a crucial role to play in the process of diffusion innovation because they create awareness among a larger number of people at the same time. This is applicable as television programmes raise topical issues that concern the public one of which is the maternal health issue. Television programmes on maternal mortality and mortality is directed at a large number of people at the same time; the primary audience being women and the secondary audience being husbands, other family members and stakeholders (Anaeto, Onabajo and Osifeso, 2008; 118). Television therefore present information on maternal health issues such as the causes, prevention and factors limiting sustainable improvement of maternal health. With increase in health programmes aimed at educating women on the practice of safe motherhood, there is the likelihood the practice will be adopted by the target audience. As the theory also predicts, the media provide information on the practice of safe motherhood and influence opinion and judgment of women towards receiving proper healthcare during pregnancy and after delivery.

Social Responsibility Media theory can be traced to the Hutchins Commission on Freedom of the Press, set up in the United States of America in 1947. The focus of the theory is based on the premise that the media must be used with uttermost care and be accountable to the masses they serve. Social responsibility media theory is relevant to this research work as the media have a responsibility towards the community they serve. The media are made available to health workers and stakeholders to educate women on health issues so as to take safe decisions towards the practice of safe motherhood. The media thus have a responsibility and obligation towards the achievement of the millennium development goal 5, which is to improve maternal health by 2015. According to Gaziano and Horowitz (2001) this can be achieved through the media function of informing and education. Journalists should not underestimate their role in communicating health information to the public. Pregnant women in particular need specific information related to their condition. Written materials such as fact sheets, print advertisements, and posters can be used to disseminate health information (Flores, et al)

2.2 Literature Review

The mass media can be a powerful tool to raise public awareness on health issues and have been implicated as a factor influencing numerous health behaviours (Primack, 2004). Television as a tool for development has a distinct advantage over radio because of its combination of sight and sound. Television has been found to be effective in situations where radio is limited, like in cases requiring demonstration. Akinfeleye (2003: 46) notes that at the initial stage of television for development in Nigeria, the basic philosophical foundation was for education. He however, observed that it is being used today for national development and mobilisation of the citizens for developmental efforts on family planning, primary health care, and many more. Health education is very crucial to the attainment of the Millennium Development Goals (MDGS), one of which is to improve maternal health. According to Bernsten & Hansen (2006); The Mass Media can help increase capacity and provide people with information they need to learn about reproductive health and where to seek services. Media can also be used to overcome shame, stigma, discrimination as well as raise awareness and public and financial commitment to the issue.

Television Health Messages

Television health messages can be in the form of soap operas or drama series, jingles, campaigns, talk shows and magazine format. An example of where television has been used for health educational purposes is in Uzbekistan where a popular television soap opera airing since 2003 focuses on issues encountered daily including HIV prevention. Another case is MTV's 'Staying Alive' which is the largest global HIV and AIDS campaign, covering 166 countries and territories. Its 2004 campaign which was supported by UNFPA, UNAIDS, the World Bank, Family Health International and the Kaiser Family Foundation focused on girls and women (Bernstein & Hansen, 2006:121) Also, in December 2009, Communicating for Change (CFC), Nigeria's leading social media enterprise, launched three short films, "Too Young, Too Far, and Too Late" on maternal mortality in Nigeria, at the Silverbird Galleria Cinema in Lagos. The short film took a look at the life threatening situation of being pregnant in Nigeria (CFC, 2009). The Maternal Health Channel television in Ghana according to CFC (2009) was established with the "hope to raise awareness and boost maternal health across Ghana". The show comes in three parts; drama, documentary and discussion. Hirsch (2013) noted that the series is to run once a week across two Ghanaian stations.

The aim is “to improve maternal health rates as 4,000 women and girls still die in childbirth or from pregnancy-related complications each year, while as many as 117,000 experience long-term disabilities in Ghana”. The Maternal Health channel broadcast every on Ghanaian channels GTV every Thursday at 8pm, and TV3 every Friday at 8.30pm In Nigeria, there are health education programmes on the various television stations. Television Continental features *Health Wise* every Monday 9:30 pm. There is also *Health Tips* on Galaxy Television on Thursdays by 4:30 pm, while African Independence Television (AIT) features *Health Talk* on Mondays by 6:45 pm. LTV features Health Wise, Health Center and Healthy Living whilst OGTV features Health Scope and *Ilera*: a Yoruba programme that translates health. Miller (2010:24) asserts that the different genres of programmes and range of factual and fictional output on television channels appear to offer vast choice and to address the needs and desires of different viewers. Findings in a 1999 Health styles Survey in America indicates that regular viewers of soap operas reported more health concerns than individuals who do not watch soap operas (Farhana & Ahmed, 2008). Gebreel and Butt,(1997) also note that in Afghanistan, a radio drama serial carrying messages vital to the well-being of the population, backed up by more detailed information in reinforcing radio programs and cartoon magazines, is proving effective in increasing people's knowledge of immunization and other subjects (as cited by Farhana& Ahmed, 2008).

Yahaya, Fadaïro and Ogundele (2009) in their study on Attitude and the Effect of Health-based Entertainment-Education Strategies on the Knowledge and Behavior of Women in Lagos State reported that information, entertainment and education are very important to women. Therefore, health communicators should always include some elements of information, education and entertainment in their health and other development messages targeted at women in order to attract or gain their attention. They summarized from their study in Lagos that women experienced a serious improvement in knowledge and a positive change in their health behavior as a result of their watching and listening to various health programmes on Entertainment-Education channels. For instance, 61.2% indicated serious improvement in knowledge while 59.8% had a positive change in their health behavior due to programmes on family planning on television and radio respectively. Gbenga and Amoo (n.d) also indicate in their findings that the common reasons that hinder registration and attendance of antenatal care are lack of money and chronic traditional practices. The study also found that there is also a marked level of resistance to family planning use in the area due to socio-cultural and economic factors, particularly religious beliefs, low educational levels, poverty, misinformation, and poor spousal communication.

3.1 Methodology

The study was descriptive and Pregnant and Post-partum women within the reproductive age of 15 to 49 in Badagry and Ikenne Local Government Areas of Lagos and Ogun states formed the population of study. The population of Badagry and Ikenne local governments as at 2006 is 117,910 and 58,510 respectively. However, according to the National Population Commission (NPC), 58 per cent of the active population falls within 13 to 45 years of age. Thus the population of women of reproductive age in Badagry was projected to be 68, 388 while that of Ikenne local government was projected to be 33, 936. 160 copies of questionnaire were administered in Ikenne local government area while 300 were administered in Badagry local government area. Out of the 460 copies that were administered in both local government areas, 451 copies were returned out of which 10 copies were invalidated giving a total of 441 copies of questionnaire which were analyzed. Descriptive statistics was used in analyzing the data collected and result was presented as tables, percentages and bar charts.

4.1 Presentation of Results

From table 1, it is inferred from the findings of this study that civil servants among the respondents earn more while those who are unemployed or housewives earn less as 37% of the total respondents claimed to either earn above N25, 000 or as less than N1, 000. It can also be deduced that those with the least pay (15.9%) who earn between N1000 to N5000 monthly and those who earn less than N1000 are those who formed the segment of the population who most probably do not watch health programmes on LTV and OGTV due to electricity factor, lack of fund as they cannot afford generator, antennae for television or do not have television sets. Table 2 depicts that traders were the most represented (44.4%), followed by civil servants (25.2%), artisans (11.1%) and women who are still students were 10.7% while the least represented were the unemployed (8.6%). Occupation of the total respondents from Badagry and Ikenne local government areas probably affects their pattern of watching health programmes on LTV and OGTV as 11.1% of respondents are artisans and 44.4% are traders who work till late in the evening and sometimes night. These sets of people have little time to watch television.

Table 3 shows that majority of the participants are from Badagry local government (63.7%). This is so as the population of respondents in Badagry local government is more than the respondents from Ikenne local government area (36.3%). Fig. 1 points out that few women, at both Badagry and Ikenne local governments indicated that they view health programmes separately on LTV and OGTV. However, respondents at Ikenne local government had an almost average representation of those who viewed health programmes on both LTV and OGTV (45%) and Badagry (33.8%). Findings from this research question showed that a fewer portion of the respondents watch health programmes separately on LTV: Badagry (34.5%) and Ikenne (18.1%) and OGTV: Badagry (16.0%) and Ikenne (18.1%) while respondents from Ikenne local government area had an almost average representation of viewing both LTV and OGTV. Thus, it can be inferred that women in Ikenne local government area are more exposed to health programmes on both LTV and OGTV (45%). Women from Badagry local government area slightly view health programmes more on LTV than OGTV. Other variables measured showed that women from Ikenne local government area view health programmes on OGTV and LTV separately with the same degree of exposure of 18.1% while it was discovered that 34.5% of women in Badagry local government view health programmes only on LTV with only 16% of women in Badagry local government viewing health programmes on OGTV.

Fig. 2 shows that it was only Healthy Living on LTV that respondents were largely exposed to (Badagry (58.7%), Ikenne (55%). However, respondents in both local governments were not adequately exposed to other health programmes such as Health Center on LTV: Badagry (15.7%) and Ikenne (17.5%), Health Wise on LTV, Badagry (10.7%) and Ikenne (11.2%), Health Scope on OGTV and finally, Ilera on OGTV. Women from Badagry and Ikenne local government areas were more exposed to Healthy Living on LTV as it was ranked highest among respondents both in Badagry and Ikenne local government areas as the health programme they viewed most (58.7%, 55.0%) followed by Ilera on OGTV by respondents from Badagry local government (40.9%). Health Scope and Ilera on OGTV was ranked equally (37.5%) by respondents from Ikenne local government area. It can therefore be deduced that women in Badagry and Ikenne local government areas are moderately exposed to health programmes on LTV and OGTV. This is probably so because news and movies are prominent among respondents' viewed programmes on LTV and OGTV. This implies that while women from these two local governments like watching news, they also love entertainment programmes. This is in line with Daramola, (2005, P 204) who notes that television ranks the highest in terms of entertainment media while teaching new value system. Yahaya, Fadairo and Ogundele (2009) in their study on Attitude and the Effects of Health-based Entertainment-Education Strategies on the Knowledge and Behavior of Women in Lagos State reported that information, entertainment and education are very important to women.

Therefore, health communicators should always include some elements of information, education and entertainment in their health and other development messages targeted at women in order to get their attention. Their study concluded that women in Lagos experienced a serious improvement in knowledge and a positive change in their health behavior from watching and listening to various health programmes on Entertainment-Education channels. For instance, 61.2% indicated serious improvement in knowledge while 59.8% had a positive change in their health behavior due to programmes on family planning on television and radio respectively. Fig. 3 shows that most respondents at both Badagry and Ikenne local governments view health programmes sometimes and once in a while. The frequency of exposure of respondents to health programmes on LTV and OGTV is minimal. Those who view health programmes on a weekly basis is low as only 16.7% and 20% of women in Badagry and Ikenne local government areas view health programmes on a weekly basis, 36.7% from Badagry and 30.6% from Ikenne view health programmes sometimes while 14.2% and 23.8% from Badagry and Ikenne Local Government areas respectively do not view health programmes at all. It can be inferred therefore from the study that other health programmes on LTV and OGTV which had low viewership was as a result of the time they are aired (afternoon) and probably lack of power supply

Fig. 4 points out that health messages on health programmes on LTV and OGTV from a general stand-point satisfy most of the women's maternal health needs; where the least rated satisfied respondents were from Ikenne local government with 59.4%. Majority of the respondents from Badagry (74.4%) agreed that the health messages as discussed on health programmes on LTV addressed their maternal health needs while 66.9% of the respondents from Badagry further agreed that the health messages as discussed on health programmes on OGTV addressed their maternal health needs followed closely by Ikenne with 65.6%.

From the above fig. 5, more women in Badagry local government than Ikenne local government indicated that health programmes on LTV increased their knowledge in maternal health issues while a less than average of respondents in Ikenne local government do not agree with the assertion (34.3%). A total of 65.7% of the respondents from Ikenne and 83.3% from Badagry agreed to a very great extent, to a great extent and to some extent that health programmes on LTV increased their knowledge on maternal health issues. Fig 6 shows that women in Badagry and Ikenne local government areas have almost an equal representation in their increase in knowledge on the health programmes they watch on OGTV (72.2%, 72.5%). Findings from this research question showed that respondents from both Badagry and Ikenne local government areas agreed that the health programmes they watch on either LTV or OGTV addressed their maternal health needs with 74.4% of respondents from Badagry affirming their health needs being met from the health programmes they watch on LTV and 66.9% of respondents still in Badagry agreed their maternal health needs were met by health programmes on OGTV. Likewise 59.4% of respondents from Ikenne further agreed that the health programmes on LTV meet their maternal health needs and 65.6% of the same respondents agreed the health programmes they watch on OGTV address their maternal health needs (fig. 4). From figs. 5 and 6, majority of the respondents from both Badagry and Ikenne local government areas agreed to a great extent that the health programmes they watch on LTV and OGTV increase their knowledge of maternal health (76.9%, 72.3). This finding is line with Hoffman-Goetz & MacDonald who note that television is effective in promoting knowledge and increasing awareness of health messages. The findings further showed that while 73% of respondents from both local governments agreed that health programmes on LTV educated them on the practice of safe motherhood, 64.9% of the total respondents agreed health programmes on OGTV educated them on the practice of safe motherhood.

5.1 Conclusion

This work examined the Influence of Television programmes on Women's Health in Badagry and Ikenne Local Government Areas of Lagos and Ogun States. The study focused on maternal health programmes on LTV and OGTV. The study set out to find out the extent to which existing health programmes on LTV and OGTV had an influence on women's health. Based on the findings of the study, the researcher drew the following conclusions. Television had a moderate influence on women's health in Badagry and Ikenne local government areas. This is so because the respondents were not fully aware of the health programmes on LTV and OGTV. Healthy Living on LTV was the most popular health programme known to women while just a few proportion of the respondents were aware of other health programmes on LTV and OGTV. Notwithstanding, majority of the respondents claimed their knowledge on maternal health have increased as a result of the health programmes on television.

5.2 Recommendations

1. Maternal health messages should be incorporated into television dramas and soap operas as a form of Edutainment.
2. Health programmes solely on maternal health should be produced because findings showed that the health programmes on LTV and OGTV did not adequately discuss issues on maternal health.
3. There is also the need for adequate sensitization and awareness of the health programmes on television. This is needed to create awareness among women on the health programmes on television and the times they are aired. This can be achieved through adequate promotion of existing health programmes.
4. The federal and the state governments in Nigeria should make maternal health a priority by ensuring there are adequate health programmes on television stations that are dedicated specifically to maternal health. This can be achieved by allocating revenue to television stations and other content providers for maternal health programmes sponsorship.
5. The ministry of health should collaborate with television stations and television producers on the production of more health messages on television stations such that there will be variety of quality health programmes on television in different languages that would benefit their target audiences. Hospitals can also create awareness of these health programmes by informing women when they come for either their antenatal or post natal classes.

Table 1: Respondents' Economic Status

Economic Status	Frequency	Percent
N1000-N5000	70	15.9
N5,001-N15,000	114	25.9
N15,001-N25,000	94	21.3
Others	163	37.0
Total	441	100.0

Table 2: Respondents' Occupation

Occupation	Frequency	Percent
Civil servant	111	25.2
Artisan	49	11.1
Trader	196	44.4
Unemployed	38	8.6
Student	47	10.7
Total	441	100.0

Table 3: Respondents' by Local Government

Local Governments	Frequency	Percent
Badagry	281	63.7
Ikenne	160	36.3
Total	441	100.0

Fig 1: Viewership of Health Programmes on LTV and OGTV

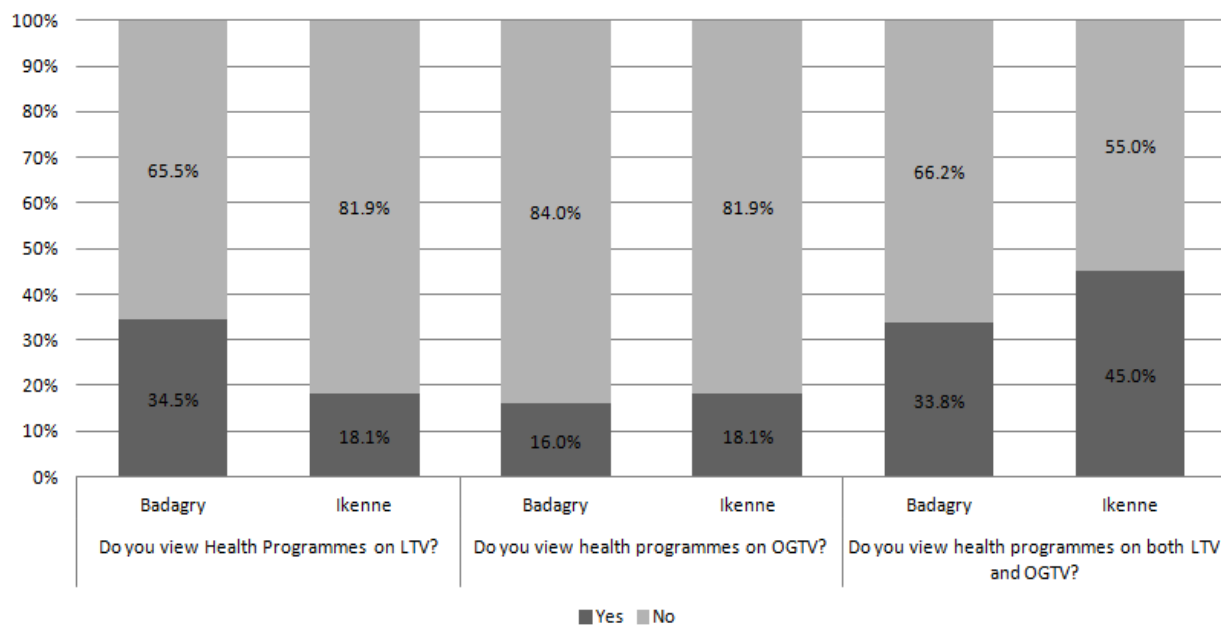


Fig 2: Exposure to Health Programmes on LTV and OGTV

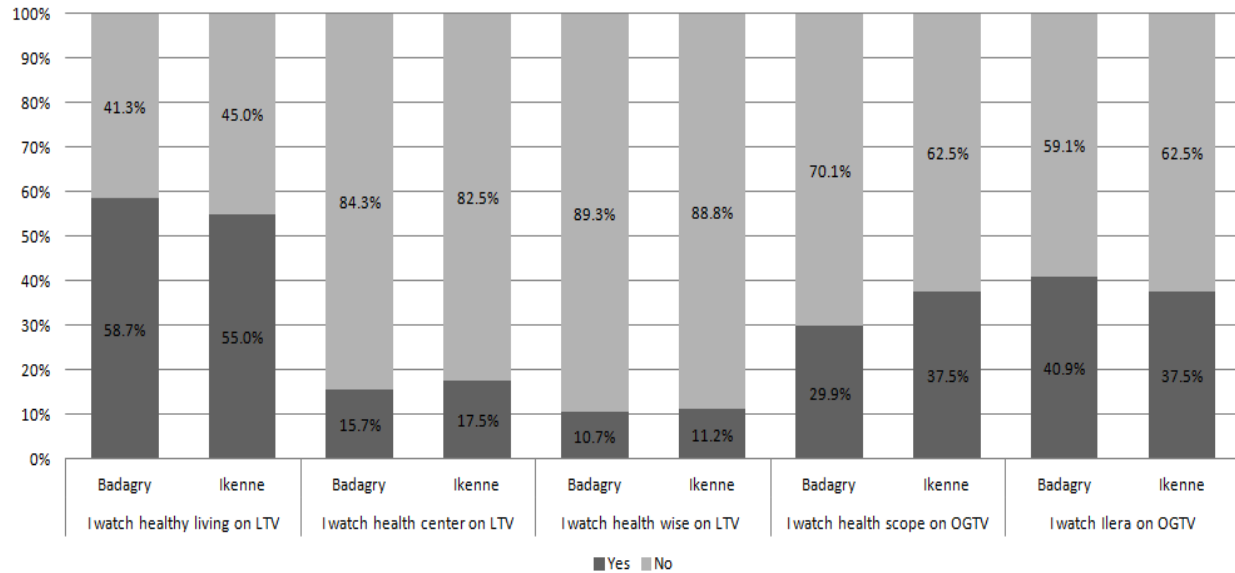


Fig 3: Frequency of Viewership Health Programmes

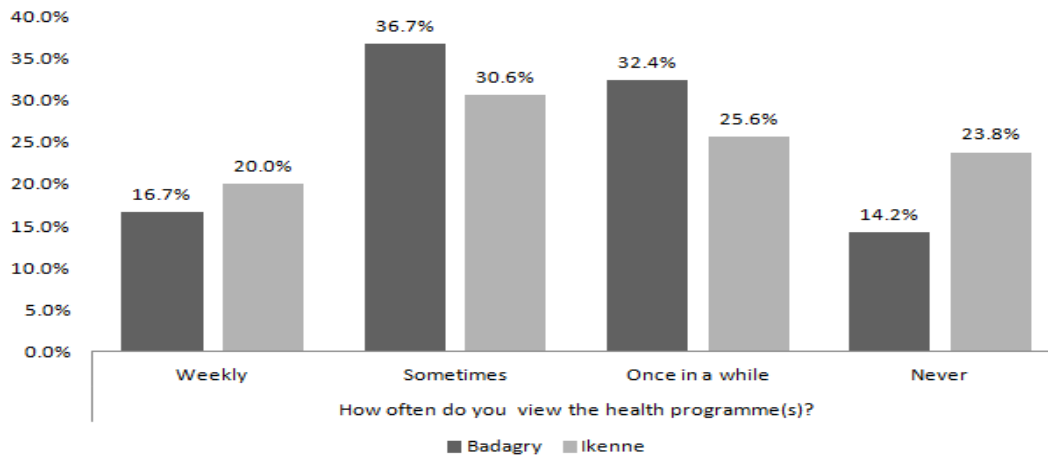


Fig 4: Extent of Health Messages Addressing Women’s Maternal Health Needs

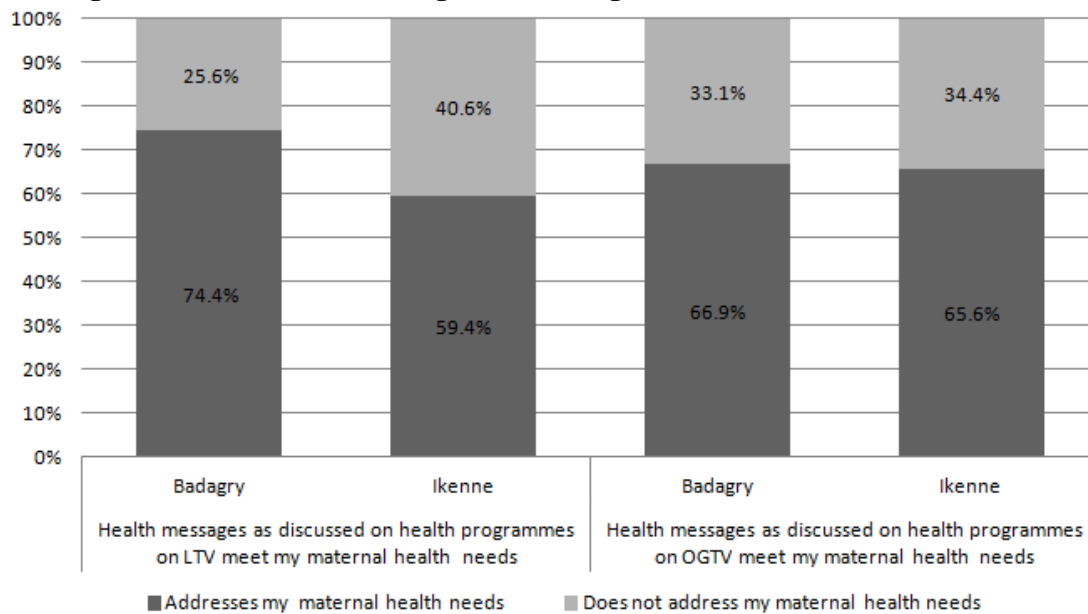


Fig 5: Extent to which Health Messages on LTV increase Knowledge in Maternal

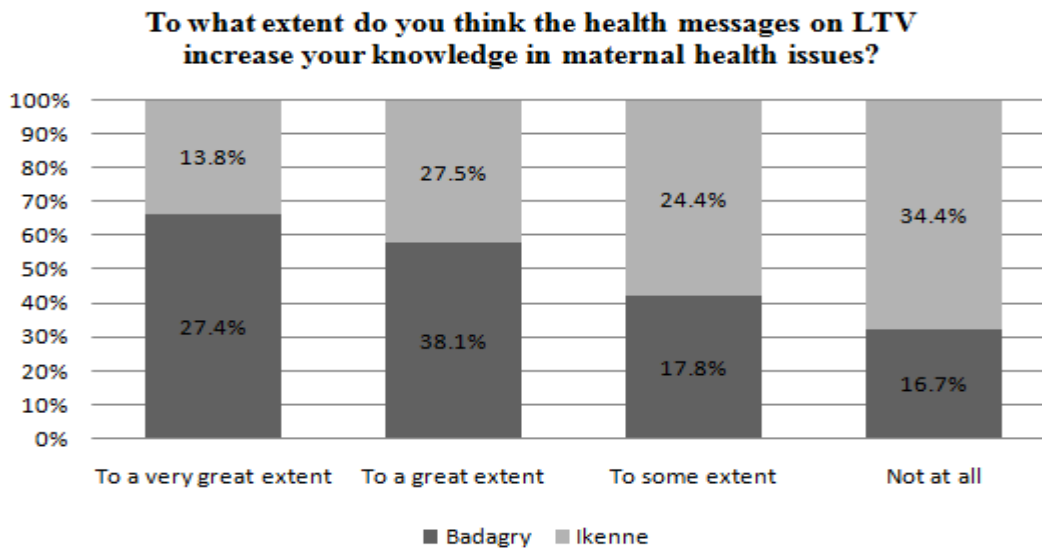
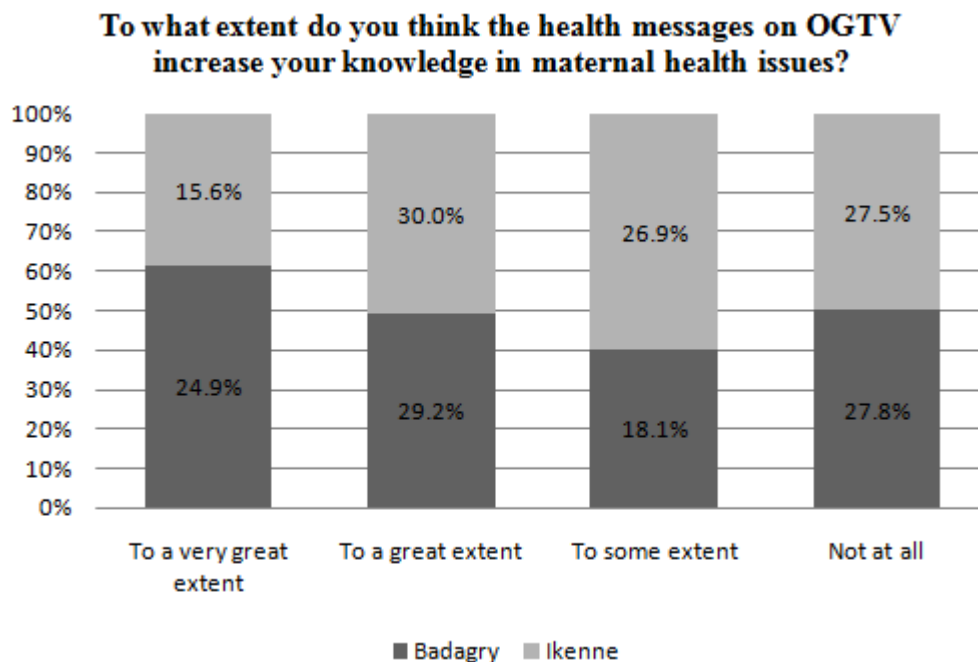


Fig 6: Extent to which Health Messages on OGTV increase Knowledge in Maternal Health



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