



ABSTRACT

Maternal mortality (MM) remains a pressing global health concern. Despite significant global progress in healthcare over the years, it continues to affect women in low- and middle-income countries, including Nigeria where the country faces substantial challenges in reducing MM particularly in the South-West region. This study adopted a mixed method approach, combining content analysis of some national newspapers – *The Punch*, *Guardian*, and *Nigerian Tribune* – with interview of some stakeholders to gather nuanced perspectives on

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NALYSIS OF MATERNAL MORTALITY ISSUES IN NIGERIAN NEWSPAPERS: A STUDY OF SOUTH-WEST, NIGERIA (2019 – 2022)

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Introduction

Maternal mortality remains an urgent and critical issue in the realm of global public health. Despite the considerable advancements in healthcare on a worldwide scale throughout the years, the burden of maternal mortality continues to disproportionately impact women residing in low and middle-income nations. The Human Development Index (HDI) of 2017, serving as a pivotal development metric that gauges the aspects of health, education, and standard of living, categorizes Nigeria as a nation falling within the bracket of middle-income countries. Given its status as the most populous country in the African continent, Nigeria is confronted with significant hurdles when it comes to mitigating maternal mortality rates, particularly within the Southwestern region.

According to Kassebaum et al. (2014), maternal mortality is defined as "the number of women who succumb to any causes directly linked to or exacerbated by pregnancy or its management (excluding accidental or incidental factors) either during pregnancy or childbirth, or within 42 days following the termination of pregnancy, regardless of the pregnancy's duration or location." The World Health Organization (WHO) disclosed in 2019 that 94% of all maternal mortalities transpire in low and middle-income countries. Africa exhibited a maternal mortality ratio (MMR) of 545 per 100,000 live births in the year 2020, representing 70% of the total global maternal mortalities. Similarly, Nigeria reported an MMR of 512 per 100,000 live births in its 2018 National Demographic Health Survey (NDHS), placing the country in the fourth position among nations with the highest



underlying causes and potential solutions to the cases of maternal mortality. Findings showed that stories on MM issues were given high-level front-page prominence at 110(55%); while editorial content and news features had the highest frequency at 64(32.0%). It was further revealed that through responsible and impactful journalism, the media can contribute to improving maternal health by advocating better communication between medical practitioners and maternity patients thus leading to better outcomes in the well-being of women and children. The study concluded that maternal mortality is an under reported issue across media landscape and advocates a synergy between medias and health practitioners to aid the reportage of more news stories featuring cases of MM as to help create awareness, inform and educate the society on the extent of the issue and how it could be tackled in the country.

Keywords: Maternal Mortality, Maternal Mortality Rate, Media Reportage, Global Health and Maternal Health

MMR as per the estimated global models. The WHO attributed the notable prevalence of maternal mortalities in Nigeria to the disparities in the accessibility of healthcare services. It was observed that the proportion of maternal deaths among the poorest women stood at 68% in 1990, a figure that surged to 80% by 2015. The disproportionately elevated rates of maternal mortalities among the most economically marginalized women could be alleviated through the augmentation of enrollment in health insurance schemes. This signifies that the direct expenses associated with accessing antenatal care services at a tertiary healthcare facility in the Southwest region of Nigeria were markedly and significantly lower for women covered by health insurance in comparison to those who bore the costs of their medical care.

In the global report for 2020, it was noted that 861 women in the United States died from maternal causes, an increase from the 754 deaths recorded in 2019. The maternal mortality rate for 2020 stood at 23.8 deaths per 100,000 live births, compared to 20.1 in 2019. In 2017, approximately 300,000 women lost their lives worldwide, resulting in an overall maternal mortality ratio of 211 per 100,000 live births, as reported by Hoyert (2020). Sub-Saharan Africa (SSA) represented 66% (196,000) of all maternal deaths globally in 2017, with a maternal mortality ratio of 542 per 100,000 live births. Despite a decline in global maternal mortality rates over time, Nigeria continues to face alarmingly high levels of maternal mortality, with a ratio of 917 per 100,000 live births. As a result, Nigeria accounts for 23% of maternal deaths worldwide. The country fell short of achieving Millennium Development Goal (MDG) 5, which aimed to reduce the maternal mortality ratio by 75% between 1990 and 2017, and also lagged behind in attaining universal access to reproductive health. Consequently, childbirth in Nigeria remains a perilous undertaking for mothers (Adjiwanou et al., 2018).

Statement of the Problem

Maternal mortality continues to be a pressing public health challenge globally particularly affecting women of reproductive age in many parts of the world including South-west Nigeria. Women between the ages of 15 to 49 years in both urban and rural settings are daily being affected as



maternal mortality rates in the region continue to be unacceptably high despite various efforts to address it (Olonade et al, 2019). To comprehensively understand and effectively combat this problem, it is essential to articulate key challenges and gaps that require attention and intervention. The primary problems this research seeks to address include inadequate media coverage, episodic reports, low level of public awareness and ineffective communication. There is a lack of comprehensive media coverage of maternal mortality in Southwest Nigeria, which hinders public awareness, education, and advocacy efforts directed to this issue; and insufficient reporting can perpetuate ignorance and apathy surrounding maternal mortality (Azuh et al, 2017).

Disparity exists in how maternal mortality is reported, discussed and framed in urban and rural areas within Southwest Nigeria. These differences might influence public perception and potentially contribute to differential policy responses and health care access (Azuh et al, 2017). The extent to which media coverage shapes public perception, government policies and health care practices concerning maternal mortality in Southwest Nigeria remains unclear. Evaluating the media role in driving change or reinforcing the status quo is crucial. There might be challenges in how the media communicates the complexities of maternal mortality leading to misunderstandings or a lack of empathy among the general population, policymakers, and health care providers.

Previous studies such as Awowole, et al, (2018), Odetola (2018), Odesanya (2015), and Kassabeum et al, (2014), have focused on different aspects of maternal mortality in Nigeria, identifying its endemic nature in particularly South-west, Nigeria. During the final three years of the Millennium Development Goal era (2012 – 2015), Awowole, et al (2018), explained that at the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria, an average of 86 maternal deaths and 5,243 live births, resulting in maternal mortality ratios (MMRs) of 1,744, 1,622, and 1,512 per 100,000 live births annually was recorded. Among these deaths, 65.2% occurred postpartum, while 51.2% occurred within the first 12 hours of admission. Causes of mortality, as classified by WHO ICD-10 system, included pregnancy-related infections (30.2%), hemorrhage (23.3%), hypertension (15.2%), and pregnancies with abortive outcomes (12.7%). Primary factors contributing most significantly were financial limitations, incorrect diagnosis, and delayed referrals. The Maternal Mortality Rate (MMR) at the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) in Nigeria during the final three years of the Millennium Development Goals (MDG) period was deemed to be 'extremely high'. The present study investigates maternal mortality rates in South-west, Nigeria by analyzing (2019 – 2022) during the SDG era thus bridging the gap in knowledge.

Objectives of the Study

Specific objectives included to:

- i. investigate the comparative volumes of maternal mortality issues reported by the selected newspapers in South-West Nigeria, 2019-2022;
- ii. to examine the level of variations in the prominence given to maternal mortality in select newspapers in South-West Nigeria, 2019-2022;
- iii. analyse perception of media workers on sources of information for Maternal Mortality issues reported in select Newspapers in South-West Nigeria.

Reviewed Literature

Maternal Health

Maternal health refers to the mortality resulting from complications arising from pregnancy or childbirth (Olanade, Olawande & Imhonopi, 2019). Furthermore, maternal mortality is



characterized as the loss of a woman's life within 42 days after giving birth, regardless of the location or duration of the pregnancy, caused by factors related to the management of the pregnancy rather than accidental or incidental factors (Okeke, Oluwuo & Azi, 2016). Maternal health concerns persist in the developing world and represent a significant cause of mortality among women in the reproductive age cohort (Agboola, & Abdulrahman, 2019). The United Nations Children's Fund (UNICEF, 2014) reports that daily, approximately 2,300 children under the age of five and 145 women of childbearing age in Nigeria lose their lives due to issues related to maternal health. While international organizations such as UNICEF recognize Nigeria's efforts to enhance maternal health, their apprehension lies in the pace of progress.

According to the World Health Organization (WHO, 2010), maternal health refers to the overall physical well-being of a mother during pregnancy, childbirth, and the postpartum period. It includes both prenatal and postnatal care for both the mother and the child up to the age of five (Fadeyi, 2007). Various factors such as biological, economic, social, and cultural elements like poverty, malnutrition, working conditions, child marriage, and gender disparities can pose risks to the health of pregnant women (Adedokun et al., 2017). Scholars like Ufford and Menkiti (2001) and Lanre-Abass (2008) have identified a range of complex conditions with multiple dimensions related to early childbearing, cultural influences, logistical challenges, and poverty. These dimensions encompass factors such as limited access to public services and infrastructure, unhygienic living conditions, lack of education and awareness, poor health, insecurity, marginalization, as well as issues with household income and food security, all of which contribute to a shortened lifespan and an increased likelihood of maternal mortality. Lule et al. (2018) have highlighted the importance of a woman's age, her utilization of reproductive health services, and her overall health status, including nutritional aspects, on maternal health.

Maternal Age and Maternal Mortality

Higher mortality rates are observed in women who give birth at extreme ages, below 20 and above 40 years. In Nigeria, pregnancy is the leading cause of death for females aged 15-19. This is due to the inadequate maturity of reproductive organs in this age group. Women aged 15-19 are twice as likely to die from pregnancy or childbirth compared to those over 20, while those under 15 are five times more likely to experience complications leading to death. Teenage pregnancies often have negative social impacts, particularly on education, as teen mothers are more likely to discontinue their education. Every year, approximately two million women under 19 die from complications of unsafe abortions in developing countries. Unsafe abortions account for 72 percent of deaths in women under 19 globally, causing issues like cervical tearing, hemorrhage, infections, infertility, and death. Low use of modern contraceptives among sexually active Nigerian high school students contributes to the high rate of teenage pregnancies, especially in rural and impoverished urban areas. A significant portion of high school girls in Nigeria rely on less effective methods like the rhythm method or oral contraceptives, with only a small percentage using condoms. Therefore, Nigerian females under 19 face a higher risk of pregnancy-related complications leading to death and should be a target group for education, family planning, and prenatal care services to reduce maternal mortality.

Medical Causes of Maternal Mortality

Severe postpartum hemorrhage (PPH) is a major contributor to maternal mortality worldwide, responsible for a significant portion of deaths following childbirth. PPH, defined by a blood loss



exceeding 500 milliliters within the first 24 hours after delivery, accounted for a substantial percentage of the 303,000 maternal fatalities in 2015, predominantly affecting women in developing nations. The adoption of the World Health Organization's active management of the third stage of labor technique, which involves the timely administration of uterotonic drugs and other specific procedures, has been shown to effectively reduce the incidence of PPH and subsequent need for blood transfusion. In regions like Southwest Nigeria, where PPH is a common cause of maternal deaths, implementing this standardized approach could significantly mitigate the impact of severe bleeding postpartum. Additionally, maternal infections such as puerperal sepsis, characterized by genital tract infections following childbirth, pose another significant threat to maternal health, particularly in developing countries. The incidence of puerperal sepsis in Southwest Nigeria is challenging to estimate due to many cases occurring post-discharge and a lack of post-natal clinic utilization. Furthermore, hypertensive disorders during pregnancy, including pre-eclampsia and eclampsia, present a considerable risk to pregnant women globally, contributing to maternal mortality rates. Pregnancy-induced hypertension covers a range of disorders from PIH to pre-eclampsia and eclampsia. PIH is characterized by high blood pressure in a previously normotensive pregnant woman, directly linked to the pregnancy. Pre-eclampsia, on the other hand, presents a combination of symptoms in pregnant women after the 20th week of pregnancy, including elevated blood pressure, headaches, and presence of protein in urine. If untreated, pre-eclampsia can progress to eclampsia, which is identified by convulsions in affected women.

Socioeconomic Causes of Maternal Mortality in South-West Nigeria

In Sub-Saharan Africa, a total of 560 million individuals are currently experiencing multidimensional poverty, which encompasses deprivation in areas such as education, healthcare, and living standards. These individuals are facing significant challenges in meeting fundamental needs like access to healthcare, education, clean water, and sanitation. It is noteworthy that a larger proportion of women are living in extreme poverty compared to men, particularly among women aged 25 to 34, where there are more women in extreme poverty than 100 men in the same age group. This age range coincides with the reproductive years for women, highlighting the impact of poverty on maternal health outcomes.

Poverty transcends mere lack of financial resources and material possessions required for daily sustenance. It manifests in various aspects of life, including hunger leading to malnutrition, hindering access to education, and basic social services like healthcare. As previously mentioned, education and financial capabilities play crucial roles in determining access to maternal health services. Women with higher levels of education are more likely to access maternal healthcare services, and the ability to afford such services is often tied to income levels. Furthermore, poverty can lead to social discrimination and exclusion from decision-making processes. In developing nations like Nigeria, approximately one in ten individuals live below the global poverty line of \$1.90 per day, with around 90 million people, roughly half of the Nigerian population, living in extreme poverty. Nigeria currently holds the unenviable position of having the highest poverty rate globally. Disaggregated data reveals that the North-Eastern region of Nigeria bears a heavier burden of poverty compared to other parts of the country, partly due to the significant disruptions caused by the Boko Haram insurgency.



The constraints imposed by poverty significantly limit individuals' access to essential social services such as healthcare and adequate nutrition. Women's ability to utilize healthcare facilities is often contingent on their financial capacity. The developmental conditions experienced by young girls, including access to proper nutrition, can have long-term implications for their reproductive health, potentially affecting pregnancy and childbirth outcomes. Malnutrition, primarily rooted in poverty, compromises the body's immune response to infections and its ability to utilize nutrients efficiently. The effects of malnutrition during childhood and later in the reproductive years pose serious threats to maternal health. Women face a heightened risk of malnutrition, especially during pregnancy, due to the increased nutritional demands placed on their bodies. Those with specific nutritional deficiencies, such as iron micronutrient deficiency, are susceptible to anemia during pregnancy, which can predispose them to maternal mortality. Within the context of widespread socio-economic disparities in Western societies, women remain vulnerable to malnutrition.

Maternal Mortality in Nigeria

Nigeria, located in Sub-Saharan Africa, has faced a persistent challenge regarding maternal mortality. The country's endeavors to reduce the number of maternal deaths have been largely insufficient. Despite initiatives such as promoting institutional deliveries and training skilled health workers, Nigeria continues to struggle with maternal mortality. It ranks among the top six countries globally responsible for more than half of all maternal deaths worldwide. In 2008, Nigeria documented the second-highest number of maternal deaths, reaching 50,000, with an estimated Maternal Mortality Ratio (MMR) of 840 deaths per 100,000 live births (Meh, Thind, Ryan, & Terry 2019).

As indicated by Meh C et al (2019), the Nigeria Demographic and Health Surveys (NDHS) revealed a national MMR of 576 deaths per 100,000 live births in 2013, and 545 deaths per 100,000 live births in 2008. Nonetheless, studies have shown disparities in maternal mortality rates across various regions within the country. Some states and healthcare facilities exhibit higher maternal mortality rates compared to the national average. For example, in 2008, Kano state recorded an MMR of 1600 deaths per 100,000 live births, while Zamfara state reported 1049 deaths per 100,000 live births. Moreover, healthcare facilities also display elevated maternal mortality levels, with 927 deaths per 100,000 live births documented across 21 facilities in three states - Katsina (North), Lagos (South), and the Federal Capital Territory (North).

Like many nations in Sub-Saharan Africa, Nigeria attributes the primary causes of maternal death to obstetric hemorrhage, eclampsia, sepsis, and complications from unsafe abortions. Studies have also shown that factors such as age, education, antenatal care, parity, domestic violence, and social autonomy - recognized as determinants of maternal mortality - are closely linked to this issue in Nigeria. Maternal deaths are classified as either direct or indirect. Direct maternal deaths stem from pregnancy-related complications (during pregnancy, labor, and post-delivery), interventions, omissions, incorrect treatment, or a series of events resulting from any of these factors. Indirect maternal deaths arise from pre-existing diseases or conditions that develop during pregnancy, rather than direct obstetric causes (Oxaal et al. 1996). Despite maternal health service strategies such as free antenatal care and training skilled birth attendants, coupled with resource availability, the maternal health situation in Nigeria remains dire within the African context, as evident from



persisting high maternal mortality ratios. Nigeria accounts for more than 10% of maternal deaths globally.

This persistent issue in Nigeria is closely tied to inadequate implementation of maternal health policies and services, along with various cultural and socioeconomic factors including financial constraints, lack of birth preparedness, among others. The maternal healthcare system in Nigeria is characterized by the presence of traditional, faith-based, and orthodox health providers. The existence of factors like traditional and faith-based healthcare providers, in conjunction with socioeconomic and detrimental cultural influences on maternal health, could be seen as a possible explanation for the perceived fragility of the health system. This implication is demonstrated by the reliance on non-conventional methods for managing pregnancies, the failure to identify warning signs during pregnancy, and the resulting high rates of maternal mortality. In addition to the challenges posed by these factors, maternal health is also afflicted by issues of poverty, lack of education, insufficient awareness, delays in accessing healthcare facilities due to various reasons, and delays in receiving adequate care at these facilities characterized by substandard maternal health services, lack of skilled birth attendants, and inadequate medical supplies.

Reducing Maternal Mortality in Nigeria

The alarming nature of the maternal mortality ratio (MMR) in various low-and-middle-income countries is exemplified by the fact that Nigeria and India alone account for approximately 34% of global maternal deaths. Based on information provided by the World Health Organization (WHO), Nigeria's MMR stands at 814 per 100,000 live births. The probability of a Nigerian woman succumbing to death during pregnancy, childbirth, postpartum, or post-abortion is estimated to be 1 in 22, a stark contrast to the corresponding figure of 1 in 4900 in developed nations. Existing evidence indicates a correlation between the elevated rates of maternal and neonatal mortality in Nigeria and the three forms of maternal delay postulated by Thaddeus and Marine. These barriers encompass the delay in deciding to seek maternal healthcare, the delay in identifying and reaching a medical facility, and the delay in receiving proficient prenatal care upon arrival at the healthcare establishment (Ope, 2020).

Some studies have proposed improving access to skilled birth attendance (SBA), especially through higher-quality primary healthcare (PHC), as a means of addressing the challenges posed by the three delays that prevent women from accessing adequate and timely maternal healthcare. This proposal is based on the fact that Nigeria has over 34,000 PHCs (entry level), serving all health wards and outlying villages. The concerning rates of newborn and maternal mortality in Nigeria would therefore probably decline if the PHCs' quality, availability, cost, and accessibility are all improved. Another study posited that a decrease in maternal mortality rates in Nigeria could be achieved through the improvement of care quality within tertiary health facilities (second-level referral). The authors underscored the significant contribution of the lack of quality healthcare services in most Nigerian health institutions to the high number of maternal deaths in the country. In addition, the World Health Organization (WHO) has linked the elevated occurrence of maternal mortality in Nigeria to disparities in the availability of healthcare services. Specifically, women residing in underprivileged areas are at a greater disadvantage in terms of receiving sufficient, prompt, and affordable healthcare from trained professionals when compared to their counterparts in more advanced nations.



While the evidence supporting the reduction of maternal mortality by providing skilled pregnancy care is substantial, it is insufficient to significantly decrease maternal deaths in Nigeria. Enhancing the quality of healthcare services entails more than just evaluating the supply side of care. Some scholars argue that even if the standard of services in Nigerian health facilities at different levels is enhanced, maternal mortality rates may still remain high. This is because an improvement in the care quality at a health facility does not always lead to increased utilization of health services by women.

Theoretical Underpinnings

Agenda Setting Theory, originating from the works of Walter Lippmann and later developed by Maxwell McCombs and Bernard Shaw (1972), averred that the media influence what the public thinks about by highlighting certain issues over others. This theory suggests that the media's focus on specific topics leads the public to perceive those issues as more important. Through agenda setting, the media filter and shape information, influencing public opinion and cognitive processes. This theory has implications for understanding how media coverage of maternal health issues can impact public awareness and priorities.

Also, the Health Belief developed by Rosenstock in 1974, offers a comprehensive framework for understanding individuals' health-related behaviors. According to this model, individuals' behaviors are shaped by their perceptions of four primary factors: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers (Rosenstock, 1974; Champion & Skinner, 2008). This theory has implications for understanding and predicting health-related behaviors by examining individuals' perceptions of susceptibility, severity, benefits, and barriers, as well as the influence of cues to action.

The theory and model provide valuable frameworks for understanding how media coverage influences public perceptions and how individuals' perception of susceptibility, severity, benefits and barriers influence their actions regarding their health. By examining the agendas and frames employed in media coverage, stakeholders can identify opportunities to promote informed discourse, raise awareness, and advocate for effective interventions to address maternal mortality and improve maternal health outcomes.

Methodology

Research Design: The study adopted is descriptive design of the survey type using content analysis and interview method. Quantitative content analysis focuses on the frequency of specific words, themes, or concepts within the texts, while qualitative content analysis identifies themes or patterns within textual information, interpreting the context, meanings, and intentions behind the text.

Data Collection: For quantitative content analysis, three years of publications from the selected newspapers *The Punch*, *The Guardian*, *The Nigerian Tribune* are collected (2019-2022). The total number of newspapers published from March, 2019 to February, 2022 totaled 1,095 except for the year 2020 which the total is 1,098 from each edition will be selected and stories on maternal mortality issues was selected purposively to determine the sample size. Each selected newspapers published – The PUNCH eighty three (83), The GUARDIAN eighty one (81), The NIGERIAN TRIBUNE thirty six (36) editions that mentioned maternal mortality issues in a year for the three (3) years



study period and Two hundred (200) for the three (3) newspapers under study. While for qualitative content analysis, interviews are conducted with health practitioners, media experts, nursing mothers, and expectant mothers. The total population for interviews is 23, selected across the specified fields in the South-West region of Nigeria.

Data Collection Process: Research assistants were employed and trained to collect data using the keyword for the study [Maternal Mortality]. They collect and transcribe interviews with selected individuals. Newspaper editions are sourced from the library department of the International Institute of Tropical Agriculture (IITA) in Ibadan. Interviews were conducted at various locations including University College Hospital Ibadan, Adeoyo Specialist Hospital Ibadan, Mother and Child Hospital Ijoka Akure, Christ Apostolic Church Midwifery Home Talafia Ede, and Federal Medical centre, Ebutemetta, Lagos.

Coding and Analysis: Coders (research assistants) were trained to use coding sheets for content analysis and interview transcription. A coding schedule is developed as the research instrument to measure different variables. Categories and options are provided for coding. Content analysis is conducted to examine maternal health-related issues such as article slant, topics, and themes related to maternal health treatment and equity concerns.

In-Depth Interviews: In-depth interviews were conducted on 23 interviewees as the second step in gathering qualitative data. Respondents were selected based on their field of study in relation to the study which covers media and health, these include media workers, medical doctors, community health workers, nursing mothers, and expectant mothers. Well-structured questions are asked to determine respondents' viewpoints on the research topic and its applicability and data collected was transcribed and analysed using SPSS.

Summary of Findings

Based on findings from data analysed, the following are summary of significant findings from the *The Punch*, *The Guardian*, and *Nigerian Tribune* newspapers on the issues of MM formed the basis of analysis for the study. *The Punch* had the highest number of stories (41.5%), followed by *The Guardian* (40.5%), while *Nigerian Tribune* had the least stories representing 36 (18.0%). This indicates MM stories were not giving more attention to in the selected newspapers likewise in the frequencies of reportage, in the covered stories had *The Punch* published 47(23.5%) of its stories on the front page and 36(18.0%) on the inner pages; *The Guardian* published 38(19.9%) of its stories on front page and 43(21.5%) in the inside page while *Nigeria Tribune* published 25(12.5%) of its stories on the inside page and 11(5.5%) *The Punch* has the highest number of stories while *Nigerian Tribune* has the least.

Therefore, understanding these cultural and societal factors in maternal mortality is crucial for newspapers to navigate sensitivities appropriately while still fulfilling their role in raising awareness and advocating for improvements in maternal health outcomes. Also, through responsible and impactful journalism, the media can contribute to improving maternal health outcomes and promoting the well-being of women and children. While newspapers play a vital role in raising awareness about maternal mortality, there is room for improvement in terms of depth and accuracy, in their coverage. Collaboration with health experts, community members, and advocacy organizations can enhance the comprehensiveness and accuracy of reporting on this critical issue.



Recommendations

Based on the findings of the study, the following recommendations are made:

1. Media campaigns organized by governmental and non-governmental organizations can utilise newspapers and other platforms to disseminate information about maternal health, promote antenatal care services, and encourage skilled birth attendance.
2. Health care professionals can participate in interviews, panel discussions, and public forums to educate the public about maternal mortality, its causes, and prevention strategies.
3. Journalists should ensure the accuracy and reliability of their reporting by fact-checking information from multiple sources and verifying data and statistics before publication. So they can strive to provide balanced and evidence-based coverage of maternal mortality issues.

Conclusion

In analyzing maternal mortality issues reported by select newspapers in South-West Nigeria from 2019 to 2022, several key insights emerge. Firstly, the coverage underscores the persistent challenge of maternal mortality in the region, reflecting broader issues of healthcare accessibility, socio-economic disparities, and cultural practices. Despite efforts to improve maternal health outcomes, Nigeria continues to grapple with high maternal mortality rates, highlighting the urgent need for targeted interventions and systemic reforms.

Secondly, the role of media in shaping public perception and influencing policy agendas cannot be overstated. Newspapers serve as vital platforms for disseminating information, raising awareness, and fostering dialogue on maternal health issues. Through their coverage, newspapers not only shed light on the magnitude of the problem but also play a crucial role in advocating for change and holding stakeholders accountable for addressing maternal mortality.

Lastly, addressing maternal mortality requires a comprehensive approach that goes beyond healthcare interventions alone. It demands concerted efforts to tackle underlying socio-economic and cultural factors that contribute to maternal deaths. By leveraging the insights gained from analyzing media coverage, stakeholders can develop targeted strategies to improve maternal health outcomes, enhance healthcare access, and empower women to make informed decisions about their reproductive health. Ultimately, sustained collaboration between healthcare providers, policymakers, communities, and the media is essential for achieving lasting progress in reducing maternal mortality and ensuring safe motherhood for all women in South-West Nigeria.

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