MEDIA COVERAGE OF MATERNAL HEALTH IN KENYA

JOYCE NYOKABI CHIMBI

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DECLARATION

This project paper is my original work and has not been submitted for a degree in any other University.

.... Date ..15./.11./2012

Joyce Nyokabi Chimbi

This project paper has been submitted for examination with my approval as the University Supervisor.

.... Date.......15/11/12

Prof. Simiyu Wandibba

DEDICATION

To my parents Rose Gathigah and Alfred Chimbi, my brothers Daniel and Sam. And most of all, my grandmother Elizabeth Miriam Nyokabi. Thank you for all your support, encouragement and prayers.

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ABSTRACT

This study explored media coverage of maternal health in Kenya, with the specific objectives of determining the extent and depth of maternal health in Kenya. The study was conducted in two media houses in Kenya, The Nation and The Standard. Data were collected using a descriptive research design and analysed using both qualitative and quantitative data research tools.

Findings from the quantitative data are presented using tables while those from the qualitative data are presented in narrative form. The major findings indicate that the extent of media coverage of maternal health, in terms of the number of stories that had appeared during the period under review, as well as the range of topics covered, remains significantly low. Maternal health issues are at the bottom of the list of topics that received coverage in both The Nation and The Standard Newspapers. Further, the study reveals that the depth of coverage of maternal health issues is also limited to the minimal space that these stories are allocated. On the basis of these findings, the study concludes that although most maternal deaths are preventable, the Millennium Development Goal (MDG) 5: Improve Maternal Health , is proving difficult to achieve as thousands of women continue to die in Kenya from pregnancy-related causes. But, this issue is still yet to receive substantial media coverage. The absence of media attention towards maternal health denies the public an opportunity to understand the gravity of maternal deaths. Further, this indicates that the media, in relation to maternal health, is absconding from its primary roles which are to inform and educate the public on issues that are important to their well being. By doing so, the media also violates the public's rights to

information which is a critical prerequisite to people's ability towards enjoy the highest attainable level of well being, since right to health includes access to information.

Based on the conclusion, this study recommends a review of editorial policies and administrative procedures that impede the coverage of maternal health issues, primarily denying the public their right to access information. The study further recommends that a review of the administrative procedures to support journalists seeking to cover maternal health stories by providing a budget to facilitate movement. This would not only expand the space occupied by maternal health stories but it would also increase the range of topics covered.

List of Acronyms and Abbreviations

AWCFS: African Woman and Child Feature Services

BRIDGE: Bringing Information to Decision Maker for Global Effectiveness

ICPD: International Conference on Population and Development

KDHS: Kenya Demographic and Health Survey

MDG: Millennium Development Goals

MMR: Maternal Maternity Rate

MOH: Ministry of Health

PRB: Population Reference Bureau

RCQHC: Regional Centre for Quality Health Care

RHRA: Reproductive Health and Rights Alliance

UN: United Nations

UNFPA: United Nations Fund for Population Agency

UNICEF: United Nations Children Fund

USAID: Unites States Agency for International Development

WHO: World Health Organization

Chapter One

Background to the Study

1.1. Introduction

This study looked at how two media houses, The Nation and The Standard, presented their messages on maternal health in the year 2011. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period (WHO, 2010). While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. Consequently, maternal health has a particularly close relationship with the right to the highest attainable standard of health, a fundamental human right that is explicitly recognized in the International Covenant on Economic, Social and Cultural Rights, as well as other international human rights treaties. Since the right to health includes access to information, it is incumbent upon the media to disseminate information that can educate the public on maternal health (PRB, 2010:7).

Maternal mortality and access to reproductive health services such as contraceptives are key indicators of a country's progress in improving health, forming the basis for one of the United Nations' Millennium Development Goals (MDGs), Goal Number 5 on Improving Maternal Health (USAID, 2005). These indicators guided the content analysis in this study.

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In exploring coverage of maternal health in Kenya, focus was on the mass media. Mass media refers collectively to all media technologies, including the Internet, television, newspapers, and radio, which are used for mass communications, and to the organizations which control these technologies. But for the purposes of this study, focus was on mainstream mass media. This being a print media study, mainstream mass media should be understood to refer to the two newspapers that command the highest readership (or circulation rate) among the public.

Media coverage of maternal health refers to the manner in which both The Nation and The Standard package information relating to maternal health, the prominence with which this information is placed in the media as well as the frequency with which this information appears in the media. Prominence of a story refers to the nature of visibility accorded to a story in terms of length, the longer the story the more prominent. On average, the longest story is 800 words and is often accompanied by a photograph(s). Prominence is also defined based on the placement of the story (a front page story is the most prominent story). Front page stories are referred to as Splash because of their ability to grab the attention of potential readers (Winnet and Wallack, 1996:65). Front page stories are followed by back page stories in prominence. These, in turn, are stories that appear in the middle of the newspaper, which are referred to as the Centre Spread stories because they spread over two pages (Gerbner, 1980:24).

The least prominent stories are referred to as briefs or page fillers, and fall under a category known as side bars. They are primarily used to fill gaps after an editor has placed the most important stories. They can be as brief as 100 words (Gerbner, 1980:26).

Prominence can also be measured in terms of the type of the story. News stories are often front page stories; they break news and provide the most significant facts to an event or incidence. They answer the *who, what, how where and when* questions that a reader would want to know; however, they lack analysis and are a mere snapshot of a situation. Feature stories are in-depth, analytical, well researched and offer background and comprehensive information. In some instances, news stories lead to feature stories.

Stories may also fall under commentaries or opinion pieces often written by contributors who may not necessarily be journalists; they are in most cases considered expert opinions or insights into an issue. Letters to the editors are also useful, and are often contributed by the public on an issue of public interest. Editorials constitute another category, and provide an editor's insights into the main issue recurring in a newspaper (Winnet and Wallack, 1996:69).

Photographs are also a significant aspect to a story. They improve a story's prominence by attracting a reader to a story. A story is considered comprehensive, if it is at least 800 words long, if it also provides the main facts of the story as well as background information derived from additional reports and research released in this field (Media Council, 2011: 11).

Weaver (1991:112) observes that, "The conviction ... that the media are important agencies of influence is broadly correct. However, the ways in which the media exert influence are complex and contingent". The role of the media and the subsequent effect it can have on reducing ignorance around the causes of maternal mortality and preventive measurers thereof have been acknowledged from the international to the local level. The landmark 1994

International Conference on Population and Development (ICPD) , World Health Organization and the Millennium Development Goals (MDGs) have cited the media as a significant partner in improving maternal mortality through improving knowledge around the issue (PRB, 2010:5).

According to the *Encyclopedia of Public Health*, mainstream mass media performs three key functions: educating, shaping public relations, and advocating for a particular policy or point of view. Due to its nature as a mass education tool, media not only imparts knowledge, but can be part of larger interventions to promote actions. As a public relations tool, media assists organizations in achieving credibility and respect among public health opinion leaders, stakeholders, and other gatekeepers. Finally, as an advocacy tool, mainstream mass media assists leaders in setting a policy agenda, shaping debates about controversial issues, and gaining support for particular viewpoints (McDermott, 2000:12).

Winett and Wallack (1996: 173) have observed that "using the mass media to improve public health can be like navigating a vast network of roads without any street signs—if you are not sure *where* you are going and *why*, chances are you will not reach your destination."

This study collected and analyzed information derived from both The Nation and The Standard newspapers in the year 2011, which relate to the health of women during their pregnancy, child birth and the postpartum period. The role of the media is primarily to inform and educate. This study sought to explore the extent to and depth with which the media covers maternal health in Kenya.

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1.2. Statement of the Problem

Access to information has been cited as a significant tool towards empowerment of people in making constructive decisions regarding their reproductive health (Okello, 2009). Despite the recognized role of the mainstream media in shaping attitudes, knowledge and practice, previous studies have revealed that the media has failed to consistently and comprehensively cover maternal health. This is in spite of the fact that data from the Kenya Demographic and Health Survey (KDHS) of 2003 and those of 2008-2009 reveal that maternal mortality, which is a key indicator of maternal health has increased from 430 deaths per 100,000 live births to 488 deaths per 100,000 live births (CBS et al., 2004:1; KNBS and ICF Macro, 2010:105)

In a 2009 study on media coverage on maternal health dubbed 'The State of Kenyan Mothers' conducted by the African Woman and Child Feature Service (AWCFS), the media tends to cover maternal health on calendar days set aside to celebrate women such as Mother's Day, International Women's Day as well as during the 16 days of Violence Against Women (Okello, 2009: 3). A similar study conducted by the Reproductive Health and Rights Alliance (RHRA) in 2010 confirmed these findings. However, this particular study also noted the absence of coverage of maternal health as a right. The available media content on maternal health capitalized on maternal mortality trends (RCQHC, 2010).

Through content analysis of both The Nation and The Standard in the year 2011, this study was therefore designed to answer the following questions:

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a) What is the extent of media coverage of maternal health in Kenya?

b) What is the depth of media coverage of maternal health issues?

1.3 Research Objectives

1.3.1 General Objective

To explore media coverage of maternal health in Kenya.

1.3.2 Specific Objectives

a) To determine the extent of media coverage of maternal health in Kenya.

b) To examine the depth of the media coverage of maternal health in Kenya.

1.4 Justification of the Study

Despite the fact that 25 women die every day in Kenya due to child birth and pregnancy related complication (RCQHC, 2010) and after 20 years and counting of concerted effort from the international community to the local community under the Global Safe Motherhood Campaign, this has not translated into saving thousands of women's lives every year. Therefore, a study that may give insights into media coverage of maternal health is relevant to stakeholders in steering Kenya towards achieving MDGs, particularly Goal 5.

To researchers, this study has contributed towards expanding the frontiers of knowledge. To media practitioners, the study has offered information on whose basis media houses can

develop policies on coverage of maternal health. The results of this study can inform decisions regarding effective media interventions that are also feasible.

To policy makers, particularly in the medical arena, this study has revealed the level of media coverage of maternal health. Based on this information, policy makers should be in a better position to assess information gaps relating to maternal health, and work towards filling these gaps by working closely with the media as sources of information for progressive media coverage

Finally, this study revealed focal areas for collaboration between the media and various stakeholders towards improving maternal health.

1.5 Definition of Terms

Story: Content carried in a newspaper that is neither an advertisement nor a supplement.

Packaging: For the purpose of this study, this term was used to refer to the placement of the story, i.e., front or back page. It was also be used to refer to the prominence of the story, i.e., length of the story.

Editorial: This is the entire process of making a decision on the angle of the story, type of the story, where the story will appear, including when the story will appear.

Depth: This refers to the degree to which a story can be considered comprehensive.

Extent: This refers to the range of issues covered in relation to maternal health.

1.6 Scope and Limitations of the Study

This study was carried out on The Nation and The Standard newspapers published in 2011. There were three areas of focus, packaging of stories, prominence accorded these stories and the frequency with which these stories are covered. Data were collected using content analysis.

In regard to limitation, content analysis being a purely descriptive method, it merely describes what is there, but may not reveal the underlying motives for the observed pattern. It presents data that can describe the 'what' but not sufficient to provide the 'why'. The analysis of text was further limited by availability of messages relevant to the study.

Chapter Two

Literature Review

2.1 Introduction

This chapter reviews the literature relevant to the research problem. The literature is reviewed using the following sub-headings: Maternal health, media coverage of maternal health, extent of media coverage of maternal health, and depth of coverage of maternal health.

2.2 Literature Review

2.2.1   Maternal health

The partnership between the media and the global campaign to improve maternal health was launched in February 1987, when three UN agencies—UNFPA, the World Bank, and WHO—sponsored the International Safe Motherhood Conference in Nairobi, Kenya. It was during this event that, for the very first time, the international community began concerted effort to raise awareness about the numbers of women dying each year from complications of pregnancy and childbirth, and to challenge the world to respond (UNICEF, 2006).

The origins of the conference date to 1985, when two critical events focused the attention of public-health specialists on the horrific risks pregnancy posed for women in developing countries. During that period, health programmes in developing countries were almost exclusively for the benefit of the child, with almost no attention to the factors that were causing women to die (Rice and Manderson, 1996: 110). Consequently, during the same year

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(1985), WHO announced that half a million women were dying each year from obstetric complications (UNICEF, 2006).

These two events set the motion for key players, both institutional and individual, who came together to plan the Nairobi Safe Motherhood Conference and to launch the global Safe Motherhood Initiative. The 1987 Nairobi conference led to the formal establishment of the Safe Motherhood Inter-Agency Group (USAID, 2005).

It is over two decades since that conference, but every day, an estimated 1500 women die from pregnancy or childbirth related complications worldwide. In 2005, there were an estimated 536, 000 maternal deaths worldwide (WHO, 2005:7). International health agencies such as WHO and UNICEF have continued to lay emphasis on the fact that most of these deaths occurred in developing countries. According to WHO (2005), 99 per cent of the global maternal deaths occur in developing countries such as Kenya .The tragedy and opportunity is that most of these deaths can be prevented with cost-effective health care services (RCQHC, 2010). Maternal health has, however, remained one of WHO's main areas of concern.

At the turn of the century, 189 countries renewed their commitment to development by laying new strategies to achieve what is widely referred to as the MDGs. It is, therefore, imperative to note that improving maternal health is one of the eight MDGs adopted by the international community at the United Nations Millennium Summit in 2000 (UNICEF, 2005).

In line with MDG 5, signatory countries have committed themselves to reducing the maternal mortality ratio by three quarters between 1990 and 2015. However, between 1990 and 2005

the maternal mortality ratio declined by only 5 per cent and as 2015 marks the end of a fervent 15 year global campaign on maternal health, achieving MDG 5 requires accelerating progress as has been expounded upon in the MDG progress report of 2010 (RCQHC, 2010). Kenya's progress towards reducing maternal mortality has been insignificant, in some instances even showing indications of rising rather than reducing. According to KNBS and ICF Macro (2010:105-106), in 1998. MMR in Kenya stood at a staggering 590/100,000 while in 2008/2009 it stood at a high of 488/100,000. In some regions MMRs were as high as 1,000/100,000 live births in 2008/2009.

A high maternal mortality rate jeopardizes Kenya's achievement of MDG 5 on the improvement of maternal health. In addition, it jeopardizes the achievement of other MDGs because these goals are mutually reinforcing. The relationship between an improved maternal health and development is indisputable. Maternal mortality is a reflection of various issues, although it is primarily a reflection of unwanted fertility since, in most cases, maternal mortality rates are higher in regions with uncontrolled population growth as is the case of Kenya (RCQHC, 2008:3).Maternal survival is for the benefit of all and is significant for the achievement of other MDGs particularly MDG 1 on eradication of extreme poverty and hunger. Besides numerous cases where women die due to child birth and pregnancy related complications, maternal morbidity is also a major issue of concern; globally, 294,000 to 441,000 women and girls across the world suffer from disabilities caused by pregnancy and childbirth related complications. These women and girls are incapacitated and cannot contribute to self- empowerment and ultimately towards nation building (Rice and Manderson, 1996: 120).

Although the government and various human rights agencies have been partnering in various strategies to achieve the MDG 5 target of reducing the maternal mortality ratio by at least three quarters, the impact has been minimal. UN agencies have been in the forefront in a global call for improved awareness and knowledge on various steps that the community can take towards dealing with the problem but the levels of awareness have remained low (WHO, 2005).

The need to increase knowledge of maternal health with the aim of reducing maternal mortality and morbidity has been widely acknowledged. Unfortunately, this has not led to an improvement of awareness levels among the public and neither has it led to a reduction in maternal mortality (Crane and Carswell, 1992:96). A study by the World Health Organization, Unicef and the World Bank revealed that Kenya is one of eight countries in the world that failed to lower its maternal mortality rates between 1990 and 2008 (WHO, 2005:10). In fact, according to CBS et al. (2004), the maternal death rate was at 414 per 100,000 and the this had increased to 488 per 100,000 in 2008-2009 (KNBS and ICF Macro, 2010). In a more recent report by WHO and UNICEF dubbed 'Countdown to 2015 Decade Report (2000-2010). Kenya had still not lowered her maternal mortality rates (PRB, 2010:32).

Kenya's maternal mortality rate continues at an unacceptably high level with equally high maternal morbidity rates. According to Kenya's Maternal and Neonatal Programme Effort Index (MNPI) 294,000 to 441,000 women and girls will suffer from disabilities caused by pregnancy and childbirth related complications. The Millennium Development Goals report

for 2010 revealed that Kenya has a long way to go if it is to achieve the MDG 5 targets in less than four years(PRB, 2010:7).

Research into the impact of media coverage on maternal mortality in Kenya is extremely limited. However, there is extensive research on the impact of the media on public health, of which maternal health is a component.

Although research has revealed a glaring disconnect between knowledge and practice, and that education alone cannot impact long- term behavioural change, public health communication has been found to be effective in raising knowledge among the public over various aspects of health as well as facilitating behavioural change. This has been made possible through the nature of the mass media in that it can in a single message dissemination reach a wide audience (Crane and Carswell, 1992:86). Sophisticated societies are dependent on the mass media to deliver health information. Marshall McLuhan (1994) calls media "extensions of man." On the other hand, Kreps and Thornton (1992:144) believe media extend "people's ability to communicate, to speak to others far away, to hear messages, and to see images that would be unavailable without media".

2.2.2 Media coverage of maternal health

In a 2010 study by the Population Reference Bureau (PRB), the relationship between public health education and the role of the media thereof was explored and the report reveals that the media plays a fundamental role in setting a country's policy agenda by "deciding what is news and how it is presented. Policymakers often need to be persuaded by evidence and advocacy that attention to reproductive health and population will further national

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development."Further, the study found that when journalists who are well versed "on population and reproductive health issues report effectively on their country's population growth, unmet need for family planning, and levels of maternal mortality, policymakers are likely to take notice" (PRB, 2010:20).

This is an acknowledgement that informed media coverage can be a successful advocacy tool for health personnel and like-minded stakeholders to reach key policymakers with fundamental messages about the benefits of addressing reproductive health and as part of a comprehensive development strategy.

2.2.3   Extent of media coverage of maternal health

PANOS's evaluation of the partnership between media and researchers in East Africa revealed that the media can raise public awareness on issues pertinent to the welfare of the public. The relay programme by PANOS brought together editors, journalists and researchers to build skills and knowledge and develop professional relationships to improve the reporting of research through the media. The report asserts that employment of mass media to disseminate health news (or other matters) has, in effect, reduced the world's size (RCQHC, 2010:4). It is, however, imperative to note that the worth of health news is pegged on what gets reported and how it gets reported. According to Moynihan (1999:1645):

> *The news media are an important source of information about health and medical therapies, and there is widespread interest in the quality of reporting. Previous studies have identified inaccurate coverage of published scientific papers, overstatement of*

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adverse effects or risks, and evidence of sensationalism. The media can also have a
positive public health role, as they did in communicating simple warnings about the
connection between Reye's syndrome and the use of aspirin in children.

Moynihan (1999:1621) also emphasizes the notion that the mass media, in as far as health is concerned, is capable of facilitating short-term, intermediate-term, and long-term effects on audiences. Short-term objectives include exposing audiences to health concepts; creating awareness and knowledge; altering outdated or incorrect knowledge; while "long-term objectives incorporate all of the aforementioned tasks, in addition to focused restructuring of perceived social norms, and maintenance of behaviour change. Evidence of achieving these three tiers of objectives is useful in evaluating the effectiveness of mass media."

A similar report by the Regional Center for Quality Health Care (2008-2010) reveals that the media, towards improving maternal health, can raise public awareness of family planning as a basic human right that underpins progress on many fronts. Not only is it a direct response to preventable maternal mortality, but it is a key development issue since family planning is core to the government meeting demographic targets (RCQHC, 2010: 17).

These studies are clear in one aspect, that mass media attention to a particular issue is also critical to holding policymakers accountable in regard to the manner in which they spend public resources. USAID has over the years supported a project dubbed BRIDGE (Bringing Information to Decision-makers for Global Effectiveness), under the leadership of PRB and which has trained 428 journalists from 27 countries, resulting in more than 2,000 articles,

radio, and television programmes on reproductive health and population issues that reached millions of readers and listeners (USAID, 2005).

In a study that evaluated the impact of the initiative in 2010, the media coverage around reproductive health and population has shown evidence in stimulating actions that improve the lives of women and girls. Here are just a few examples of this impact:

a) After a three-year lapse in funding contraceptives, government officials in Senegal were prompted to resume funding by news articles resulting from the PRB initiate.

b) More men in Kenya chose vasectomy following a PRB study tour and journalists' stories about a gynaecologist who performs vasectomies and underwent the procedure himself.

c) Tanzanian reporters who used their PRB training to profile shortages in family planning supplies won credit for helping to persuade the government to increase funding for contraceptives in 2010.

d) After a PRB-trained Indian journalist published a magazine cover story on child brides, the state government of Tamil Nadu, India, initiated a child marriage awareness campaign and sent mobile health units to areas where early marriage is common.

e) The daughter of the president of Malawi spearheaded efforts to develop a comprehensive centre for rape victims in her country after a Malawian reporter who attended a PRB-sponsored study tour wrote about an innovative "one-stop" rape crisis centre she visited in South Africa (PRB, 2010:7).

2.2.4 Depth of media coverage of maternal health

In the last five decades the media influence over society has grown exponentially particularly with the growth of technology. The society has, consequently, grown more dependent on information and communication to meet various needs. The importance of the media today is therefore immense. Never before in mankind's history have the media had such a significant impact on our lives and behaviour (Weaver, 1991:112).

A myriad of arguments have been fronted regarding the agenda setting role and/or influence of the news media in shaping public discourse, opinion and perceptions on a wide range of issues. The focus of the public attention is often influenced, subtly or overtly, by the nature of issues that the news media has zeroed on and, most importantly, on the depth of coverage. The power of the media in the manner and depth of news coverage to influence the public's attention to specific issues and, by doing so, set the agenda is an immense and well documented influence in Kenya. The media sets the public agenda in two broad ways. One is that popular media, such as newspapers, have the power to influence the views that the public holds and are primarily responsible for the perceptions of day- to -day norms and reality. Two, the media have been successful in 'telling people what to think about' (Weaver, 1991:92).

Belch and Belch's (1995:46) study of newspapers as a significant avenue for public health issues revealed that this medium "permits a level of detail in health reporting not feasible with broadcast media. Whereas one can miss a television broadcast about breast cancer, and thus, lose its entire message, one can read the same (and more detailed) message in a newspaper at

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one's choice of time and venue" and in this way enjoy consumer flexibility. Consequently, health messages disseminated through newspapers can reach many people and diverse groups. In addition to educating people about public health, deliberate efforts need to be directed at educating other media and politicians (McDermott, 2000:269).

In a series of surveys carried out by the Synnovate research company, the media has emerged as the most fully trusted source of information by the Kenyan public .One of the surveys carried out between the 6th and 8 of August 2010, revealed that three quarters of the respondents relied on the media for information. In yet another survey carried out between 10th and 12th of May 2011, the report revealed that "Twenty one per cent of Kenyans however only somewhat trust the media and one per cent do not trust it at all" (Media Council, 2011:5).

In Macnamara's (2003:56-57) *Review of 50 Years of Media Effects Research,* mass media has become one of the most powerful tools for disseminating information as well as for changing public attitudes, opinions and, most importantly, for influencing behavioural change.

Malawi, through UNICEF, began a partnership with journalists on 11 May, 2011 in a bid to reduce maternal mortality rate from 675 per 100, 000 births to 155 per 100, 000 by 2015.The rationale behind these efforts has been guided by the acknowledgement that media can enhance effective communication on pregnancies and birth (UNDF, 2011).

These are isolated cases which strongly allude to the notion that effective working with the mass media can enhance the quality and quantity of coverage of key reproductive health and population issues, and so strengthen the capacity of individuals and institutions to use data and research effectively in disseminating information to policy audiences through the mass media.

In a study into a campaign dubbed "*Raise the visibility of Maternal and Neonatal Health in Kenya and ensure that MDG 5 is no longer the forgotten goal*", the report revealed that the mass media does have an effect on creating awareness regarding health issues (PRB, 2010:4).

According to McLuhan (1994:84), mass media should be recognized as a primary medium for public health education. It is a notion that is predicated upon the mass media's ability to reach a wide audience with a strong and influential message. McLuhan (1994:86) uses the phrase "the medium is the message" as a means of explaining how the distribution of a message can often be more important than content of the message itself.

Proponents of this view posit that mass media is the best avenue to impart the latest scientific information to large groups of people because health workers have come to the conclusion that a great percentage of the public possess extensive incorrect information about traditional health problems and at the same time lacks an understanding of the advances in numerous public health fields (Gerbner, 1980:55).

2.3 Theoretical Framework

This study was guided by the agenda setting theory as propounded by McCombs and Shaw (1972:15). The theory underpins the role of the media to inform and educate the public. According to this theory, not only do the media focus public attention on a particular issue, they also enhance understanding of these issues. The media agenda presented to the public

results from countless day-to-day decisions by many different journalists and their editors about the news of the moment (McCombs and Shaw, 1972:17).

The agenda- setting theory comes from a scientific perspective, because it predicts that if people are exposed to the same media, they will place importance on the same issues (McCombs and Shaw, 1972:20). According to Chaffee and Berger's (1997:7) criteria for scientific theories, agenda setting is relevant in content analysis of media content because:

- It has explanatory power because it explains why most people prioritize the same issues as important.

- It has predictive power because it predicts that if people are exposed to the same media, they will feel the same issues are important.

- It is a springboard for further research.

- It has organizing power because it helps organize existing knowledge of media effects.

Chapter Three

Methodology

3.1 Introduction

This chapter presents information on the methodology that was used in the study. It provides information on the research site, research design and the study population. It also describes the study sample and sampling technique, as well as the data collection method, and ethical issues considered in the study.

3.2 Research Site

This study was conducted in two media houses, The Nation and The Standard. The two are the oldest mainstream newspapers and have the highest circulation rate.

3.3 Research design

The study employed a descriptive research design. The study used both qualitative and quantitative data research tools to study the coverage of maternal health by The Nation and The Standard newspapers.

3.4 Study Population

The study population consisted of stories on maternal health published by The Nation and The Standard newspapers in 2011. The unit of analysis was the individual story.

3.5 Sample population

The sample population was 100 stories, 50 stories from The Nation and 50 from The Standard.

3.6 Sampling Procedure

The study used a multi-stage sampling procedure. Through purposive sampling, The Nation and The Standard newspapers published in 2011 were selected from the four Daily mainstream newspapers. The second step was to use Microsoft Excel 2007, to draw another sample of 50 newspapers from each Daily. For example, if the computer generated number 365, in a calendar year, this number was taken to mean the paper published on December 31st.All stories on maternal health appearing in the sampled newspapers were coded and tallied. From the total number of stories derived from this process, a sample size of 50 stories from The Nation and 50 stories from The Standard newspapers were drawn to give a sample size of 100 stories on maternal health.

3.7 Data Collection Methods

This study used the content analysis method of data collection. The analysis of content was guided by the nature of packaging and prominence given to stories on maternal health in the two sampled newspapers. On each page, content was analyzed, with every story and photograph on any aspect of maternal health being identified and isolated. This study used analysis criteria as an instrument to collect data. This instrument comprised a set of questions designed with the sole purpose of determining the extent and depth of media coverage of

maternal health in Kenya. The analytical criteria is a commonly used instrument for media study and was simply modified to suit the objectives of this study (Appendix 1).

These stories were then coded on a print media monitoring tool for analysis (Appendix 2). This tool enabled entry of data in a manner that responded to the issues of frequency and packaging stories, in order to meet the objectives of the study.

3.8 Data Processing and Analysis

In regard to the quantitative aspect of this study, stories were counted manually from the coding sheet. These data were then entered into a statistical programme to be analyzed and aggregated into frequencies and percentages. These frequencies and percentages were then presented in form of tables. Frequencies have been used to capture the number of times stories on a particular subject were covered in the two dailies. Frequencies were further captured in percentages to indicate the magnitude of media coverage of maternal health.

The processing and analysis of qualitative data involved systematically describing the content under specific themes. This allowed for indexing of data by looking for patterns, linking these patterns, describing and interpreting data based on the objectives of the study. Information on quality of the stories focused on the packaging of the story, i.e., placement and length of the story. This information was further useful in describing the overall picture in accordance with the extent and depth of media coverage of maternal health in Kenya by both The Nation and Standard newspapers.

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3.9 Ethical Considerations

This study involved accessing information that is readily and publicly available. Since data were collected through content analysis which is an unobtrusive method of collecting data, the focus was to maintain honesty and truthfulness, which permit efficiency while analyzing content to avoid presentation of findings that are misrepresentative of the truth, and which may consequently paint the publications under review in a manner that is inaccurate.

Chapter Four

Media coverage of maternal health in Kenya

4.1 Introduction

This chapter presents the findings of the study based on data collected from The Nation and The Standard newspapers published in 2011. The findings are presented using the following sub-headings: Extent of media coverage of maternal and depth of media coverage of maternal health.

4.2 Extent of Media Coverage of Maternal Health

The study findings show that there is low coverage of maternal health issues in both The Nation and The Standard newspapers. Maternal health accounted for just 3 per cent of all stories covered as summarized in Table 4.1 below. This category comes at the bottom of the list of the topics that are considered newsworthy at the two media houses.

Table 4.1: Topics covered in the news by The Nation and The Standard

Topics	Frequency	Percentage
Politics	288	36
Social and Legal issues	208	26
Crime and Violence	128	16
Economy	96	12
Maternal Health	24	3
Others	56	7
Total	**800**	**100**

Not only is the number of stories on maternal health appearing in these two dailies significantly low, the number of subjects relating to maternal health is also limited. A topic such as safe abortion received no coverage. The rest of the findings are summarized in Table 4.2 below.

Table 4.2: Overall Coverage of Maternal Health

Topic	Frequency (x)	Percentages $\left(\frac{x}{800} \times 100 \right)$
Family Planning	45	6
Service providers	25	3.1
Funding	15	1.9
Safe abortion	0	0
Unsafe abortion	10	1.3
Obstructed labor	5	0.6
Culture	8	1
Poverty	15	1.9

4.3 Depth of Media Coverage of Maternal Health

It is not enough for The Nation and The Standard Newspapers to cover stories on maternal health. The depth with which these stories are covered is key. The extent to which a story can be considered to be comprehensive means that certain principles should be observed. For instance, the longer the story, the more deeply it allows for the issue covered to be explored in great length. The stories should also be accorded prominence. Stories are perceived to be important if they appear on prominent pages of a newspaper. Front page stories are perceived to be more important than the stories appearing in the inside pages of a newspaper. Back page stories are also considered prominent. On the other hand, briefs are considered to be the least important yet briefs carry a significantly high amount of content on maternal health, coming second to feature articles. Only 1 per cent of stories covered on maternal health appeared on the front page of The Nation and The Standard newspapers as represented in Table 4.3 below.

Table 4.3: Placement of Maternal Health Stories

Placement of story	Frequency	Percentages
Front page (Other stories)	195	97.5
Front page (Maternal health)	5	2.5
Total	**200**	**100**
Back page (Other stories)	98	98
Back pages (Maternal health)	2	2
Total	**100**	**100**

Further, a story is considered important if it covers more space on the page where it has been placed. For instance, news stories and features are about 800 words in length, compared to briefs which are usually 100 words long. However, briefs account for a large number of stories on maternal health as can be seen in Table 4.4 below.

Table 4.4: Type of Story

Type of story	Frequency	Percentages
News	96	12
Feature	320	40
Brief	208	26
Letter to the editor	8	1
Commentary	160	20
Editorial	8	1
Total	**800**	**100**

Balance in the coverage of maternal health issues was also not observed. Partial and objective coverage of a certain issue in the media demand that both men and women are accorded space to represent their experiences and opinions regarding a certain issue. It is for this reason that media sources are broadly divided into two categories, victims and subjects. Subjects are people who make a story, their opinion is regarded highly. On the other hand, victims are the

people who have been adversely affected by the issue under discussion. Where there are stories on maternal health, women voices in The Nation and The Standard newspapers accounted for 9 per cent of sources covered as subjects of the stories on maternal health.

Men are the newsmakers in The Nation and The Standard newspapers; they account for about 91 per cent of the expert opinion in stories on maternal mortality, while women are consistently depicted as the victims (Table 4.5). Maternal health is not limited to women. It is also largely about male involvement and their impact in improving maternal health indicators in the country. The representation of the male and the female voice should reflect balance since most of the processes and procedures relating to maternal health happen in a woman's body.

Table 4.5: Sources interviewed for Maternal Health Stories

Gender of the source	Frequency	Percentages
Men	331	91
Women	33	9
Total	**364**	**100**

A significantly high number of stories on maternal health dwelled on the sensational. These are stories that are published for the 'shock effect' rather than for the main objective to provide factual information regarding a particular issue without embellishing the story in a

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manner to portray the situation as bleaker than the reality. Sensational stories, although they can fall under the broader themes of either curative or preventive, depending on the nature and depth of information provided, they are known to provide slanted information by exaggerating the facts, or by magnifying the problem and downplaying the positive aspects of an issue. Balanced stories provide the facts regarding a particular issue. They also seek to provide a solution by inviting many experts on the issue at hand. Table 4.6 shows the nature of stories covered.

Table 4.6: Nature of Maternal Health Story

Nature	Frequency	Percentages
Sensational stories	640	80
Balanced stories	160	20
Total	**800**	**100**

In regard to the 3 per cent presence accorded maternal health in The Nation and The Standard, at least half of this space is covered by stories with an international perspective. Local stories under the *County News* receive the least space (Table 4.7).

Table 4.7: Geographical Coverage

Geographical coverage of maternal health	Frequency	Percentages
International	400	50
National	160	20
Local (County)	240	30
Total	**800**	**100**

A significantly high number of stories on maternal health are not written by journalists but by guest writers. These constitute people who have specialized in the area of reproductive health such as gynecologists/obstetricians, academicians and experts from the civil society. Table 4.8 reflects the existence of editorial policies that are not supportive of the coverage of maternal health since 50 per cent of writers on maternal health were not journalists, but guest writers who have an interest in maternal health issues.

Table 4.8: Writer of the Story

Writer	Frequency	Percentages
Local	176	22
Guest writer	400	50
News agency	200	25
Foreign journalist	16	2
Unknown	8	1
Total	**800**	**100**

Chapter Five

Summary and Conclusion

5.1 Introduction

This chapter provides a summary of the findings. It also presents a conclusion drawn from the findings and makes some recommendations.

5.2 Summary

The first objective of this study was to assess the extent of media coverage of maternal health in The Nation and The Standard newspapers in 2011. Having reviewed the number of stories published, space and prominence accorded these stories, the study shows that maternal health issues are among the least covered issues in the two newspapers. With maternal health stories accounting for just 2 per cent of headline or front page stories, this shows that maternal health stories have not been given prominence in The Nation and The Standard newspapers. The findings also suggest that the range of topics covered under maternal health are limited.

The second objective was to assess the depth of coverage of maternal health stories. The study sought to assess the degree to which a story can be considered to have been covered comprehensively. A comprehensive story is usually allocated full page or half a page in which case it ought to be about 800 words in length. A significantly high number of these stories were briefs which are often 100 words long. Full page feature stories were less than 50 per cent of all stories covered on maternal health.

5.3 Conclusion

Based on the findings, this study concludes that maternal health issues are not considered newsworthy by both The Nation and The Standard newspapers. Certain topics which are considered as determinant factor to maternal health such as safe abortion, received no coverage. Family planning, another key component of maternal health received only 6 per cent of space accorded to maternal health stories. This indicates that the extent of media coverage of maternal health is still low.

In addition, the degree to which these stories can be considered comprehensive is also low. Maternal health stories appear at the bottom of the list of topics in the news in both dailies. During this study, it became clear that although most maternal deaths are preventable, the Millennium Development Goal (MDG) 5: Improve Maternal Health , is proving difficult to achieve as thousands of women continue to die in Kenya from pregnancy-related causes. But, this issue is still yet to receive substantial media coverage. The absence of media attention towards maternal health denies the public an opportunity to understand the gravity of maternal deaths. Further, this indicates that, in relation to maternal health, the media is absconding from its primary roles which are to inform and educate the public on issues that are important to their well being. By doing so, the media also violates the public's rights to information which is a critical prerequisite to people's ability towards enjoy the highest attainable level of well being, since right to health includes access to information.

5.4 Recommendations

5.4.1 Review Editorial Policies

The study recommends a review of editorial policies that impede the coverage of maternal health issues, primarily denying the public their right to access information. Every media house is guided by a set principle of editorial guidelines. These principles determine what is considered newsworthy and what is not. The Nation and The Standard media houses in Kenya should encourage more coverage of maternal health issues, by assigning journalists stories on maternal health. Maternal health related stories are often not 'desktop stories'. This means that a writer has to go to the field, interview a wide range of sources, hence incurring costs.

5.4.2 Review Administrative Procedures

The study further recommends a review of administrative procedures to ensure that they support journalists seeking to cover maternal health stories by providing a budget to facilitate movement. This would not only expand the space occupied by maternal health stories but it would also increase the range of topics covered. Further, when journalists are facilitated to go to the field to pursue story ideas, this would ensure that stories covered are bigger, in terms of space and are therefore published as feature stories.

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Appendices

Appendix 1: Analytical criteria

1. Where is the story placed in the newspaper?

        1. Front page

        2. Back page

        3. Page 2

        4. Page 3

        5. Page 4

2. What is the size of the story?

        1. ¼

        2. 1/8

        3. Half

        4. Full page

3. What is the type of the story?

        1. Feature

        2. News

        3. Editorial

4. Commentary/ Opinion

5. Letter to the editor

6. Filler/ brief

4. What is the subject of the story?

1. Family planning

2. Health services and infrastructure

3. Service providers

4. Funding

5. Safe abortion

6. Unsafe abortion

7. Obstructed labor

8. Mother's medical condition (High blood pressure, infection in the reproductive health system)

9. Culture

10. Poverty

5. What the theme of the story?

1. Curative

2. Preventive

6. What is the geographical scope of the story?

    1. Local

    2. National

    3. Regional

    4. Global

7. What is the origin of the story (who wrote the story?)

    1. Local journalists

    2. Guest writer

    3. Foreign journalist

    4. News Agency

    5. Unknown

8. Is the story accompanied by a photo?

    1.   Yes

    2.   No

9b. If yes, what subject does it communicate?

    1. Family planning

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2. Health services and infrastructure

3. Service providers

4. Funding

5. Safe abortion

6. Unsafe abortion

7. Obstructed labor

8. Mother's medical condition (High blood pressure, infection in the reproductive

   health system)

9. Culture

10. Poverty

10. Would this story be useful for further analysis in relation to its depth, extent and roles it

plays in creating public awareness?

1.   Yes

2.   No

Appendix 2: Print Media Monitoring Tool

	STORY	Placing of the story							
		Size of the story							
		Type of the story							
		Subject of the story							
		Message							
		Geographical Scope							
	PHOTOGRAPH	Subject represented by the photo							
	FURTHER ANALYSIS/	Yes							
		No							

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