IMPACT OF MEDIA COVERAGE ON THE UPTAKE OF FREE MATERNITY SERVICES IN MWALA CONSTITUENCY

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DECLARATION

This research project is my original work and has not been presented for the award of a degree in any other university.

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This research project has been submitted for examination with my approval as the university supervisor.

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DR. WAMBUI THUO
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My most sincere thanks to the Almighty for granting me and my family good health and thus I was able to focus on my studies.

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DEDICATION

I dedicated this project to my loving parents Anne Katumo and Francis Katumo who believed in me. My husband Benard Ayieko and our son Bevan Ayieko for their support.
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LIST OF ABBREVIATIONS

ANC – Ante-Natal Care
HBM - Health belief Model
ICPD - International Conference on Population Development
KDHS - Kenya Demographic and Health Survey
MDG-Millennium Development Goal
MMR - Maternal Mortality Rate
SMI - Safe Motherhood Initiative
SPSS- Statistical Package for Social Sciences
TV-Television
UNFPA-United Nation Population Fund
UN-United Nations
USAID-United States Agency for International Development
WHO-World Health Organization
ABSTRACT

Media has been accused of avoiding public interest issues and instead focusing on making money and ignoring social responsibility to educate and inform. Media organizations are profit making entities who will give editorial space only if one can pay. Key messages could be left out to create room for the more lucrative venture like advertisement. In Kenya’s mass media system, editors have power and legitimacy to decide on media content. It is difficult for health or science matters to be covered regularly when politics and other news are more sensational. Kenya enjoys a more diverse, liberalized media scene than many other African countries, and therefore stands a good chance in in-depth coverage of reproductive health issues. The study sought to examine the impact of media coverage on the uptake of free maternity services in Machakos County: Mwala constituency. The specific objectives were to evaluate awareness and effectiveness level of free maternity services media campaign on the uptake of free maternity services, to assess the gaps in maternal media campaign on the uptake of free maternity services and to assess attitudes and perception towards the free maternity services in public hospital on the uptake of free maternity services. The study applied descriptive research design which applied both quantitative and qualitative research methods to maximize theoretical implication of the research findings. The target population of the study comprised of the households in Mwala constituency that has 163,032 people. The researcher grouped the population into nine strata based on administrative wards of Mwala constituency namely; Wamunyu, Yathui, Vyulya, Muthetheni, Miu, Masii, Kibauni, Ikalaasa, Mbiuni, Wards of Mwala constituency in Machakos County. Simple Random sampling was used to proportionately select a sample population of 270 respondents from the nine administrative wards which comprised of 8 key informants and 262 household heads. Data was collected through a self-administered questionnaire for the household heads. Focus group discussion was used to collect qualitative data. Quantitative data was analyzed using descriptive statistics. Qualitative statistics were analyzed using content analysis through developing a framework of themes .Further the study established that media is a powerful mechanism to promote awareness and education of public issues. The study concluded that culture, religion and socio-economic factors affects maternal health care and that there is a positive relationship between attitude, free maternal care services uptake and maternal media coverage. The study recommends that the free maternity policy be all inclusive of men and women to encourage women in attending antenatal clinics from the onset of their pregnancy. To build capacity of medical professional on soft and communication skills to counter negative perception on service delivery. Government to carry out capacity building on traditional birth attendants on best practice of handling emergence and putting referral systems in place. The study recommends for more research to be carried out in other counties to ascertain impact of media coverage on free maternity services uptake.
CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

For a decade, the Millennium Development Goals (MDGs) have set a global health agenda that shapes national health systems and interventions in local communities. In line with the health related Millennium Development Goals (MDGs), global health initiatives have also shown a shift in attitude from focusing on ill health and hospitals to a focus on public health in which communities and families should learn to control and take care of their own health (Lawn et al. 2008). Millennium Development Goals related to child survival and maternal health (MDGs 4 & 5) are said to be “garnering a more cohesive commitment” and, a global technical agreement has been advanced to determine ways of improving survival in the poorest countries. However, achieving these improvements has remained a challenge.

MDGs being the principal global agenda pursued by nations, the preoccupation of countries like Kenya with meeting the MDGs objective cannot be underestimated. The Health Sector Development Program, the country’s major strategic document, defines itself as “the expression of (the Government of Kenya) renewed commitment to the achievement of the MDGs as one of the top global policies influencing the national policies and strategies”. The priority attached to selected diseases and conditions for national health interventions that match diseases and conditions captured in the MDGs imply the vertical relations between global health agendas and national implementations.
In improving maternal health Millennium Development Goal (MDG) reinforces decades of international commitment and national efforts to address problems associated with reproductive health, safe motherhood, and family planning. It builds on past global agreements such as the Program of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994, the Platform of Action of the Fourth World Conference on Women held in Beijing 1995, and the UN International Development Targets established in 1995. The global commitment to achieving the MDGs provides a unique opportunity to reexamine, refocus, and scale up resources and program efforts by donors, governments, and civil society to improve maternal and reproductive health for individual and societal well-being.

Maternal health care is a key societal issue, which needs attention for any country working towards achieving millennium development goals by 2015. Media has a role in highlighting and creating awareness on perceptions and policy on maternal health issues both to the government and the society. In Kenya’s mass media system, the editors have power and legitimacy to decide on media content. It is difficult for health or science to be covered regularly when politics and other major news carry more weight. Kenya enjoys a more diverse, liberalized media scene than many other African countries, and therefore stands a good chance in in-depth coverage of reproductive health issues (Pan & Kosicki, 1993).

Health Journalism is an evolutionary yet established beat in most reputable papers as well as in the TV and Radio Media. It naturally has a significance as journalists
simultaneously undertake multiple role of informing and educating the public as well as holding the medical authorities and in some cases government functionaries accountable viz a viz their role in securing the life and health of mother and child. In other words, a health journalist attains the role of advocacy for provision of state of the art facilities to mother and child so as to increase the life expectancy as well as assure happy healthy mothers to nurture the future generation of the society (Beamish, J. 1993). Mass media is an important vehicle for the dissemination of health messages, more especially those related to maternal health. The focus on other areas of health like public health reporting has attained more prominence and overshadowed reporting on maternal health. This has consequently given the illusion that maternal health is of less importance, which is a big misconception altogether (Lai, 2008).

Large sums of money are spent annually for materials and salaries that have gone into the production and distribution of booklets, pamphlets, exhibits, newspaper articles, and radio and television programs. These media are employed at all levels of public health in the hope that three effects might occur: the learning of correct health information and knowledge, the changing of health attitudes and values and the establishment of new health behavior (Noar, 2006).

The role of media in reporting maternal health issues is to create a behavioral shift in the society to a more sensitive and responsible attitude by internal and external actors of a house towards their pregnant women and new-borns (Gupta, 2010). Media can hold public awareness to change perceptions. This includes journalists who cover health
matters frequently carrying out investigative stories on the key pillars of maternal health and debunking many myths that may be held by the society as well as positioning mothers as the bridge to life. They can also promote pregnancy as a special condition requiring proper care, nutrition, hygiene and clinical care (Beamish, 1993).

Media can also encourage birth preparedness including savings and arrangement for emergency; promote caring husbands as role models. In light of promises made in the health policy by the government and the targets set in its development budget appropriations and supplementary grants it is the journalists’ duty to analyze the budget allocations and their actual spending on maternal health issues in the country and to unveil to what extent they cover the maternal needs for all regions of the country (Beamish, 1993).

Mass media is critical in influencing behavior, attitudes and policy changes in the way it portrays information. Professionals expect more specialization and space allocation on health issues than politics in the media (Dorfman, 2005). They also need the press to be innovative, creative, and catalytic and practice the ‘politics of health’ in its coverage. Some of the health articles in the media bring a lot of confusion and generate controversies. Instead, public health professionals expect proper interpretation from the media based on accurate cross-checked data (Sahar et al, 2000). Presentation of debates and data must be more accurate and informative.
There is also a need for good analysis and interpretation of the issues covered. Media should handle controversies by asking questions, which people want answered. With regard to women media ought to reach more women with friendly programs that help them understand basic health issues (Sahar et al, 2000).

Mass media coverage has been a tool for promoting public health (Noar, 2006) especially to expose high proportions of large populations to messages through routine use of television, radio, and newspapers. It involves diverse topics and target audiences have been conducted for decades. Some reasons why information campaigns fail is an early landmark in the literature (Brezis, 2008). Exposure to such messages is, therefore, generally passive (Akefield, 2010). Such coverage are frequently competing with factors, such as pervasive product marketing, powerful social norms, and behaviors driven by addiction or habit.

Media has been accused of avoiding public interest issues and instead being focused on making money and ignoring social responsibility to educate and inform. Media organizations are profit-making entities who will give editorial space only if one can pay. Key messages could be left out to create room for the more lucrative venture, advertisement. Consumer demands also influence this trend since health issues are not controversial enough. It is a function of what the audience wants and thus the ease in packaging entertaining issues. The most vulnerable group being women and children who are disadvantaged when it comes to accessing public health information from mainstream media. Public is generally uninformed on what public health issues are.
Many think it is a preserve of the professionals and elite and this has made the public naive. The problem is partly as a result of packaging and dissemination of information. While some shareholders recognize the role played by media in educating the public on health issues, there is still consensus that a lot needs to be done (Ramsay et al 2009).

Women need information about maternal healthcare services during their pregnancy period so that they can make informed decisions on when and where to seek these services. Health education programmes during antenatal clinic should inform women about reproductive health, knowledge related to sexuality, nutrition, family planning, malaria, HIV/AIDS etc. (Barnet 2003; Lesser 2003). Information should indicate where these services are offered, including the requirements for attending ANC services. In Kenya, maternal healthcare services including family planning services is provided by both public and private health facilities. Lack of enough awareness concerning free maternal health services could be a major barrier to women’s utilization of maternal health services.

Matua (2004) and Jewkes (1998) cited lack of adequate information about maternal health service, laboratory tests results and dangers of late bookings or not attending ANC services at all, as contributors to the poor utilization of maternal healthcare services. Inadequate information about these services and its benefits to the mother’s and the infant’s health may also negatively influence utilization of maternal healthcare services. Sometimes, pregnant women may not be aware of the health problems related to poor or no utilization of maternal health services (Dennit, 1995).
Behavior is expected to change if pregnant women are aware of the implications of not delivering in an hospital and if they are convinced of the benefits of practicing preventive care. Perceived benefits of utilizing these services will provide a platform for interacting with other pregnant women, identifying needs or problems and jointly arriving at possible solutions to these needs (Adelman, & Verbrugge, 2000).

1.2 Statement of the Problem

Under-utilization of free maternal services by pregnant women is borne out of the assumption that most of the pregnant women are not adequately exposed to health information from media (Kistiana, 2009). Research has shown that frequent media exposure, usage and awareness on free maternal services can lead to reduction in maternal mortality. Several studies (Sood et al., 2009; Ngilangwa, 2007) have confirmed the fact that exposure to media can lead to greater awareness of health related issues. Despite the above fact that media exposure leads to greater awareness of health related issues, most pregnant women in Kenya seem not to be adequately exposed to media for awareness on the importance of utilizing maternal health services since its utilization is not at 100% and yet the services are free.

Several studies have reported that inadequate maternal care for pregnant women is highly associated with negative maternal consequences and poor results (Raatikainan, Heiskanen, &Heinonen, 2007). Cox (2009) found out that insufficient maternal care delivery including communication of health promotion advice among other factors was significantly associated with adverse pregnancy outcomes. Kistiana (2009) from a study
in Indonesia confirmed that women’s education or level of literacy increases their exposure to media information. In northern Nigeria, Kano there seems to be high illiteracy level among pregnant women, which limits their media exposure and thus usage of maternity services. Ragupathy (2006) argues that even those that are literate do not have adequate purchasing power to access information and health services.

Radio as a medium of information is widely used in the rural areas although the timing of the maternal programs may be aired when women are busy with their household chores thus missing out. The factor of having the messages in non-local dialect will hinder in grasping free maternity services content well. Adamu and Salihu (2002) carried out a community-based survey on barriers to the use of maternal and obstetric care services in rural Kapsabet, Kenya revealed that a husband decides the place for maternal care clinic and often a woman needs her husband’s permission to seek medical care.

It is from this argument that a concentrated effort is required in sensitizing the public on the free maternity services which will propel the country towards achieving Millennium development goals on reduction of child mortality and improving maternal health. Mwala constituency was chosen as the area of the study due to the fact that the issue of illiteracy is high as well expectant women have to consult their husbands before patronizing any health care facility. This study sets to find out the impact of media coverage on uptake of free maternity services in Kenya case of women in their reproductive age (13-49 years) in Mwala constituency Machakos County.
1.3 Research Objectives

1.3.1 General objective

The general objective of this study is to examine impact of media coverage on the uptake of free maternity services in Mwala Constituency.

1.3.2 Specific objectives

The specific objectives of the study are:

i. To evaluate awareness and effectiveness level of free maternity services media coverage on the uptake of free maternity services.

ii. To assess the gaps in maternal media coverage on the uptake of free maternity services.

iii. To assess attitude and perception towards the free maternity services in public hospital on the uptake of free maternity services.

1.4 Research Questions

i. What is the awareness and effectiveness level of free maternity services media coverage on the uptake of free maternity services?

ii. What are the gaps in maternal media coverage on the uptake of free maternity services?

iii. What is the attitude and perception towards free maternity services in public hospital on the uptake of free maternity services?
1.5 Significance of the study

Maternal death is still a global problem that needs to be addressed seriously especially in developing countries where the problem is more pronounced. This study attempts to contribute to the understanding of maternal and reproductive health from the communication perspective. Policy-wise, this work will contribute additional research findings on health communication and promotion, maternal and reproductive health, public health and epidemiology. This research is equally important because of the need to compliment the works of other experts in health and communication fields. The World Health Organization (WHO), the International Planned Parenthood Federation (IPPF), the United Nations Populations Fund (UNFP), the Millennium Developments Goals (MDGs), the West African Media Network (WAMNET) and other various organizations and conferences on reproductive health and women development in the family, are deeply interested in maternal health. The health of the mother is intertwined with that of the child and the whole family and a loss of a mother shatters the whole family and threatens the well-being of surviving children.

Generally speaking, there is a need for studies on reproductive and maternal health in the family to better appreciate how to further develop the family institution. This study will also shed light on the media preferences of pregnant women on maternal care programs. There is limited research on assessing the media needs of women. The information from this exploration can enhance the knowledge of media organizations and health care providers working in maternal clinics with the needs of the pregnant women in their voices and this may be unique.
Similarly, this study will recommend further research among women, students of communication and health, scholars, research institutes and media organizations interested in conducting similar related research on women studies and health communication, which is fast becoming an independent academic field.

1.6 Limitations of the Study

The researcher anticipates busy schedules of the respondents due to the nature of their work. Authenticity might be another major issue, mothers who have delivered under unskilled professional might not volunteer the information. To undo this researcher will have to clearly tabulate importance of honest in data collection and that the information gathered will go a long way in informing policies on behavior change communication. Financial and time constraints might be experienced, to get a sample which is representative of all sampled households this might call for focus group discussions. The study will be limited to Mwala constituency in Machakos County, which is an electoral constituency in Kenya. The population of the study will be the household in Mwala constituency that currently, has 163,035 people.

1.7 Definition of Terms

For the purpose of this study the following key terms will be to be used.

1.7.1 Mass media

Any of the means of communication, as television or newspapers that reach very large numbers of people.
1.7.2 Maternal health

Maternal healthcare: are services offered to a pregnant woman they include antenatal, delivery and post delivery services.

1.7.3 Free maternal health care

Non-payment for services offered to pregnant women i.e. antenatal, delivery and post natal services.

1.7.4 Awareness

Knowledge gained through own perception or being informed by being cognizant of current development in regard to free maternal healthcare services offered in public hospitals.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction
WHO (2005) recognized that media both print (newspaper, magazines) and the electronic (radio and TV) have very important roles in driving public opinion and actions to raise awareness regarding promotion of maternal and child health care. This chapter intends to look into what other scholars say about free maternity services with regards to awareness level and effectiveness. The gaps identified in this coverage as well as the perception and attitude of women in their reproductive age towards public hospitals where these services are being offered.

2.2 Awareness and effectiveness of maternal media coverage
The success of maternal communication has falsely been underestimated because evaluations have often not focused on whole policy but on parts of strategies and programmes which claimed to be independent campaigns (Pott, 2003a). A more detailed definition describes media coverage as “an integrated series of information sharing activities, using multiple operations and channels, aimed at populations or large target audiences, usually of long duration, with a clear purpose” (Flay & Burton, 2009). Coverage need to be distinguished from small-scale interpersonal persuasive communication interventions where one or a few individuals try to influence only a few others (Rogers & Storey, 2007).
Public health coverage differ from commercial product marketing coverage. The aim of media coverage is not to benefit the private self-interest of the sponsor, but to benefit individual receivers and the society as a whole (Atkin, 2001). The aim of public health coverage is to change fundamental behavior, reach a large proportion of the population rather than being satisfied with small shifts in consumer behaviour and aim at outcomes and benefits which are not direct but delayed and usually intangible (Flay & Burton 2009; DeJong & Wisten, 2010). Also, maternal media coverage do not sell a product (Flay/Burton 1990).

This usually makes them more trustworthy and credible than product marketing coverage (Flay & Burton, 2009; Abt & Joss, 2008), but also causes one of the difficulties. Promoting a positive message is more difficult than promoting tangible products. In the 1950s, this was illustrated by the phrase “Why can’t you sell brotherhood like soap” (Wiebe 1951-1952).

Public health community still knows too little about advertising and needs to consider strategies, which are used, in the commercial sector so they can adapt them to health campaigns. Professionalism is even more important in the advertising of benefits, which are difficult to sell (Atkin, 2001). Several studies on health in the developing world have revealed the significance of the mass media in spreading messages on health matters (Kistiana, 2009; Hodgets & Chamberlain, 2006; Thornson, 2006; Alexander, 2005; WHO, 2005). Means of communication normally utilized are the print and the electronic media. Studies have also shown that women’s access to mass communication channels
contribute immensely to the uptake of health care services (Sood, Sengupta, Shefner-Rogers, & Palmer, 2009; Kistiana, 2009).

Woman who has access to maternal services information is more likely to utilize the service. Navaneethan and Dharmalingam (2002) submit that well-informed women are in a better position to receive ANC services. This shows that exposure to mass media promote health-related behavior in utilizing maternal health services. Health conscious women may be more likely than other women to initiate maternal care early, maintain a regular schedule of visits, and search for prompt medication like birth controls, inter-conception care as well as proper feeding (Walford, Trinh, Wiencrot, & Lu 2011; Alexandra & Kotelchuck, 2001). Findings of a study on impact of SIAGA Campaign on Maternal and Neonatal Communication Knowledge of Danger signs and birth preparedness in West Java, Indonesia revealed that awareness through the channels of mass communication leads to well informed decisions about severe bleeding as a danger sign as well as increased birth preparedness and antenatal behaviors (Sood et al., 2009, Valante & Saba, 1998).

Valante and Saba (1998) in a study of mass media and interpersonal influence in a reproductive health media coverage also found that mass media has a great influence of speeding social change, while Kistiana (2009) in Indonesia found that women’s exposure to media had a strong connection to ANC uptake and other maternal health services. In a study on prenatal health promotional needs of immigrant women in Winnipeg, Mugweni (2009) identified lack of knowledge of available resources as the main contributor to non
attendance of ANC clinics. The participants in the study expressed the need for increased awareness of ANC services. This could be achieved through the use of media. Therefore, comprehensive health promotion through raising awareness using the mass media could help to improve uptake of ANC services (Simkhada et al., 2006).

Simkhada et al., (2006) argues that media perform the necessary functions of providing information that empowers users to action and are an alternative source people rely on for health information about new health risks, disease outbreak and healthy living. WHO (2005) also recognized `that media both print (newspaper, magazines) and the electronic (radio and TV) have very important roles in driving public opinion and actions to raise their awareness regarding promotion of maternal and child health care. Media has also been recognized as powerful mechanisms to promote awareness and education of public issues and can probably influence decisions of government and policy makers on health policies and medical care (Evans & Ulasevich, 2005). Therefore, mass media play a central role in informing the public about health and medical issues (Thorson, 2006).

WHO (2005) argues that mass media has the ability to create an informational environment where development is stimulated. Agudosi (2007) maintains one major way of promoting health care is by engaging in a mass media campaign, which is believed to reach the target audience and change their behaviors. Deducing from the above one can say that mass media remains a key component of the global strategy for sustainable health development through adequate information and education on issues of great concern. Thus, in the efforts to reduce maternal mortality, mass media can continue to
play a crucial role of change agent in creating awareness about the importance of utilizing maternal health services like antenatal care.

### 2.3 Attitudes and perception towards the free maternity services in public hospital

Studies reveal that the attitude of mothers has a bearing on the utilization of free maternal care. Sallam et al., (2013) points out that mother’s attitude towards health care is determined by their experience or what they observe other mothers going through during maternal care. For example in the Canada, most mothers had a very good perception of the public maternal care financed by Medicare (Bilszta et al., 2011). This was because the policy focuses not just on providing free maternal care but also on strengthening primary care, and broadening the adoption of health information technology. With these good perception most mothers in Canada preferred use of the public health maternal care service to the extent that two thirds of the mothers are using it compared to a third who are still using the private care system (Alter et al., 2004). The rate of maternal mortality in Canada is also very low due to proper adoption of the maternal care services to as low as 0.7% due to the good administration of the maternal care in Canada. Such facts have led to improved attitude and consequently utilization of the maternal care in Canada (Hogan et al., 2010).

The positive relationship between attitude and utilization of maternal health care is also experienced in Japan, Heneck (2003) explained that in Japan there was effective free maternal care, proper management of maternal resources and well trained staff to administer the maternal care services, this has seen improvement in the number of
women preferring to use the free maternal care due to the good perception that has been created as a result of the good administration of the maternal care. The opposite is true, poor attitude by women translates to low utilization of the maternal care. In Bangladesh where the maternal mortality rate is the highest standing at 3.2 per 1,000 live births, there has been inadequate maternal healthcare services, poor awareness, improper maintenance and dysfunctional systems (Persson et al., 2012). With these low levels of the indicators of health, maternal health and reducing child mortality have been observed. This has led to poor attitude by the citizens and consequently low utilization of the maternal care services (Labrique, 2013).

A cross-sectional survey was carried out on a representative sample of 423 slum mothers having children aged 0-12 month(s). Data were collected in 4 slums located in 2 wards of Dhaka City Corporation under the administrative Zone. Cross-tabulation and unilabiate statistical techniques were applied in the study (Kagaranza, 2005). Perception and practices towards antenatal care, safe delivery, and postnatal care were the main outcome variables. It was found that utilization of consultation of antenatal care, antenatal visits from healthcare facilities of their locality and use of the health facilities for deliveries was associated with the attitude of the women towards the maternal care services. Moreover, in the urban slum, women had better attitude towards maternal care services compared to the rural slum and this explained why a large proportion (70%) of the mothers still delivered their babies using the health care facilities in the urban slum as compared to 26% in the rural slum. For treatment of delivery-related complications, 87% of the
women in the urban slum preferred hospital care compared to 15% in the rural slum that preferred hospital care but practically they did visit the facilities (Karaganza, 2005).

In most African countries, maternal health issues, which include family planning, pregnancy and childbirth, have long been regarded exclusively women’s affairs (Choi, 2012). Although the health of mothers is determined by many factors including the attitude of the mothers towards the maternal care, this is one important factor that has been neglected according to Choi, (2012). Women’s attitude is crucial in determining their level of adoption of the maternal care services. Factors responsible for determining women’s attitude include culture, religion, and ignorance, the observation of the operations of the maternal health care and socio-economic factors. It has been observed that women who had a good attitude towards maternal health care issues were more likely to adopt the maternal services as a promising strategy for promoting maternal health.

Hosseinpoor, (2011) observed that involving husband/partner and encouraging joint decision-making among couples may provide an important strategy in achieving women’s empowerment; this will ultimately result in reduced maternal morbidity and mortality. It has also been observed that women’s attitude is shaped by the opinion and behavior of their husband towards the maternal health care services and consequently their utilization of maternity care. The study established that the attitude of women could be improved by supporting the health facilities with better infrastructure, helping pregnant women to stay healthy, arranging for skilled care during delivery, avoiding
delays in seeking maternity care, helping out after the baby is born, and having responsible fathers with good attitude (Bertrand, 2013).

In Uganda Champagne (2008) reports that since the year 2006 the government has been strengthening maternal health care through improving access to medical supplies such as medicine and equipment, increasing the number of health care facilities and improving on community engagement in decision making in the health sector credited for having the best administration of maternal care. In areas where such developments have been achieved the perception of women in the maternal care services has been improved in a great way making women adopt the maternal care services by 15% as compared to areas where adoption has been low.

In Kenya National Commission for Human Rights (2013) reports that in Pumwani maternity hospital, which is the biggest maternity hospital in Kenya, there has been a massive pressure on the hospital facilities due to the very high number of women who assess the hospital for deliveries each day. This has led to a deteriorating of services in the hospital coupled with the general lack of facilities to handle the number of deliveries. This has led to poor attitude by women and mothers in Nairobi towards the hospital. Despite the many challenges such as insufficient funding, little investment in new infrastructure, lack of equipment and low staffing, negative publicity service delivery and theft of newborn the hospital gets mothers coming for delivery due to lack of reliable alternatives.
2.4 Media coverage gaps on maternal health

A review of past published literature reveal that knowledge on maternal education has a positive association with the utilization of maternity care services (Addai, 2000; Addai, 2008; Akin and Munevver, 2006; Beker et al., 2003; Celik and Hotchkiss, 2000; Ferdnandez, 2004; Stewart and Sommerfelt, 2001). In the United States of America, it was found that women who were well educated on the maternal care services, were more likely to adopt maternal health care practices. Literacy level in women increases their ability to understand maternal education. Women of higher level of education exhibit increased ability to understand the information passed to them by the health institutions and consequently are able to take up maternal care services in the institutions (Leslie and Gupta, 2009).

There is a strong positive correlation between knowledge of mothers on maternal issues and its utilization. Study in Australia that explored the characteristics of women who utilized and preferred to use government funded maternal care it was found out that all of them knew the meaning of maternal care, knew what it meant by normal delivery, recognized the complications that were likely to be experienced when delivery was administered using unqualified personnel and knew where to refer to in case of problems arising during pregnancy. On the other hand women who did not utilize maternal care services had a low understanding of these issues (Teate, 2011).

In Africa, studies show that high literacy rate of the respondents on maternity issues and high level of awareness of antenatal care among the respondents were associated with
adoption of maternal care services. In a study by Fatusi (2009), more than two third of the respondents who had adopted the maternal care services had good knowledge on the activities carried out in the provision of antenatal care. This is different to the findings of Fatusi and Babalola in Ileife, Nigeria where a lesser proportion (60.3%) of the respondents attended antenatal care (Fatusi, 2009) and shows that client knowledge is related to the utilization of health services. This is also supported by a study carried out by Nigussie et al (2004) in which maternal education was a strong predictor of preference for a place of delivery and mothers whose educational status was secondary high school and above were about 11 times more likely to give birth at health institutions than women with lower levels of education in Ethiopia (Tomkinson, 2011).

In the east Africa a study conducted in Tanzania on knowledge, attitude and practices on maternal and newborn health in Tanzania revealed that there was a strong positive association between knowledge on the importance of pregnancy care, antenatal care, hospital deliveries and postnatal care on practices like seeking the best hospital for deliveries, were engaged in breast feeding practices and regularly sought postnatal care services (Chung, 2013). In Kenya, a study explored the effects of ‘Kangaroo Mother Care’ training on knowledge, attitude and practice of health care providers in selected district hospitals in North Rift Region, Kenya. The study was conducted in Koibatek, Iten, Nandi North and Nandi South district. The study found that with increase in knowledge about the Kangaroo mother care services training, women were engaged more in breast feeding and other postnatal care services such as regular visiting of the clinics (USAID, 2011).
2.5 Maternal Health

Maternal health has emerged as global priority because of the huge gap in the status of mother’s well being between the rich and the poor countries. According to UN (2008), maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. In developed nations, where women have access to basic health care, giving birth is a positive and fulfilling experience. On the other hand, for many women in poor countries it is associated with suffering, ill health and even death.

Internationally, increasing attention given to maternal health has been concentrated in reducing maternal mortality. The tragedy of not preventing these avoidable or treatable deaths resulted in 536,000 maternal deaths worldwide in 2005 (WHO, 2006). Developing regions accounted for 99 percent (533,000) of these deaths, with sub-Saharan Africa and Southern Asia accounting for 86 percent of them (UN, 2008). Put another way, every minute of each year a woman dies from complications of pregnancy, abortion attempts and childbirth (UNFPA, 2004). Millions of women survive but suffer from illness and disability related to pregnancy and childbirths. It has been estimated by the Safe Motherhood Initiative (SMI) that 30 to 50 morbidities occur for each maternal death (Shiffman, 2003).

Improving maternal health and reducing maternal mortality has been main concern of several international summits and conferences. It began with the international conference on safe motherhood held in 1987 and continued through International Conference on Population Development (ICPD) 1994 and again through ICPD+5 (five-year review of
the 1994 ICPD) and the Millennium Development Goals. The first conference ended with a declaration calling for a reduction in maternal mortality at least half by the year 2000. The ICPD set a goal of reducing maternal mortality to one half of the 1990 levels by 2000 and a further one-half reduction by 2015 (UNFPA, 2004). The Millennium Summit in 2000 calls for a 75 percent reduction by 2015 in the maternal mortality ratio from 1990 levels (UN, 2008).

However, as the deadline approached, these hopes had not been met yet, the world is nowhere near achieving this objective, and it is not even certain that global maternal mortality levels had declined in the past decade to any significant degree (Shiffman, 2003). WHO has summarized three crucial factors underlying maternal deaths. Firstly, lack of access and utilization of essential obstetric services. There is a negative association between maternal mortality rates and maternal health care utilization. WHO estimates that 88 to 98 percent of all pregnancy-related deaths are avoidable if all women would have access to effective reproductive health care services (Shiffman, 2003). Secondly is the low social status of women in developing countries. The low status of women can limit their access to economic resources and basic education, the impact is that they have limited ability to make decisions, including a decision related to their health and nutrition. Thirdly, too much physical work together with poor diet also contributes to poor maternal health outcomes.

Utilization of maternal care is one of the important factors to reduce the incidence of maternal mortality. United Nations recent report on maternal health care from
developing countries are as follow: the number of pregnant women who receive at least one antenatal care is approximately 74 percent in 2005 (UN, 2008); 40 percent of deliveries take place in health facilities (UNFPA, 2004); and skilled health personnel assist nearly 61 percent of births in 2006 (UN, 2008). Data indicates that government commitment to maternal health care has not reached the levels required to make strong impact on mortality rates. Many existing interventions have been found to be ineffective in preventing maternal deaths. Laws and regulations in many countries sometimes impede health care policies (mostly in specific areas such as sexuality education and access of adolescents to reproductive health information and services).

The quality of care that a mother receives during pregnancy, at the time of delivery and soon after delivery is important for the survival and wellbeing of both the mother and her child (KHDS 2008-09). Although KDHS reports shows a continuing increase in the proportion of women who make four or more antenatal visits from 52 percent in 2003 to 58 % in 2014, only 43% of women were informed of signs of pregnancy complications during an ANC visit (KHDS 2014).

On average, 488 women in every 100,000 die each year due to complications related to childbirth according to the same 2008-09 KDHS report. One of the key reasons for this is that about half of pregnant women deliver without the help of trained health personnel and as highlighted earlier few attend antenatal clinics where pregnancy complications could be identified. Government and private sector efforts to reduce MMR have borne little success. During the last general election campaigns, Jubilee Coalition promised to
give free maternal health care if they assumed power and true to their words they introduced policy on free maternity services in all public health facilities. All this towards achieving millennium development goals on reduction of child mortality and improving maternal health.

2.6 Theoretical Framework

Communication strategy that can influence behavior change is very key. Education on uptake of free maternity services should be grounded on a theory that concerns individual response and utilization of health services. The study will be grounded on various theories namely; health belief model, development media theory, and systems theory. Applied in a systematic way the full set of model components described above (to which may on occasions be added a general health perception variable) would have the potential to provide a relatively comprehensive understanding of the impact of media coverage in enhancing uptake of free maternity services.

2.6.1 Health Belief Model

This being one of the models of behavior change used for studying and promoting uptake of health services (Becker, 1974). It guides and informs health communication and promotion programs as regards to individual response and utilization of health services (Airhihenbuwa & Obregon, 2006). Health belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. This model was first developed in the 1950s by social psychologists Houcbaum, Rosenstock and Kegels working in the U.S. Public Health
Services. Becker and colleagues furthered HBM in the 1970s and 1980s. Subsequent amendments to the model were made in 1988 to accommodate evolving evidence generated within the health community about the role that knowledge and perceptions play in personal responsibility (Glanz, Rimer, & Lewis, 2002).

According to this model, the response and utilization of disease prevention programs will be predicated on an individual’s perception of the seriousness of the disease, severity of the disease, perceived benefit of services, and barriers to accessing such services (Janz & Becker, 1984; Strecher & Rosenstock, 1997). Glanz, Rimer, & Lewis (2002) stated that more recently, HBM has been amended to include the notion of self-efficacy or one’s confidence in the ability to successfully perform an action or the desired behavior.

Similarly, scholars argued that a wide variety of demographic, social, psychological, and structural variables might also impact people’s perceptions and indirectly their health-related behaviors. These mediating factors were later added to the HBM to connect the various types of perceptions with the predicted health behavior. Some of the important variables include educational attainment, age, gender, socio-economic status, personality and prior knowledge to mention just a few. Health Belief Model is depicted in Figure 2.1 below:
2.6.2 Development Media Theory

The concept of maternal care is anchored on development media theory. Development Media Theory attempts to explain the role of the press in fostering development and it looks at the press in countries that are conventionally classified as developing countries or third world. The theory lies on the use of media positively to promote the much needed development and transformation in the society (McQuail’s, 2005). Development Media Theory is used in this study because maternal services is a development issue, therefore through communication women could be brought into the process of identifying their needs of maternal and reproductive health for sustainable development in the society. This implies the need for an increased awareness of maternal health issues by media and other information organizations.
2.6.3 Systems Theory

Systems theory is also relevant to this study. As Parsons (1960) states that all social systems have certain basic needs, which must be met if they are to survive. These needs are known as functional prerequisites namely; adaptation to the environment, goal attainment and integration of units into the larger social system and maintenance of value patterns over time. Thus, the function of any part of society is its contribution to the maintenance of the society (Parson, 1960). This means that the major parts of an organization must work harmoniously for the survival of the organization in particular and the social system in general. Family is the core sub unit of the social system while mother and child are the main constituents of the social system. Health of the mother is intertwined with that of the child and the whole family and the loss of a mother shatters the whole family and threatens the well-being of surviving children and her contribution to the development of her society is wasted. Although, the above theories have been utilized in this research, there are other theories that are equally relevant including the Uses and Gratification theory and the Risk -Reduction Management theory.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction
The chapter presents the research design, location of the study, target population, sample size, sampling procedure and techniques. Research instrument and validation of research instrument is also explained in this chapter. Data collection procedure, processing, analysis and presentation are also elaborated in this chapter.

3.2 Research Design
Orodho (2003) defines a research design as the scheme, outline or plan that is used to generate answers to research problems. Descriptive research design was applied in this study which applied both quantitative and qualitative research methods to maximize theoretical implication of the research findings. Descriptive survey was used in this study because it can answer questions such as “what is” or “what was” The purpose of a descriptive research is to examine a phenomenon that is occurring at a specific place(s) and time and elicit recommendations Creswell (2008) stated that the descriptive method of research is to gather information about the present existing condition. The emphasis was on describing rather than on judging or interpreting. The descriptive approach is quick and practical in terms of the financial aspect.

Moreover, this method allows a flexible approach, thus, when important new issues and questions arise during the duration of the study, further investigation may be conducted.
The phenomenon under investigation is media coverage and the uptake of free maternity services and gets evidence on the awareness and effectiveness level of the message. In addition it brought to light the relationship between behavior change and awareness because survey is a direct source of knowledge about human behavior according to Singh and Bajpai (2008). This was to help the campaign designers to not only depend upon campaigns for behavior change but also other related factors that came into play.

The study also used descriptive design method because it made respondents comfortable in putting across the gaps identified in the campaign as well as their attitude and perception of using public hospitals services. Information that was gathered will advise on the decision process of the policy makers in free maternity programmes so that funds will only be used on strategies that will yield positive results of reducing child mortality rate and improving maternal health. The data will guide future campaign designs and strategies.

3.3 Research Site

The study was carried at Mwala constituency in Machakos County, which is an electoral constituency in Kenya. The researcher carried out the study in specific wards of Mwala constituency namely; Wamunyu, Yathui, Vyulya, Muthetheni, Miu, Masii, Kibauni, Ikalaasa, Mbiuni, Wards of Mwala constituency in Machakos County. The respondents in these wards included household heads who gave information concerning utilization of free maternal health care services. The single most important livelihood in the constituency is mixed farming, which is practiced by about 39 percent of the population.
in Mwala constituency (Machakos County Development Plan, 2008-2012). Mwala constituency was selected for the study as it has the highest number of wards in Machakos County and thus it would be a representative.

3.4 Research Population

According to Kothari (2004), a population is a well-defined set of people, services, elements, event, and group of things or households that are being investigated. Mugenda and Mugenda (2008), explain that the target population should have some observable characteristics, to which the researcher intends to generalize the results of the study. This definition assumes that the population is not homogeneous. The population of the study was the household heads in Mwala constituency that has 163,032 according to Kenya 2009 Population and Housing Census (2010). Mwala was the best place for this study as it away from the city where level of income is low and thus utilization of the free maternity services will be highly welcomed.

3.5 Sampling Procedure and Sample Size

Since the population of the study was above ten thousand the researcher used Fisher’s et al (1998) formula will be used to calculate the required sample size.

\[
n = \frac{z^2pq}{d^2}
\]

\(n\) = desired sample size

\(z\) = the standard normal deviation at the required confidence interval

\(q\) = 1 - \(p\)

\(d\) = degree of accuracy
p= proportion of the target population estimated to have particular characteristics being measured

\[ n = \frac{1.96^2 \times (0.5) \times (0.5)}{0.05^2} = 270 \]

From the target population of households, the researcher used simple random sampling to proportionately select 270 respondents. This gave the study a sample size of 270 respondents.

Stratified random sampling procedure was used to select the sample. This was because the technique produces estimates of overall population parameters with great precision (Shuttleworth, 2009). The researcher grouped the population into nine strata based on administrative wards of Mwala constituency namely; Wamunyu, Yathui, Vyulya, Muthetheni, Miu, Masii, Kibauni, Ikalaasa, Mbiuni, Wards of Mwala constituency in Machakos County. From the sample of 270 respondents, the researcher used simple random sampling to proportionately select 270 respondents from the nine administrative wards. From each of the strata, 30 household heads were selected to participate in the study. This is also in conformity with Krejcie, Robert V. Morgan, and Daryle W. (1970) Table of determining sample size for research activities.
Table 3.1 Sampling frame

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Sample size(groups)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wamunyu</td>
<td>30</td>
</tr>
<tr>
<td>Yathui</td>
<td>30</td>
</tr>
<tr>
<td>Vyulya</td>
<td>30</td>
</tr>
<tr>
<td>Muthetheni</td>
<td>30</td>
</tr>
<tr>
<td>Miu</td>
<td>30</td>
</tr>
<tr>
<td>Masii</td>
<td>30</td>
</tr>
<tr>
<td>Kibauni</td>
<td>30</td>
</tr>
<tr>
<td>Ikalaasa</td>
<td>30</td>
</tr>
<tr>
<td>Mbiuni</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>270</strong></td>
</tr>
</tbody>
</table>

3.6 Instrumentation

The primary data collection was conducted using questionnaire and focus group discussion. This is because data collection instrument is primarily easy, applicable and very much practical to the research problem and the size of the population. It is also cost effective (Denscombe, 2008). A self–administered questionnaire with both open and closed ended questions was developed and administered to obtain information from the 270 respondents. The questionnaire had two major sections. The first part sought background information of the respondents while the other part had questions based on the study questions. The structured questions were used in an effort to conserve time and money as well as to facilitate in easier analysis as they were in immediate usable form; while the unstructured questions were used to encourage the respondent to give an in-depth and felt response without feeling held back in revealing of any information. Focus group discussion was also used in specific wards and this proved to be cost effective and gave in-depth information.
3.6.1 Validity

Validity indicates the degree to which an instrument measures what it is supposed to measure; the accuracy, soundness and effectiveness with which an instrument measures what it is intended to measure (Kothari, 2004) or the degree to which results obtained from the analysis of the data actually represent the phenomena under study (Mugenda & Mugenda, 2008). The research instrument were availed to the lecturers at University of Nairobi, and peers who established its content and construct validity to ensure that the items were adequately representative of the subject area to be studied.

3.6.2 Reliability

Reliability is a measure of the degree to which a research instrument yields consistent results after repeated trials (Nsubuga, 2000). The researcher carried out a pilot study among 12 household heads in the Constituency. The pilot study was conducted among the household heads who did not participate in the main study. The reliability of the instrument was estimated using Cronbach’s Alpha Coefficient, which is a measure of internal coefficient. A reliability coefficient of 0.75 was indicative of internal consistency in the items in measuring the concept of interest (Frankell & Wallen, 2000; Mugenda & Mugenda, 2008). The suggestions made by the respondents on words and phrases that are not clear were incorporated in the final instrument.

3.7 Data Collection Procedure

Data was collected through a self-administered questionnaire for the household heads. Focus group discussion was used to collect qualitative data. The researcher obtained
approval from University of Nairobi School of School of Journalism and Communication Studies. The researcher explained the purpose of the study and offered guidance to the respondents on the way to fill in the questionnaire before administering the questionnaire. For those respondents with difficulties in reading and filling in, the researcher interviewed them and filled in the information in the questionnaire for them.

3.8 Data Analysis

Data analysis is the whole process after data collection and ends at the point of interpretation and processing data (Kothari, 2004). The statistical package for social sciences (SPSS) was used; whereby frequencies, percentages, mean and standard deviations, generated from the various data categories were computed and shown in different graphs, tables and figures. Quantitative data was analyzed using descriptive statistics. Qualitative statistics were analyzed using content analysis through developing a framework of themes.

3.9 Ethical Considerations

The research was conducted in accordance with ethical guidelines of research. The identities of respondents filling the questionnaires and those who were interviewed were kept anonymous. For good and fair research, a letter from the Universities research office was carried by the researcher.
4.1 Introduction

This chapter presents data analysis and discussions. The study had three objectives namely; to evaluate impact of maternal media coverage, to assess the gaps in maternal media coverage, and to assess attitude and perception towards the free maternity services in public hospital in Mwala Constituency, Machakos County. Primary data was collected through administration of a self-administered questionnaire for the household heads in Mwala Constituency, Machakos County. The research was conducted on sample size of 270 respondents out of which 216 respondents completed and returned the questionnaires duly filled in making a response rate of 80%.

Mugenda and Mugenda (1999) stated that a response rate of 50% and above is a good for statistical reporting. The data was thereafter analyzed based on the objectives of the study. Some responses were placed on a five Likert Scale ranging from 1 (To no degree) to 5 (To a very great degree). A mean of above 3 is regarded to measure satisfaction on the test variables. Standard deviation was used to indicate the variation or "dispersion" from the "average" (mean). A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data is spread out over a large range of values. The findings were presented as per the different classes underlined below in percentages.
4.2 Demographic Information

The study sought to ascertain the background information of the respondents involved in the study, which included; marital status, education level and occupation. The background information points at the respondents’ suitability in answering the questions.

4.2.1 Respondents Marital Status

The respondents were requested to indicate their marital status. The findings are as presented in figure 4.1

**Figure 4.1. Respondent’s Marital Status**

![Marital Status Pie Chart]

The study established that 67% of the respondents were married, 15% were single, and 10% were divorced while 8% of the respondents were widow. This implies that majority of the respondents were married.
4.2.2 Respondents Education Level

Respondents were requested to indicate their education level. The findings were indicated in figure 4.2.

**Figure 4.2. Respondent’s Education Level**

![Bar chart showing education levels]

Based on the findings, most (45%) of the respondents had primary education, 30% had secondary education, 15% had tertiary education, 8% had no formal education while 2% were degree holder. This depicts that majority of the respondents had primary education. This is evident by the economic activities they are engaged in.

4.2.3. Respondent Occupation

The respondents were requested to indicate their occupation. The findings are as presented in figure 4.3
Based on the findings, 35% of the respondents indicated they were farmers, 20% were in non-formal employment, 15% were business people, 12% were housewife, 10% were in formal employment and 8% were in Jua kali. This depicts that majority of the respondents were farmers.

4.3. Awareness of Maternal Media Coverage

4.3.1. Degree of Awareness of Maternal Media Coverage

The study sought to determine the degree of awareness of maternal media coverage in Mwala constituency by the respondents. The respondents were asked to indicate the degree to which they agreed with statements in relation to awareness of maternal media campaign in Mwala Constituency. The results are as presented in Table 4.1
Table 4.1. Degree of Awareness of Maternal Media Coverage

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>Std Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media is a powerful mechanisms to promote the awareness and education of public issues</td>
<td>4.14</td>
<td>0.184</td>
</tr>
<tr>
<td>People rely on media for health information about maternal health services</td>
<td>3.88</td>
<td>0.124</td>
</tr>
<tr>
<td>House hold in my area have information of free maternity services communicated through mass media</td>
<td>4.09</td>
<td>0.226</td>
</tr>
<tr>
<td>I got to know about free maternal health services from the newspapers</td>
<td>3.45</td>
<td>0.338</td>
</tr>
<tr>
<td>I got to know about free maternal health services from the Radio</td>
<td>4.12</td>
<td>0.245</td>
</tr>
<tr>
<td>I got to know about free maternal health services from friends</td>
<td>3.97</td>
<td>0.172</td>
</tr>
<tr>
<td>I got to know about free maternal health services from the TV adverts</td>
<td>3.68</td>
<td>0.221</td>
</tr>
<tr>
<td>I got to know about free maternal health services from the Posters/billboards</td>
<td>3.42</td>
<td>0.335</td>
</tr>
</tbody>
</table>

From the findings the respondents agreed that media is a powerful mechanisms to promote the awareness and education of public issues (mean=4.14), followed by they got to know about free maternal health services from the Radio (mean=4.12), House hold in my area have information of free maternity services communicated through mass media (mean=4.09), they got to know about free maternal health services from friends (mean=3.97), People rely on for health information about maternal health services (mean=3.88) and they got to know about free maternal health services from the TV adverts(mean=3.68).

In addition, respondents moderately agreed that they got to know about free maternal health services from the newspapers (mean=3.45), and that they got to know about free maternal health services from the Posters/billboards (mean=3.38). This implies that
media is a powerful mechanism to promote the awareness and education of public issues. The findings of the study coincides with a study done by Evans & Ulasevich, (2005) who stated that media have been recognized as powerful mechanisms to promote the awareness and education of public issues and can probably influence decisions of government and policy makers on health policies and medical care. Therefore, mass media play a central role in informing the public about health and medical issues (Thorson, 2006).

4.3.2. Extent of Attribute of Uptake of Free Maternal Services

Respondents were requested to indicate the extent of attribute of uptake of free maternal services in public hospitals on maternal media coverage. The findings were as shown in figure 4.4

Figure 4.4. Extent of Attribute of Uptake of Free Maternal Services
From the findings 50% of the respondents attributed to a great extent uptake of free maternal services in public hospitals on maternal media coverage, 25% attributed moderate extent, 15% attributed very great extent whereas 10% attributed little extent. This implies that majority of the respondents attributed to a great extent uptake of free maternal services in public hospitals on maternal media coverage. This agrees with a study done by Kistiana (2009) in Indonesia who found that women’s exposure to media had a strong connection to ANC uptake and other maternal health services. Therefore, comprehensive health promotion through raising awareness using mass media could help to improve uptake of ANC services (Simkhada et al., 2006).

Information from focus group discussions indicated that respondents agreed to a great extent that media promotes uptake of free maternal health facilities. Most of them said that in the recent past media has become a tool through which information regarding maternal health care is passed to the citizens. Below is an example of how the conversations went

(Q)  Do you find media appropriate in communicating free maternal care?

R2:  Media is appropriate since most of the people have access of these facilities in the village and it may take time to know about it.

R8:  Yes, I find it appropriate as most of us have access to a radio which communicates this information concerning maternal care.

R3:  Yes it is fine and appropriate

R6:  My husband always advocates that we always switch on the radio so that we can get ample information concerning free maternal health care.
Q: So you guys you listen to the radio, don’t you?
R1: Certainly yes, many times.
R4: I listen to it when they are conversing about maternal care
R7: I listen to it when am free
R5: I even listen to the programme with my friends.

From the focus group discussion it is evident that media promotes uptake of free maternal health care services. This is evident in that most mothers in the village have at least a radio from where they can catch this news.

4.3.3. Respondents Awareness about Free Maternal Healthcare Services
The respondents were requested to indicate whether the media continuously inform them about free maternal healthcare services. The findings were as shown in figure 4.5

Figure 4.5. Respondent’s Awareness about Free Maternal Healthcare Services

From the findings majority (55%) of the respondents indicated that media continuously inform them about free maternal healthcare services while 45% were of the contrary
opinion. This depicts that media continuously inform the respondents about free maternal healthcare services. This findings are in agreement with Agudosi (2007) maintains, one major way of promoting health care is by engaging in a mass media coverage, which is believed to reach the target audience and change their behaviors. Thus, in the efforts to reduce maternal mortality, mass media can continue to play a crucial role of change agent in creating awareness about the importance of utilizing maternal health services like antenatal care.

From the focus group discussion the respondents indicated that media usually inform them about free maternal healthcare services. It emphasizes on the need to utilize free maternal services for early detection of any complication

Q. Are you continuously informed about maternal health care services by the media?
R5. Yes, on regular basis as it keep on reminding mothers on the dangers of delivering at home.
R3. Yes, especially morning hours when peoples mind are fresh.
R4. Yes and the message is usually repeated at intervals

Q. So you guys listen to the maternal media coverage, don’t you?
R3: Certainly yes, many times.
R4: The pressure is irresistible
R1: If I don’t listen to it continuously i might miss some important information which is deemed appropriate for mothers at the child bearing age.
R2: I even do it with different mothers so we can have a discussion on issues that I do not understand well. Sitaki kujifanya najua kila kitu halafu baadaye nipate madhara.
The general feeling shared by participants of focus group discussion was that media continuously inform them about maternal health care services.

4.4. Gaps in Maternal Media Coverage

4.4.1. Respondents Opinion on Gaps in Maternal Media Coverage

The respondents were requested to indicate whether there were gaps in maternal media campaign. The findings were as shown in figure 4.6

Figure 4.6. Respondent’s Opinion on Gaps in Maternal Media Coverage

From the findings above majority (60%) of the respondents indicated that there existed gaps in maternal media coverage while 40% were of the contrary opinion. This depicts that there existed gaps in maternal media coverage.

4.4.2. Extent of the Effect of Gaps on Maternal Media Coverage

The respondents were requested to indicate the extent of the effect of gaps on maternal media coverage. The findings were as shown in figure 4.7.
Based on the findings, most (35%) of the respondents indicated to a great extent gaps affect maternal media coverage, 30% indicated great extent, 20% indicated moderate extent, 10% indicated little extent while 5% indicated no extent. This depicts that to a great extent gaps affect maternal media coverage.

4.5. Effectiveness of Maternal Media Coverage

4.5.1. Effectiveness of Maternal Media Coverage

The respondents were requested to indicate whether maternal media coverage was effective. The findings were as shown in figure 4.8
From the findings majority (60%) of the respondents indicated that maternal media coverage was effective while 40% indicated that it was not effective. This depicts that maternal media coverage was effective. A study by Valante and Saba (1998) of mass media and interpersonal influence in a reproductive health found out that, mass media has a great influence of speeding social change. This agrees with the findings of the study that media is effective in that it communicates relevant information about maternal health.

Participants of the focus group discussion also indicated that media is very effective in communicating maternal health care services and facilities offering the services free of charge. Media has an important part to play in shaping the knowledge and attitudes of mothers so that they can seek better maternal health care services.
Q. How effective is media with regard to communicating maternal health care messages?

R1. Media is very effective as it communicates messages that enlighten mothers on how to undertake maternal health care.

R6. Yes it’s very effective as it has improved on the way we used to practice maternal health care.

R8. Media is effective as it has helped reduce maternal death.

Q. Does media enhance community health with reference to mother’s health?

R7. Media is effective as it has imparted the knowledge to the community on how they should take care of their mothers.

R2. “Although exposure to maternal media coverage may not be guarantee that listeners will take responsible steps in their own lives, this exposure may help shape listeners’ attitudes and expectations about maternal health care.”

R6. Definitely yes! Because mothers get to know dangers involved on practicing poor maternal care.

From the focus group discussion it was established that media is very effective in communicating maternal health care services with emphasis on the free maternity services. This is was supported by the fact that, most of the village dwellers at least possessed a media device from which they get access to information about maternal health services.
4.5.2. Extent of the Effectiveness of Maternal Media Coverage

The respondents were requested to indicate the extent to which they agree with the following statements regarding effectiveness of maternal media coverage. The responses were placed on a five Likert scale ranging from 1 (To no extent) to 5 (To a very great extent). The findings were as shown in table 4.2.

Table 4.2. Extent of the Effectiveness of Maternal Media Coverage

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>Std Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal media coverage has greatly improved mothers knowledge on maternal health care</td>
<td>4.09</td>
<td>0.235</td>
</tr>
<tr>
<td>Utilization of maternal health care is an important factor in reducing the incidences of maternal mortality.</td>
<td>3.89</td>
<td>0.126</td>
</tr>
<tr>
<td>Maternal media coverage encourages behavior that promotes health, prevents illness, cures disease and reduces child hood illness</td>
<td>4.02</td>
<td>0.186</td>
</tr>
<tr>
<td>Maternal media coverage helps in increasing knowledge, reinforce desired behavior patterns and changes lifestyles</td>
<td>3.68</td>
<td>0.335</td>
</tr>
</tbody>
</table>

From the findings respondents agreed that maternal media coverage has greatly improved mothers knowledge on maternal health care (mean=4.09), followed by Maternal media coverage encourages behavior that promotes health, prevents illness, cures disease and reduces child hood illness (mean=4.02). The respondents further agreed that utilization of maternal health care is an important factors to reduce the incidences of maternal mortality (mean=3.89). Finally the respondents agreed that maternal media coverage helps in increasing knowledge, reinforce desired behavior patterns and changes lifestyles (mean=3.68).
This implies that maternal media coverage has greatly improved mother’s knowledge on maternal health care. The findings of the study coincides with a study done by Leslie and Gupta, (2009) that women with high level of education exhibit increased ability to understand information passed to them by health institutions and consequently are able to take up maternal care services in the institutions. There is a strong positive correlation between knowledge of mothers on maternal issues and utilization of maternal health care.

From the focus group discussion the respondents indicated that maternal media coverage has greatly improved mother’s knowledge on maternal health care. This is because the respondents have been able to comprehend on what the message is advocating for. The conversation below illustrates the FGD.

Q. Has maternal media coverage influenced your knowledge of maternal health?
R4. Yes to a very great extent since I have known a lot of things I didn’t know before.
R7. Yes, it has been very beneficial since my knowledge level has moved from unknown to known. “Sasa naelewa vizuri vile nastahili kuhudumiwa na daktari”.

Q. Have mothers in your area gained some knowledge on maternal health care?
R2. Yes, most of them have benefited since they have changed from traditional birth attendants to trained medical personnel.
R6. Yes, since they have gained insights on the risks associated with delivering through traditional birth attendants.
R4. Yes they have gained knowledge which has enabled them to protect themselves from diseases that are associated with maternal complications.
The general conclusion made from the focus group discussion was that maternal media coverage has greatly improved mother’s knowledge on maternal health care. This is because mothers have gained an insight of what really maternal health care is and can patronize this service from onset of the conception.

4.6. Attitudes towards Free Maternity Services uptake

4.6.1. Relationship between Attitude and Free Maternity Services uptake

The respondents were requested to indicate whether there is a positive relationship between attitude and maternal media coverage. The findings were as shown in figure 4.9

Figure 4.9. Relationship between Attitude and Free Maternity Services Uptake

From the findings majority (75%) of the respondents indicated that there is a positive relationship between attitude and free maternity services uptake while 25% were of the contrary opinion. This depicts that there is a positive relationship between attitude and uptake of the free maternity services.
Sallam et al., (2013) points out that mother’s attitude towards health care is determined by the experience of the women with the health care facility or what they observe other mothers going through during the maternal care. For example in the Canada, most mothers had a very good perception of the public maternal care financed by Medicare (Bilszta et al., 2011). This was because the policy focuses not just on providing free maternal care but also on strengthening primary care, and broadening the adoption of health information technology. This agrees with findings of the study that there is a positive relationship between attitude and uptake of free maternity services. Attitude of mothers towards free maternity services has a bearing on the utilization of free maternal care.

During focus group discussion it was indicated that there exist a positive relationship between the attitude and maternal media coverage of maternal health care. Women’s attitude determines how well they are going to utilize maternal health care services.

Q: Is there any relationship between attitude and free uptake of maternity services?
R5: The attitude towards uptake of free maternity services is determined by how women are handled in the health care facilities.
R2: Yes there is a positive relationship since people see maternal media coverage as the solution to reduction in child mortality and improving maternal health through sensitization.

Q: What is your attitude towards the maternal media coverage on maternal health care.
R4: That maternal media coverage is the best solution to maternal mortality.
R8: I like the message conveyed by reporters while covering on maternal health.
R7. Maternal media coverage will debunk myths on maternal health care.

From the conversation of the focus group discussion it can be established that there exist a positive relationship between attitude, maternal media coverage and uptake of maternal health care. Mother’s attitude towards maternal health care is determined by their experience in the health facilities or what they observe other mothers going through.

4.6.2. Effective Maternal Media Coverage on proper Management of Maternal Resources

The respondents were requested to indicate whether there is effective maternal media coverage and proper management of maternal resources. The findings were as shown in figure 4.10

Figure 4.10. Effective Maternal Media Coverage on Proper Management of Maternal Resources
From the findings majority (55%) of the respondents indicated that there is effective maternal media coverage and proper management of maternal resources while 45% indicated that there is no effective maternal media coverage on proper management of maternal resources. This shows that there exist effective maternal media coverage on proper management of maternal resources. This agrees with a study by Japan, Heneck (2003) who explained that in Japan there was effective free maternal care, proper management of maternal resources and well trained staff to administer the maternal care services, this has seen improvement in the number of women preferring to use free maternal care due to the good perception that has been created as a result of good administration of the maternal care.

4.6.3. Extent of the Effect of Attitude on the use of Participatory Communication in enhancing Maternal Health Messages

The respondents were requested to indicate the extent to which they agreed with the following statements regarding attitudes affects on the use of participatory communication in enhancing maternal health messages. The responses were placed on a five Likert scale ranging from 1 (To no extent) to 5 (To a very great extent). The findings were as shown in table 4.3
Table 4.3. Extent of the Effect of Attitude on the use of Participatory Communication in Enhancing Maternal Health Messages

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>Std Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude of mothers has a bearing on free maternity services uptake</td>
<td>4.09</td>
<td>0.186</td>
</tr>
<tr>
<td>Mother’s attitude towards health care is determined by the experience of women with the health care facility or what they observe other mothers going through during maternal care.</td>
<td>3.88</td>
<td>0.335</td>
</tr>
<tr>
<td>The rate of maternal mortality is reducing due to maternal media coverage</td>
<td>4.12</td>
<td>0.195</td>
</tr>
<tr>
<td>There is positive relationship between attitude and free maternity services uptake</td>
<td>4.02</td>
<td>0.245</td>
</tr>
</tbody>
</table>

From the findings respondents agreed that (mean=4.12), followed by attitude of mothers has a bearing on the maternal media campaigns (mean=4.09). The respondents further agreed that There is positive relationship between attitude and free maternity services uptake (mean=4.02). Finally the respondents agreed that Mother’s attitude towards health care is determined by their experience or what they observe other mothers going through in the facility during maternal care (mean=3.88). This depicts that the rate of maternal mortality is reducing due to maternal media coverage. This in agreement with a study done by Simkhada et al., (2006) who argues that media perform the necessary functions of providing information that empowers users to action and are an alternative source people rely on for health information about new health risks, disease outbreak and healthy living.
When asked whether maternal media coverage has led to low rate of maternal mortality. The respondents said that it has greatly contributed to the reduction in maternal deaths.

Below is a section of the conversation with the participants in FGD.

Q. Has maternal media coverage reduced the rate of maternal death?
R1: Yes to a very great extent since most mothers are getting better medication than those offered by traditional birth attendants.
R7: Yes because mothers have the knowledge of the possible pregnancy complications that may arise thus dealing with them appropriately
R3.  Yes because they have been educated on good nutrition practices hence reduce maternal death.

Q. Does ease of access of the maternal median information help to reduce maternal deaths?
R5. Yes because the listenership is huge thus reaching many people.
R2. Yes because the information is tailor made to the recipient understanding hence easy to comprehend.

From the focus group discussion it can be depicted that maternal media coverage has greatly contributed to reduction in child mortality rate and improved maternal health (MDG 4&5).
4.7. Perception towards the Free Maternity Services

4.7.1. Preference of use of Public Health Maternal Care Service over Private Care System

The respondents were requested to indicate whether most of the mothers prefer the use of the public health maternal care service than using the private care system. The findings were as shown in figure 4.1

**Figure 4.11. Preference of use of Public Health Maternal Care Service to Private Care System**

From the findings majority (85%) of the respondents indicated that most mothers prefer use of public health maternal care service to using private care facilities while 15% were of the contrary opinion. This depicts that most mothers prefer use of public health maternal care service than using the private care facilities. The findings are in agreement with a study done by Bilszta et al., (2011) in the Canada, most mothers had a very good perception of the public maternal care financed by Medicare. This was because the policy
focuses not just on providing free maternal care but also on strengthening primary care, and broadening the adoption of health information technology.

Participants of the focus group discussion also indicated that they prefer public health maternal care than private care system. They argued that public maternal care is very affordable as compared to private care system. Below is a conversation with participants in FGD.

Q. Why do you prefer public maternal care to private care system?
R5. It is cheap and affordable it only requires consultation fee and some affordable charges.
R4. The care offered in public maternal care is professional since they do all the necessary tests so they can detect any infection.
R8. In public facilities doctors always observe the medical code of ethics such that they do not harass patients.

Q. What benefits are offered in public facilities on maternal care as compared to private care system?
R1. They offer free clinic services to pregnant women
R6. Nurses in public maternal care facilities offer continuous care to the mothers until the wounds are healed.
R8. Nurses in public maternal care facilities are qualified as compared to private care system whose interest is money.
Conclusion from the focus group discussion indicated that mothers prefer public health maternal care than private care system. This is because public health care is government funded hence charges are low as compared to private care system.

4.7.2. Culture, Religion, Ignorance and Socio-Economic Factors and their effects on Maternal Health Care

The respondents were asked to indicate whether culture, religion, ignorance and socio-economic factors affects maternal health care. The findings were shown in figure 4.12

Figure 4.12. Culture, Religion, Ignorance and Socio-Economic Factors and Their Effects on Maternal Health Care

From the findings majority (70%) of the respondents indicated that culture, religion, ignorance and socio-economic factors affects maternal health care while 30% indicated that it didn’t have any effect. This shows that culture, religion, ignorance and socio-economic factors affects maternal health care. Hosseinpoor, (2011) stated that women’s attitude is crucial in determining their level of adoption of the maternal care services.
Factors responsible for determining the women’s attitude include culture, religion, and ignorance, observation of the operations of the maternal health care and socio-economic factors. It has been observed that women who had good attitude towards maternal health care issues were more likely to adopt maternal care services.

Information from focus group discussions indicated that respondents agreed that, culture, religion, ignorance and socio-economic factors had an effect on maternal health care adoption. Most women were restricted by their cultural values, and religion from seeking appropriate maternal health care.

Q: Does your culture hinder you from seeking maternal health care?
R8. Yes to a great extent as the community requires us to deliver through the assistance of traditional birth attendants.

R5: Culture affects seeking better maternal care and once you seek maternal care from elsewhere you are seen as an outcast of the community.

R6: Culture influences maternal care since most community members especially men believe that seeking maternal care will have adverse implications on woman’s health e.g. when women visit hospitals to deliver are taken in for Caesarian section.

Q. Does your religion hinder you from seeking maternal health care?
R7. To some extend
R8. Religion hinders maternal health care as believers think that the foreign drugs will ruin your health.

Q. Does ignorance and social economic factors affect maternal health care?
R1. To a great extent, as people just assume that they will deliver babies normally
R3. Yes, since people think that seeking maternal care will add an extra cost to the family budget.

From the focus group discussion it was found that culture, religion, ignorance and socio-economic factors had an effect on maternal health care. Women who have positive attitude towards maternal health care issues and who are not influenced by culture, religion, ignorance and social economic factors are more likely to adopt maternal services as a promising strategy for promoting maternal health.

4.7.3. Extent of Perception towards the Free Maternity Services

The respondents were requested to indicate the extent to which they agreed with the following statements regarding Perception towards the free maternity services. The responses were placed on a five Likert scale ranging from 1 (To no extent) to 5 (To a very great extent). The findings were as shown in table 4.4

Table 4.4. Extent of Perception towards the Free Maternity Services

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>Std Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor perception by women on free maternity services translates to low utilization of the maternal care</td>
<td>4.14</td>
<td>0.226</td>
</tr>
<tr>
<td>Utilization of antenatal care, delivery and postnatal care are associated with the perception of women towards maternal care services.</td>
<td>4.12</td>
<td>0.214</td>
</tr>
<tr>
<td>Most mothers prefer use of free public health maternal care service than using the private care system</td>
<td>4.09</td>
<td>0.338</td>
</tr>
<tr>
<td>Women with good perception towards free maternity services issues are more likely to adopt maternal health services</td>
<td>4.02</td>
<td>0.176</td>
</tr>
</tbody>
</table>
From the findings respondents agreed that poor perception by women translates to low utilization of the maternal care (mean=4.14), followed by utilization of antenatal care, delivery and postnatal care are associated with the perception of women towards maternal care services (mean=4.12), and most mothers prefer use of free public health maternal care service than using the private care system (mean=4.09). Respondents further agreed that women with good perception towards free maternity services issues are more likely to adopt maternal health services (mean=4.02). This implies that poor perception by women translates to low utilization of the maternal care. This agrees with a study done by Teate, (2011) who stated that women who did not utilize maternal care services had a low understanding of these issues due to their negative perception.
CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, a summary, conclusion and recommendations have been offered in line with the findings of the study and they are based on the objectives of the study. Recommendations for proposed policy action and further research area have also been made.

5.2 Awareness of Maternal Media Coverage

The study found out that media is a powerful mechanism to promote awareness and education of public issues. Majority of the respondents attributed to a great extent uptake of free maternal services in public hospitals on maternal media coverage. From the focus group discussion majority of the respondents indicated that media promotes uptake of free maternal health care services. This is supported by the fact that most mothers in the village have at least a radio, which broadcast maternal health information. The general feeling shared by participants of focus group discussion established that media continuously inform them about maternal health care services.

According to Evans & Ulasevich, (2005) media has been recognized as powerful mechanisms to promote awareness and education of public issues and can probably influence decisions of government and policy makers on health policies and medical care. Therefore, mass media play a central role in informing the public about health and
medical issues (Thorson, 2006). Further, Kistiana (2009) in Indonesia found that women’s exposure to media had a strong connection to ANC uptake and other maternal health services. Therefore, comprehensive health promotion through raising awareness using mass media could help to improve uptake of ANC services (Simkhada et al., 2006) Agudosi (2007) maintains that one major way of promoting health care is by engaging in mass media sensitization, which is believed to reach the target audience and change their behaviors. Thus, in the efforts to reduce maternal mortality, mass media can continue to play a crucial role of change agent in creating awareness about the importance of utilizing maternal health services which entail antenatal care, delivery and postnatal care.

5.3. Gaps in free maternity services media coverage

The study established that there existed gaps in maternal media coverage. Further the study established that to a great extent gaps affect free maternity services uptake. This is in accordance with a study done by Teate, (2011) in Australia that explored the characteristics of women who utilized and preferred to use the government funded maternal care it was found out that all of them knew the meaning of maternal care, knew what it meant by normal delivery, recognized the complications that were likely to be experienced when delivery was administered using unqualified personnel and knew where to refer to in case of complications arising during pregnancy. On the other hand women who did not utilize maternal care services had a low understanding of these issues. This shows a gap existed between use of maternal care services and the knowledge about using the maternal care.
5.4. Effectiveness of Maternal Media Coverage

The study established that maternal media coverage was effective. From the focus group discussion the study found out that media is very effective in communicating maternal health care services and facilities offering these services. This was supported by the fact that most of the village dwellers possessed at least a media device from which they get access to information about maternal health services.

The study further found that maternal media coverage has greatly improved mother’s knowledge on maternal health care. The sentiments were echoed from the FGD where majority of the respondents indicated that maternal media coverage has greatly improved mother’s knowledge on maternal health care. This is because mothers have gained insights of what really maternal health care is and are now able to attend to these services from onset of their conception. According to Valante and Saba (1998) mass media has a great influence of speeding social change. Leslie and Gupta, (2009) argued that women with higher level of education exhibit increased ability to understand information passed to them by health institutions and consequently are able to take up maternal care services in the institutions. There is a strong positive correlation between knowledge of mothers on maternal issues and its utilization.

5.5. Attitude towards Free maternity services uptake

The study found that there is a positive relationship between attitude and free maternity services uptake. The answers were also outlined during Focus Group Discussions. Majority of the respondents said that there exist a positive relationship between attitude
free maternity services uptake. Mother’s attitude towards health care is determined by their experience in the public health care facilities or what they observe other mothers going through. The study further established that there exist effective maternal media coverage on proper management of maternal resources. From the focus group discussion it was found out that maternal media coverage has greatly contributed to reduction in maternal deaths.

Sallam et al., (2013) points out that mother’s attitude towards health care is determined by the experience of women with the health care facility or what they observe other mothers going through. In Canada, most mothers had a very good perception of the public maternal care financed by Medicare (Bilszta et al., 2011). Japan, Heneck (2003) explained that in Japan there was effective free maternal care, proper management of maternal resources and well trained staff to administer the maternal care services, this has seen improvement in the number of women preferring to use free maternal care due to the good perception that has been created as a result of the good administration of maternal care. Simkhada et al., (2006) argues that media perform the necessary functions of providing information that empowers users to action and is an alternative source where the society gather health information about new health risks, disease outbreak and healthy living.

5.6. Perception towards Free Maternity Services

The study found that most mothers prefer use of public health maternal care service than using private care system. This is because public health care is government funded
hence charges are low as compared to private care system. The study further established that culture, religion, ignorance and socio-economic factors affects maternal health care. Information from the focus group discussion showed that culture, religion, ignorance and socio-economic factors had an effect on maternal health care. Women who have positive attitude towards maternal health care issues and who are not influenced by culture, religion, ignorance and social economic factors are more likely to adopt maternal health care services as a promising strategy for promoting maternal health. Finally the study established poor perception by women translates to low utilization of the maternal care.

According to Bilszta et al., (2011) in the Canada, most mothers had a very good perception of the public maternal care financed by Medicare. This was because the policy focuses not just on providing free maternal care but also on strengthening primary care, and broadening the adoption of health information technology. Hosseinpoor, (2011) stated that women’s attitude is crucial in determining their level of adoption of the maternal care services. Factors responsible for determining the women’s attitude include culture, religion, and ignorance, the observation of the operations of the maternal health care and socio-economic factors. Finally, Teate, (2011) stated that women who did not utilize the maternal care services had a low understanding of these issues.

5.7 Conclusions
First, the study concludes that media is a powerful mechanism to promote awareness and education of public issues. Majority of the respondents attributed to a great extent uptake of free maternal services in public hospitals on maternal media coverage.
Second, the study concluded that maternal media coverage was effective and thus it has greatly improved mother’s knowledge on maternal health care which in turn will lead to reduction of child mortality and improve maternal health care thus attaining MDG 4&5.

Third, the study concludes that there is a positive relationship between attitude, free maternal care services uptake and maternal media coverage. It was clear that free maternity services uptake had a lot to do with the quality of maternal care given in the health facilities.

Forth, the study concluded that most mothers prefer use of public health maternal care service than using the private care system. This was based on the fact that services in public health facilities are affordable as compared to private health facilities.

Finally it was noted that there are gaps in free maternity services media coverage. In-depth coverage ought to take place always which entails informing mothers the benefits of antenatal clinic, delivery in the hospital and post natal services as well as the specific hospital offering this service.

5.8 Recommendations

Based on the findings of this study, a number of recommendations can be made.

- On free maternity policy, government should carry all inclusive campaign for both men and women which will encourage mothers to attend ante natal clinics from the onset of their pregnancy and this will reduce cases of maternal mortality rate.
Medical professionals should undergo communication and soft skills training to better understand how to deal with patients in their different stages of motherhood and reverse negative perception on maternal health care and in the light of free maternity services.

Government should build the capacity of traditional birth attendants and put in place a referral system to the hospitals for emergency cases. This will help reduce maternal deaths which are as a result of pregnancy and birth complications.

5.9 Recommendations for further research

In light of the limitations and delimitations of this study. The following suggestions for further study were made.

- That a comparative study to establish impact of media coverage on the uptake of free maternity services in other counties is conducted and this will give a global picture of how media is covering free maternity services policy.
- That a study on the maternal mortality rate is conducted to ascertain the impact of free maternity policy media coverage.
- A study on how best traditional birth attendants can compliment efforts of trained personnel in attaining MDG 4&5 through media coverage.
- A study to be carried out to identify gaps in free maternity policy media coverage.
REFERENCES


APPENDICES

APPENDIX I: QUESTIONNAIRE

Instructions: (Please read the instructions given and answer the questions as appropriately as possible). It is prudent that you answer or fill in each section as provided. Attempt to answer every question fully and honestly.

SECTOR A: Demographic information

1. How old are you? .............................

2. What is your marital status?

   Married [ ]  Divorced [ ]  Widow [ ]  Single [ ]

3. What is your education level?

   No formal education [ ]

   Primary education [ ]

   Secondary education [ ]

   Tertiary education [ ]

   Degree holder [ ]

   Others ........................................

4. What is your occupation?

   Housewife [ ]  Formal employment [ ]  Non-formal employment [ ]

   Jua-kali [ ]  Farmers [ ]  Business people [ ]
SECTOR B: Awareness of free maternity services

5. The following statements relate to the awareness of maternal media campaign. To what degree do you agree with each one of the statements? Use a scale rating of 1-5 where 5-To a very great degree, 4-To a great degree, 3-To a moderate degree, 2-To a little degree, and 1-To no degree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media is a powerful mechanisms to promote awareness and education of free maternity services</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People rely on media for health information about maternal health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household in my area have information of free maternity services communicated through mass media campaigns</td>
<td></td>
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</tr>
<tr>
<td>I got to know about free maternal health services from the newspapers</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I got to know about free maternal health services from the Radio</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>I got to know about free maternal health services from friends</td>
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<tr>
<td>I got to know about free maternal health services from the TV adverts</td>
<td></td>
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<tr>
<td>I got to know about free maternal health services from the Posters/billboards</td>
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6. To what extent do you attribute uptake of free maternal services in public hospitals on maternal media coverage?

   Little extent [  ]  Moderate extent [  ]  Great extent [  ]  Very great extent [  ]

7. Do women rely on media for health information about maternal health services in your constituency? ..........................................................
8. Does media continuously inform you about free maternal healthcare services?

Yes [ ]

No [ ]

9. If yes which form of media do you receive information from?

................................................................................................................................................
................................................................................................................................................

10. Are you aware about free maternal healthcare services offered in public hospitals?

................................................................................................................................................
................................................................................................................................................

SECTOR C: Gaps in free maternity services media coverage

11. Do we have gaps in maternal media coverage on free maternity services?

Yes [ ]

No [ ]

12. To what extent do the gaps affect free maternity services uptake?

Very great extent [ ]

Great extent [ ]

Moderate extent [ ]

Little extent [ ]

No extent [ ]

SECTOR D: Effectiveness of maternal media coverage

13. Is maternal media coverage effective?

Yes [ ] No [ ]
14. If yes, kindly state how they are effective? .............................................

15. The following statements relate to effectiveness of maternal media campaign. To what extent do you agree with each one of the statements? Use a scale of 1-5 where 5-To a very great extent, 4-To a great extent, 3-To a moderate extent, 2-To a little extent, and 1-To no extent.

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<tbody>
<tr>
<td>Maternal media coverage has greatly improved mothers knowledge on maternal health care</td>
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<tr>
<td>Utilization of maternal health care is an important factor in reducing incidences of maternal mortality.</td>
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<tr>
<td>Maternal media coverage encourages behavior that promotes health, prevents illness, cures disease and reduces childhood illness</td>
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<tr>
<td>Maternal media coverage helps increasing knowledge, reinforce desired behavior patterns and changes lifestyles</td>
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16. How effective is maternal media coverage?
.........................................................................................................................................................................................................................................................................................................................

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SECTION E. Attitude towards free maternity services

17. Is there a positive relationship between attitude and uptake of free maternity services?
   Yes [ ] No [ ]

18. Is there effective maternal media coverage on proper management of maternal resources?
   Yes [ ] No [ ]

19. The following statements are related to how attitudes affect the use of participatory communication in enhancing maternal health messages. To what extent do
you agree with each one of the statements? Use a scale of 1-5 where 5-To a very great extent, 4-To a great extent, 3-To a moderate extent, 2-To a little extent, and 1-To no extent.

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<tr>
<td>Attitude of mothers has a bearing on free maternity services uptake</td>
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<td>Mother’s attitude towards free maternal health care is determined by the experience</td>
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<td>of other women when they visit the facilities.</td>
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<td>Rate of maternal mortality is reducing due to maternal media coverage</td>
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<tr>
<td>There is positive relationship between attitude and free maternity services</td>
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20. Has maternal media coverage increased free maternal services utilization? 

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SECTION F. Perception towards the free maternity services

21. Do most of the mothers prefer use of the public health maternal care service than using the private care facilities?

Yes [  ]       No [  ]

22. Does culture, religion, ignorance and socio-economic factors affect maternal health care uptake?

Yes [  ]       No [  ]
23. The following statements are related to Perception towards the free maternity services.
To what extent do you agree with each one of the statements? Use a scale of 1-5 where
5-To a very great extent, 4-To a great extent, 3-To a moderate extent, 2-To a little extent,
and 1-To no extent.

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<tr>
<td>Poor perception by women translates to low utilization of maternal care</td>
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<tr>
<td>Utilization of maternal health care services is associated with the quality of services rendered.</td>
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<tr>
<td>More mothers prefer use of free public health maternal care service than using the private care facilities</td>
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<tr>
<td>Women with good perception towards free maternity services are more likely to adopt the maternal health care services</td>
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24. Do you think introduction of free maternal healthcare services has affected the quality of services offered?


Thank you for your time and participation
APPENDIX II: FOCUS GROUP DISCUSSION

1. Explain the extent to which media promotes uptake of free maternal health care services?

2. How effective is maternal media coverage?

3. How does media continuously inform you about free maternal healthcare services?

4. Why do you prefer use of the public health care facilities for maternal care service to using private care facilities?

5. Has maternal media coverage improved mother’s knowledge on maternal health care?

6. Describe how maternal media coverage has led to low rate of maternal mortality?

7. How does culture, religion, ignorance and socio-economic factors affects maternal health care?

8. Explain the relationship between attitude and free maternity services uptake?

Thank you very much for your participation.
APPENDIX III: CERTIFICATE OF CORRECTIONS

REF: CERTIFICATE OF CORRECTIONS

This is to certify that all corrections proposed at the Board of Examiners meeting held on 3rd November 2014 in respect of M.A./PhD. Project/Thesis Proposal defence have been effected to my/our satisfaction and the project can now be prepared for binding.

Reg. No: KSO/70141/2013

Name: \\

Name: RIEME KATUMO

Title: IMPACT OF MEDIA COVERAGE ON THE UPTAKE OF FREE MATERNITY SERVICES IN WAK Trem County

SUPERVISOR

M.A. COORDINATOR

DIRECTOR

SIGNATURE

SIGNATURE

SIGNATURE/STAMP

DATE

DATE

DATE
APPENDIX IV: CERTIFICATE OF FIELD WORK

UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES & SOCIAL SCIENCES
SCHOOL OF JOURNALISM & MASS COMMUNICATION

REF: CERTIFICATE OF FIELD WORK

This is to certify that all corrections proposed at the Board of Examiners’ meeting held on 24th June 2015 in respect of M.A./Ph.D final Project/Thesis defence have been effected to my/our satisfaction and the student can be allowed to proceed for field work.

Reg. No: KSO/0114/2013
Name: IRENE MIBUKA KATUMO
Title: ASSESSING THE EFFECTIVENESS OF MEDIA CAMPAIGN ON THE UPTAKE OF FREE MATERNITY SERVICES

SUPERVISOR
Dr. Nelson Nisitso

PROGRAMME COORDINATOR
Dr. Samuel Suingi

DIRECTOR
Dr. Nelson Nisitso

SIGNATURE
DATE 5.10.2015

SIGNATURE
DATE 5.10.2015

SIGNATURE/STAMP

04 NOV 2015