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Media Preferences on Nutrition Education among Nursing Mothers in Kazaure and Yankwashi LGAs, Jigawa State

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Abstract: *This study examined the media preferences of nursing mothers and their influence on nutrition education in Kazaure and Yankwashi Local Government Areas of Jigawa State, Nigeria. Adopting an explanatory sequential mixed-methods design, quantitative data were collected from 384 nursing mothers using structured questionnaires, followed by four focus group discussions to provide contextual depth. Findings revealed that radio and interpersonal communication with health workers were the most preferred and trusted sources of nutrition information, while the use of digital media remained limited due to economic, infrastructural, and literacy constraints. Regression analysis demonstrated a strong and statistically significant relationship between media preferences and nutrition education ($R^2 = 0.931$, $p < .001$), indicating that preferred media channels substantially shape mothers' nutrition knowledge. Qualitative findings further showed that cultural practices, family influence, and economic realities mediate how nutrition messages are interpreted and applied. Anchored in Development Media Theory and the Health Belief Model, the study concludes that nutrition education interventions are most effective when delivered through culturally relevant, accessible, and trusted media platforms. The study recommends prioritising radio-based and community-centred communication strategies while gradually integrating digital platforms to enhance maternal and child nutrition outcomes in rural northern Nigeria.*

Keywords: *media preference, nutrition education, nursing mothers maternal and child nutrition, and health communication*

I. Introduction

The media plays a pivotal role in disseminating health information and influencing behavioural change, particularly in public health contexts where awareness and adherence to best practices are critical (Agwu et al., 2025). Mass media encompass organised channels such as newspapers, radio, television, and digital platforms used to deliver messages to broad audiences. These channels perform surveillance, interpretation, linkage, and value transmission functions, which shape health knowledge, attitudes, and behaviours (Agwu et al., 2025). Through these functions, media act as strategic instruments for promoting maternal and child nutrition by translating technical health knowledge into accessible content for caregivers, particularly nursing mothers.

Health professionals increasingly rely on both traditional and digital media to deliver targeted maternal and child health messages. Governmental and international agencies including the World Health Organization (WHO), UNICEF, and Nigeria's National Primary Health Care Development Agency (NPHCDA) support campaigns that prioritise maternal and child nutrition, as women and children remain disproportionately affected by malnutrition (Ahmed & Msughter, 2022; Usman et al., 2022; UNICEF, 2025). Evidence indicates that media-based health campaigns can improve knowledge and influence health behaviours,

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including exclusive breastfeeding, dietary diversity, and complementary feeding practices (Flax et al., 2022; Sosanya et al., 2025).

However, the effectiveness of media interventions depends on reaching receptive audiences through channels that are trusted, credible, culturally relevant, and accessible. Media preferences shaped by socio-cultural, economic, and technological factors are critical determinants of whether nutrition messages are accessed, understood, and acted upon (Pate et al., 2020; Bailey & Okoduwa, 2025). In rural Nigerian communities, literacy levels, infrastructure, and cultural norms influence which channels are preferred, underscoring the need to identify mothers' preferred media to design effective nutrition education strategies.

This study, therefore, seeks to explore the media preferences of nursing mothers regarding nutrition education in Kazaure and Yankwashi Local Government Areas (LGAs) of Jigawa State. Understanding these preferences will enable policymakers and health communicators to design culturally appropriate, context-specific interventions aimed at improving maternal knowledge and child nutrition outcomes.

1.1 Problem Statement

Despite numerous national and international initiatives to address malnutrition, children and mothers in Northern Nigeria continue to experience high rates of undernutrition, reflecting persistent gaps in effective communication and behaviour change strategies (Adeyemi, 2025). A critical limitation of current interventions is inadequate understanding of which media channels nursing mothers prefer, trust, and actively use to receive nutrition information. Without this knowledge, communication strategies risk relying on channels that are inaccessible, irrelevant, or culturally inappropriate, limiting the impact of nutrition education programs.

In rural contexts such as Kazaure and Yankwashi LGAs, traditional beliefs and limited media exposure further constrain effective dissemination of nutrition messages. Therefore, this study aims to fill the knowledge gap by investigating the media preferences of nursing mothers in Kazaure and Yankwashi LGAs, with the ultimate goal of informing evidence-based strategies that enhance nutrition education uptake and reduce maternal and child malnutrition.

1.2 Research Questions

1. What are the media preferences of nursing mothers in Kazaure and Yankwashi Local governments area, Jigawa State?
2. Do media preferences influence nutrition education outcomes among nursing mothers in Kazaure and Yankwashi Local governments area, Jigawa State?
3. What are the most effective media channels for promoting nutrition education in Kazaure and Yankwashi Local governments area, Jigawa State?
4. To what extent do socio-economic influence media preferences for nutrition education in Kazaure and Yankwashi Local governments area, Jigawa State?

II. Review of Literatures

Mass media has been defined from multiple perspectives. Early definitions emphasise the institutional and societal role of media as primary means of communication and information distribution (Lippmann, 1922; Namadi & Aondover, 2020). Contemporary theorists emphasise both channels and audiences: McQuail (2010) defines mass media as organised channels (newspapers, magazines, radio, television and Internet) used to disseminate information to large, dispersed audiences; Chaffee (2017) and Brym (2017) add that modern mass media address heterogeneous audiences with diverse needs. For public-health communication, these functions (surveillance, interpretation, transmission of values and

linkage) make media strategic platforms for nutrition education targeted at caregivers, particularly nursing mothers.

a. Media preference

Media preference refers to the choices individuals make about which media channels they use and trust for particular information needs, including health and nutrition (Weiyan, 2015). The concept is rooted in audience-centred theories (uses and gratifications, diffusion of innovations), which explain media choice in terms of needs (information, social connection, entertainment), perceived usefulness and social influence (Msughter et al., 2022). Media preference is therefore not only about availability but also about perceived credibility, relevance of content, ease of access and sociocultural fit (McQuail, 2010; Katz, Blumler & Gurevitch, as cited in uses-and-gratifications literature).

2.1.2 Factors influencing media preference

a. Demographic factors: age, education, literacy and income influence channel access and taste.
b. Sociocultural factors: family expectations, religion and social norms determine acceptability of certain channels and messages.
c. Technological and infrastructural factors: network coverage, electricity access, device ownership and cost shape which media are available.
d. Content characteristics: perceived relevance, language, format (audio, visual, text) and interactivity drive trust and uptake.
e. Psychological and motivational drivers: perceived need for information, trust in source and past experience with effectiveness (Knobloch-Westerwick, 2014; Zillmann & Bryant, 2013).

These determinants are important when designing nutrition communication in rural/semi-rural contexts such as Kazaure and Yankwashi LGAs where access, literacy and cultural norms vary widely.

b. Media Structure and Audience

The media has undergone a significant transformation over the past decade, reshaping audience structures and patterns of engagement. In the contemporary media environment, audiences are no longer passive consumers of information but active participants who select, share, and interpret content based on personal preferences and socio-cultural contexts (Airaoje et al., 2024). Saulite (2021) emphasised that digitalisation has diversified audience structures, giving rise to fragmented audiences that consume content across multiple media platforms. Similarly, Stringer (2020) observed that the growing use of interactive and digital media platforms such as radio call-in programmes, television talk shows, social media, and community health campaigns has created opportunities for more targeted health communication (Msughter, 2020).

In rural contexts such as Kazaure and Yankwashi in Jigawa State, the structure of media audiences is influenced by literacy levels, accessibility, gender roles, and socio-economic conditions. Sixto-García et al. (2024) explained that the accessibility of mobile and broadcast media continues to define how audiences engage with information, particularly in low-income communities where radio and television remain dominant sources of health information. These media channels play a crucial role in shaping awareness, attitudes, and behavioural intentions related to health and nutrition. Consequently, understanding the audience structure in this context is vital for designing effective nutrition education messages targeted at nursing mothers.

c. Nutrition Education

Nutrition education remains a cornerstone for improving dietary practices and promoting

public health, especially among mothers and children. It entails systematic efforts to improve individuals' knowledge and attitudes towards food choices, healthy feeding, and dietary behaviour (Okafor & Nnadi, 2023; Airaoje et al., 2023). Sulayman, Daikwo, and Iliemene (2025) found that nutrition education interventions significantly improved knowledge, practices, and self-efficacy among lactating mothers in Nigeria, highlighting the role of well-structured media communication in behavioural change. Similarly, Onyeneke et al. (2019) reported that caregivers' nutritional knowledge strongly correlates with children's dietary diversity in remote Nigerian communities.

The effectiveness of nutrition education depends largely on the choice of communication channels used to reach the target population. Evans (2021) noted that social marketing through mass and digital media has been effective in promoting maternal and child health by combining persuasive communication and audience-centred messaging. In Nigeria, the increasing use of radio and mobile media platforms for health awareness campaigns demonstrates the growing influence of media preferences on health-related knowledge and practices (Airaoje et al., 2024). Therefore, identifying the most preferred media among nursing mothers is essential for developing culturally sensitive and impactful nutrition education programmes.

d. Child and Women Nutrition

Maternal and child nutrition has long been recognised as a key determinant of public health and socio-economic development. Fadare et al. (2019) demonstrated that mothers' nutrition-related knowledge is a significant predictor of child nutrition outcomes in Nigeria, linking informed mothers to improved feeding practices and reduced stunting. Aty et al. (2024) further found that mothers' educational attainment and nutritional status strongly influence child stunting, wasting, and underweight prevalence. These findings underline the interdependence between maternal education, access to information, and nutritional wellbeing.

Women, particularly nursing mothers, require adequate nutrition to maintain their health and support optimal breastfeeding practices. However, socio-cultural beliefs, food insecurity, and limited access to health information often constrain women's ability to make healthy dietary decisions (Aliough et al., 2023). Olayemi et al. (2022) asserted that low maternal literacy and restricted exposure to media messages in northern Nigeria limit the uptake of nutrition information and affect feeding patterns. In this regard, the media serves not only as an educational channel but also as a social influence that can modify behaviours through culturally relevant health campaigns (Hile et al., 2022).

e. Nutrition Status of Nursing Mothers in Jigawa State

Malnutrition remains a significant public health concern in Jigawa State, Nigeria, with devastating consequences for children under the age of five (Premium Times, 2021). According to official figures, 3,944 children died between 2010 and 2020 due to malnutrition, with an average of 10 deaths per day (Premium Times, 2021). The Community-Based Management of Acute Malnutrition (CMAM) centers established by the state government admitted 836,000 children with malnutrition cases during the same period, with 39,155 children absconding from treatment.

Despite the state's agricultural advantages, malnutrition persists, with stunting affecting 63.4% of children in 2015, declining to 54% in 2018, but rising again in subsequent years (Premium Times, 2021). The Jigawa Social Protection Platform (JISOP) attributes this to a lack of nutrition-sensitive approaches, emphasizing the need for prevention rather than cure. According to the National Bureau of Statistics (NBS) and UNICEF (2023) Multiple Indicator Cluster Survey, Jigawa continues to record one of the highest rates of maternal and child malnutrition in Nigeria, with a significant proportion of women of reproductive age being

undernourished. Studies have shown that poor feeding practices, early childbearing, low literacy, and limited access to health services are among the major contributors to this situation (Ahmed et al., 2021).

In Kazaure and Yankwashi Local Government Areas, most nursing mothers depend on traditional food knowledge and peer information rather than evidence-based nutritional guidance. The lack of targeted nutrition education campaigns through preferred media channels has limited awareness of proper infant and maternal feeding practices. Consequently, the effectiveness of nutrition programmes in Jigawa State depends largely on understanding the media consumption patterns of mothers and their preferred modes of receiving health information. A context-specific understanding of media preferences will therefore enable policymakers and health communicators to design interventions that effectively address the unique nutritional challenges of nursing mothers in these communities.

2.1 Empirical Review

Recent studies highlight the positive influence of media exposure on maternal nutrition knowledge and behaviours, while also emphasising the importance of context and audience preferences. Mgboji and Ukonu (2024) conducted a cross-sectional survey of 370 antenatal mothers across three states in South-East Nigeria to examine exposure to media messages on exclusive breastfeeding (EBF). They found that mothers with higher exposure to media messages demonstrated significantly greater knowledge of EBF, although socio-cultural and familial factors constrained full adoption. The study recommended leveraging media channels while addressing cultural barriers to maximise impact. This underscores the importance of identifying trusted media channels for nursing mothers in rural contexts like Jigawa State.

Similarly, Adeniyi-Agbaje (2025) investigated 400 working-class nursing mothers in Southwestern Nigeria using a mixed-methods approach, exploring how radio, television, and community outreach influenced EBF awareness and practices. Findings indicated that media exposure improved awareness and perceptions of EBF; however, socio-cultural norms and employment responsibilities limited actual practice. The author recommended tailoring media advocacy to the socio-cultural and occupational realities of mothers, highlighting the need to understand local media consumption patterns.

Sosanya, Adesanya, Rufai, and Freeland-Graves (2025) evaluated a mobile-based nutrition education intervention in Bauchi State for teenage mothers, using a randomised controlled trial of 180 participants. The study found that structured nutrition messages delivered via mobile platforms significantly enhanced maternal knowledge of infant and young child feeding compared to a control group. Although not explicitly assessing media preference, this study demonstrates the potential of digital platforms as effective nutrition education tools, supporting the investigation of mobile media channels in your study context.

Evidence from northern Ghana reinforces the relevance of radio in low-resource settings. A six-month radio-based nutrition campaign targeting mothers of children aged 6–22 months significantly improved nutrition-related attitudes and increased the proportion of children receiving a minimum acceptable diet (Public Health Nutrition, 2024). The campaign involved interactive programs such as dramas, discussions, and listener call-ins, highlighting the importance of community-oriented radio campaigns in rural nutrition education.

In Lagos, Nigeria, Sosanya et al. (2025) conducted a multi-component breastfeeding intervention among 1,200 women attending private health facilities, combining WhatsApp messaging, radio spots, and interpersonal support. The intervention significantly increased exclusive breastfeeding rates at six and twenty-four weeks postpartum, demonstrating that integrating digital and mass media with interpersonal support can sustain behaviour change.

A survey and interview study in Ogun State examined media campaign influence on exclusive breastfeeding awareness among 125 mothers and key informants (IjAMR, 2024). Radio

emerged as the most influential channel, followed by antenatal clinics and interpersonal sources. The study concluded that radio remains a cost-effective and accessible tool for disseminating health messages, particularly in rural communities.

Ayuk et al. (2020) found that exposure to nutrition-focused media content significantly enhanced mothers' knowledge of dietary practices in rural Nigeria. The study revealed that radio remains one of the most accessible and trusted media sources among rural women, owing to its affordability and language adaptability. This is consistent with Okorie, Ojebuyi, and Olowojolu (2019), who also observed that community radio programmes have been instrumental in disseminating maternal and child health information in northern Nigeria.

Similarly, Bahago and Oyewole (2022) explored the use of social media in promoting nutrition education among young mothers in urban Nigeria. Their findings showed that Facebook and WhatsApp were highly effective in promoting nutrition awareness and improving dietary practices among nursing mothers. They further noted that while urban mothers relied on social media, rural mothers preferred traditional media such as radio and television an observation relevant to rural contexts like Kazaure and Yankwashi.

Furthermore, Joseph and Earland (2019) conducted a qualitative study in Katsina State to investigate the socio-cultural determinants of exclusive breastfeeding among rural mothers. They found that traditional practices, birth attendants, and family influences significantly shaped feeding decisions. Although awareness of exclusive breastfeeding was high, limited family support and cultural norms hindered practice. This suggests that media campaigns promoting nutritional education must engage not only mothers but also community gatekeepers.

In a study in Bauchi State, Adamu (2020) investigated Hausa women's exposure to health messages in the mass media and how it shaped their risk perception regarding maternal health. Despite access to radio and television health campaigns, many women continued harmful cultural practices, suggesting that exposure alone may not lead to behavioural change without culturally contextualised content. This underscores the importance of designing media messages that align with the sociocultural realities of women in northern Nigeria.

Likewise, Amusan et al. (2022) examined the information needs and source preferences of nursing mothers in Ede Metropolis, Osun State. The study found that mothers primarily sought information on balanced diets, multivitamins, and hygiene. Oral discussions with doctors and family members were the most common sources, but television and the internet were the most preferred channels. The researchers concluded that healthcare institutions should leverage digital media to enhance mothers' access to reliable nutrition information.

Complementarily, Ugwuja (2022) investigated the effect of mass media exposure on breastfeeding practices among nursing mothers in Nsukka. The findings indicated that exposure to media messages significantly influenced mothers' knowledge and attitudes toward exclusive breastfeeding, though actual practice remained inconsistent. The study recommended sustained and culturally adapted media campaigns in local languages to improve compliance levels.

Soltani et al. (2017) found that young mothers in the UK relied on healthcare professionals and family nurses for dietary information but often lacked confidence in differentiating between credible and misleading online nutrition content. Thanny (2022) examined information sources influencing exclusive breastfeeding knowledge and attitudes among nursing mothers in Ogun State. The study revealed that health workers, parents, radio, and television were the primary information channels, but the practice of exclusive breastfeeding declined after three months. This implies that while mothers may have knowledge and positive attitudes, practical constraints limit adherence, underscoring the need for media interventions that support sustained behavioural change.

Collectively, these studies indicate that media exposure positively influences nutrition knowledge and practices but that effectiveness depends on contextual, socioeconomic, and cultural factors. Specifically, rural settings in Kazaure and Yankwashi LGAs may experience unique barriers, such as limited access to digital media and dependence on interpersonal or radio-based information. Therefore, examining media preferences among nursing mothers in these LGAs is critical for designing effective, localised nutrition education strategies.

2.2 Theoretical Framework

Development Media Theory: According to Mc Quail, (2005) Development media theory lies on the use of the media positively to promote the much needed development and the transformation in the society, therefore health information is anchored to this theory because the theory shows the importance of the press in achieving development that is why this theory is used in conducting a survey on nutritional education among nursing mothers in Kazaure and Yankwashi LGAs because the media plays a vital role in ensuring that women are informed on the importance of breastfeeding, at what stage to start feeding children aside breast milk, what are the nutritional food or process making such food to children that are breastfed.

Health Belief Model: this model says that the response and utilization of disease prevention programs will be predicted on an individual's knowledge of the seriousness of the disease, severity of the disease, information benefit of services, and barriers to accessing such services Strecher and Rosenstock, (1997). Also, Glanz, Rimer, and Lewis (2002) argued that a wide variety of demographic, social, psychological, and structural might also impact people's perceptions and indirectly their health-related behaviors, these factors were later added to connect the various types of perceptions with the predicted health behavior, it is also a psychological model that attempts to explain and predict health behaviors' by focusing on the attitudes and beliefs of individuals..

III. Methodology

3.1 Research Design

The study adopted explanatory Sequential Design mixed method, which was implemented in two phases. The first phase involved the collection and analysis of quantitative data through structured questionnaires, while the second phase involved the collection of qualitative data through Focus Group Discussions (FGDs) to clarify and deepen the quantitative results. This design was suitable for the study because it allowed for quantitative measurement of trends and qualitative explanation of underlying factors influencing media preferences (Creswell & Plano Clark, 2011).

Population and Sample

The quantitative phase involved 384 nursing mothers drawn from Kazaure and Yankwashi. Specifically, Kazaure has 201, while Yankwashi has 183 respondents. The qualitative data consisted of four focus group discussions involving 24 nursing mothers from 4 communities that were purposively selected.

3.2 Data Collection

Quantitative data were collected using structured questionnaires, measuring socio-demographic characteristics, media preferences, and nutrition education exposure. Qualitative data were collected through focus group discussions to explore participants' experiences and interpretations of nutrition information.

3.3 Data Analysis

Quantitative data were analysed using descriptive statistics and linear regression analysis. Qualitative data were analysed using thematic analysis following Braun and Clark (2006) six-step framework.

IV. Results and Discussion

Demographic

Table 1. Age

Age				
		Frequency	**Percent**	**Valid Percent**
Valid	18-25yrs	77	20.0	20.1
	26-35yrs	171	44.4	44.5
	36-45yrs	81	21.0	21.1
	45 above	55	14.3	14.3
	Total	384	99.7	100.0

The table 4.1 shows that the largest proportion of respondents falls within the 26–35 years category, accounting for 171 respondents (44.4%). This is followed by those aged 36–45 years, with 81 respondents (21.0%), while 77 respondents (20.0%) fall within the 18–25 years group. Respondents aged 45 years and above constitute the smallest category, representing 55 respondents (14.3%). The distribution indicates that the sample is largely youthful, with a substantial percentage below 35 years of age.

Table 2: Occupation

Occupation				
		Frequency	**Percent**	**Valid Percent**
Valid	Civil Servant	91	23.6	23.7
	Self Employed	139	36.1	36.2
	Unemployed	78	20.3	20.3
	Farmer	76	19.7	19.8
	Total	384	99.7	100.0

The table 4.2 above reveals that 139 respondents (36.1%) are self-employed, representing the largest segment of the sample. This is followed by 91 respondents (23.6%) who are civil servants, while 78 respondents (20.3%) reported being unemployed. The smallest proportion comprises 76 respondents (19.7%) who are farmers. The distribution suggests a diverse occupational structure, with self-employment serving as the dominant source of livelihood among respondents.

Table 3. Highest level of education

Highest level of education				
		Frequency	**Percent**	**Valid Percent**
Valid	Primary Certificate	78	20.3	20.3
	Junior Certificate	147	38.2	38.3
	ND/NCE	102	26.5	26.6
	BA/BSc	55	14.3	14.3
	Other	2	0.5	0.5
	Total	384	99.7	100.0

The table 4.3 above indicated that the majority of respondents hold a Junior Secondary School Certificate, representing 147 respondents (38.2%). This is followed by 102 respondents (26.5%) who possess ND/NCE qualifications, while 78 respondents (20.3%) reported having a Primary School Certificate. Those with a Bachelor's degree (BA/BSc) account for 55 respondents (14.3%), and only 2 respondents (0.5%) indicated having other forms of educational qualifications. This distribution demonstrates that most respondents possess at least a basic formal education.

Table 4. Monthly household income

Monthly household income				
		Frequency	**Percent**	**Valid Percent**
Valid	< N20,000	58	15.1	15.1
	N20,000-50,000	138	35.8	35.9
	N50,000-100,000	126	32.7	32.8
	> N100,000	62	16.1	16.1
	Total	384	99.7	100.0

From the table 4.4 above shows that the highest proportion of respondents earn between ₦20,000 and ₦50,000, representing 138 respondents (35.8%). This is followed by 126 respondents (32.7%) who earn between ₦50,000 and ₦100,000. Additionally, 58 respondents (15.1%) earn less than ₦20,000, while 62 respondents (16.1%) earn more than ₦100,000. This distribution indicates that a majority of the respondents fall within the low- to middle-income bracket.

Table 5. Religion

Religion				
		Frequency	**Percent**	**Valid Percent**
Valid	Islam	365	94.8	95.1
	Christianity	19	4.9	4.9
	Total	384	99.7	100.0

The table 4.5 shows that 365 respondents (94.8%) identified as Muslims, while 19 respondents (4.9%) identified as Christians. This suggests that the study area is predominantly Muslim.

Socio-Economic Influence

Table 6:

Anxiety level affects the kind of media I engage on				
		Frequency	**Percent**	**Valid Percent**
Valid	Strongly Agree	26	6.8	6.8
	Agree	118	30.6	30.7
	Neutral	119	30.9	31.0
	Disagree	91	23.6	23.7
	Strongly Disagree	30	7.8	7.8
	Total	384	99.7	100.0

Table 7

My income limits my access to certain media TV and Internet

		Frequency	Percent	Valid Percent
Valid	Strongly Agree	88	22.9	22.9
	Agree	157	40.8	40.9
	Neutral	93	24.2	24.2
	Disagree	36	9.4	9.4
	Strongly Disagree	10	2.6	2.6
	Total	384	99.7	100.0

My income influences my choice of media

		Frequency	Percent	Valid Percent
Valid	Strongly Agree	71	18.4	18.5
	Agree	192	49.9	50.0
	Neutral	85	22.1	22.1
	Disagree	28	7.3	7.3
	Strongly Disagree	8	2.1	2.1
	Total	384	99.7	100.0

Table 8

My level of education influences the media I choose

		Frequency	**Percent**	**Valid Percent**
Valid	Strongly Agree	110	28.6	28.6
	Agree	160	41.6	41.7
	Neutral	68	17.7	17.7
	Disagree	41	10.6	10.7
	Strongly Disagree	5	1.3	1.3
	Total	384	99.7	100.0

Table 9

My religious beliefs affect the media I use for health information

		Frequency	**Percent**	**Valid Percent**
Valid	Strongly Agree	120	31.2	31.3
	Agree	145	37.7	37.8
	Neutral	74	19.2	19.3
	Disagree	32	8.3	8.3
	Strongly Disagree	13	3.4	3.4
	Total	384	99.7	100.0

Table 10: Descriptive

Descriptive Statistics			
	Mean	Std. Deviation	N
Nutritional education	29.0795	10.80643	384
Media preferences	20.8739	8.24928	384

The descriptive statistics provide an overview of how respondents scored on nutritional education and media preferences. On average, respondents had a nutritional education score of 29.08 with a standard deviation of 10.81, suggesting moderate knowledge and variability in

nutrition-related media exposure. Meanwhile, media preferences had a slightly lower mean of 20.87 and a smaller standard deviation of 8.25, indicating that respondents shared relatively similar preferences in their media consumption habits compared to their nutrition-related knowledge.

The larger variability in nutritional education suggests that while some respondents are highly exposed to or knowledgeable about nutrition content in media, others may have limited exposure or awareness. This uneven distribution implies that nutrition-related content is not equally consumed or retained by all individuals, highlighting potential gaps in how media conveys such information.

Table 11. Model Summary

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.965[a]	.931	.931	2.84405	.931	5147.515	1	382	.000
a. Predictors: (Constant), Media preferences									

The model summary reveals a remarkably strong relationship between media preferences and nutritional education. The correlation coefficient (R) of .965 signifies an almost perfect positive relationship, meaning that as respondents' media preferences increase, their nutrition-related knowledge or exposure also rises significantly.

The R Square value of 0.931 indicates that media preferences explain 93.1% of the variance in nutritional education. This is an exceptionally high proportion, suggesting that other factors outside of media preferences contribute very little to differences in nutritional education among respondents. The minimal difference between R Square and the adjusted R Square further confirms the reliability of this model.

The significant F Change ($p < .001$) means this relationship is not due to chance. In essence, this result demonstrates that what people choose to consume in media has a profound and highly consistent impact on their nutrition-related knowledge and awareness.

Table 12: ANOVA

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	41636.436	1	41636.436	5147.515	.000[b]
	Residual	3089.864	382	8.089		
	Total	44726.300	383			
a. Dependent Variable: Nutritional education						
b. Predictors: (Constant), Media preferences						

The ANOVA results confirm that the regression model is highly significant ($F(1,382) = 5147.515$, $p < .001$). This means that the predictor variable (media preferences) explains a statistically significant proportion of the variance in the dependent variable (nutritional education).

In practical terms, the regression sum of squares (41636.436) far outweighs the residual sum of squares (3089.864), indicating that the model accounts for the vast majority of the observed differences in nutritional education scores. This reinforces the conclusion that media preferences are a dominant factor influencing nutrition-related media knowledge.

Table 13: Coefficients

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.696	.395		6.821	.000
	Media preferences	1.264	.018	.965	71.746	.000
a. Dependent Variable: Nutritional education						

The coefficients table offers clear insight into the predictive relationship between media preferences and nutritional education. The unstandardized coefficient for media preferences (B = 1.264) indicates that for every one-unit increase in media preferences, the nutritional education score rises by approximately 1.26 units. This is a substantial effect, demonstrating that even small changes in media consumption habits can lead to significant differences in nutrition-related knowledge or exposure.

The standardized coefficient (Beta = .965) further highlights the strength of this relationship, indicating that media preferences are the single strongest predictor in this model. The highly significant p-value ($p < .001$) removes any doubt about the reliability of this effect.

Regression Line of Media Preferences

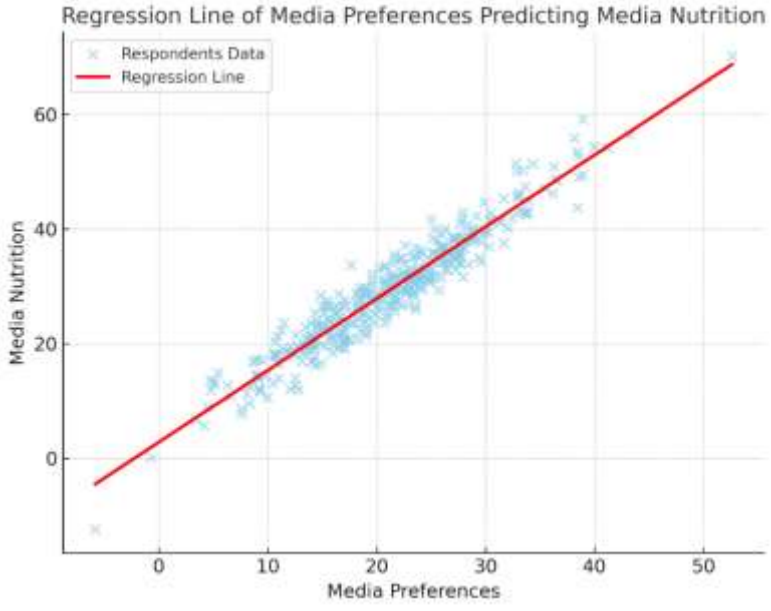

Figure 4.1 illustrates a clear and strong positive relationship between media preferences and nutritional education. The regression line trends upward, indicating that individuals who engage more with their preferred media sources tend to exhibit higher levels of nutrition-related knowledge. The close clustering of data points around the line underscores the model's high explanatory power ($R^2 = 0.931$), showing that the predicted values closely align with actual observations.

4.2 Qualitative Result

a. Socio-Demographic Profile of FGD Participants

Across the four FGDs, a total of 24 nursing mothers participated. Most participants were young to middle-aged women (18-36 years), predominantly married, with low to moderate educational attainment. Employment status varied, though a substantial number were self-employed or unemployed, indicating limited and unstable income. Shagari Quarters differed slightly, with more participants holding SSCE and post-secondary qualifications and a higher proportion of civil servants.

These demographic characteristics are significant, as they shape access to media, trust in information sources, and the feasibility of adopting recommended nutritional practices.

b. Thematic Analysis of FGDs with Nursing Mothers in Yanwashi, Karkarna, Daba and Shagari using Braun & Clark (2006) six step thematic analysis.

Phase One: Familiarisation with the Data

The researchers engaged in repeated reading of verbatim transcripts from four Focus Group Discussions conducted in Yankwashi and Karkarna communities (Yankwashi LGA) and Daba and Shagari (Kazaure LGA). Familiarisation focused on understanding not only what participants said about maternal nutrition and media use, but also who was speaking, taking into account age, education, marital status, and occupation.

Across the four FGDs, participants were predominantly young to middle-aged nursing mothers (18-36 years), most of whom were married, with low to moderate educational attainment and limited formal employment. These characteristics provided important contextual grounding for interpreting participants' preferences for certain communication channels, trust in information sources, and perceptions of nutritional advice.

Initial observations revealed recurring discussions around radio use, hospital-based health education, traditional food practices, limited engagement with digital media, interpersonal information sharing, and economic constraints affecting dietary choices.

c. Phase Two: Generating Initial Codes

Following familiarisation, the transcripts were systematically coded. Coding was both semantic, capturing explicit statements, and latent, identifying underlying meanings shaped by socio-economic and demographic realities.

d. Semantic Codes Included:

1. Radio is affordable and reliable
2. Health workers explain feeding practices
3. WhatsApp use depends on data availability
4. Traditional foods sustain mother and child
5. Husbands influence food decisions
6. Advice is shared during ceremonies
7. Balanced diet is difficult to practice

e. Latent Codes Included:

1. Media access is structured by income and education
2. Institutional authority legitimises health information
3. Cultural practices function as adaptive strategies
4. Digital exclusion limits exposure to modern health messaging
5. Social networks compensate for media limitations

Demographic patterns subtly informed coding decisions. For instance, limited digital media use was more frequently articulated by participants with lower education and unstable income, while references to WhatsApp and smartphones appeared more often among civil servants and SSCE holders, particularly in Shagari Quarters.

f. Phase Three: Searching for Themes

Codes were clustered into broader patterns of meaning across the dataset. At this stage, attention was paid to convergence and divergence across communities, while avoiding rigid demographic categorisation. This process produced six preliminary themes:

1. Radio as the primary medium for nutrition information
2. Hospitals and health workers as trusted authorities
3. Traditional and experiential nutrition knowledge
4. Limited access to digital media
5. Interpersonal and community-based information sharing
6. Economic constraints shaping dietary practices

g. Phase Four: Reviewing Themes

Themes were reviewed for internal coherence and distinctiveness. Overlapping themes were refined to ensure conceptual clarity.

For instance:

1. Economic constraints were retained as a cross-cutting explanatory condition, rather than a standalone theme.
2. Traditional practices and experiential learning were merged due to consistent overlap.
3. Digital access limitations were treated as structurally distinct from general poverty, as they involved literacy, device ownership, and connectivity.

This refinement resulted in five final themes that accurately represented the data without redundancy.

4.3 Phase Five: Defining and Naming Themes

Theme 1: Radio as the Most Accessible and Trusted Mass Medium

Across all four communities, radio emerged as the most widely used source of maternal nutrition information. Participants described radio as affordable, accessible, and convenient, particularly due to its availability in Hausa and its independence from literacy and internet connectivity.

Demographic context explains this dominance: most participants had basic education or less and irregular income, making radio the most sustainable medium for continuous information exposure. This finding aligned with Development Media Theory that radio fulfils the role of an appropriate development medium by aligning with local economic and linguistic realities. Within the Health Belief Model, radio functions as a consistent cue to action, reinforcing health behaviours through repetition.

a. Theme 2: Hospitals and Health Workers as Authoritative Sources of Nutrition Knowledge

Participants

across communities consistently identified hospitals, antenatal clinics, and health workers as their most trusted sources of nutrition information. Advice received at clinics was regarded as credible and corrective, especially when conflicting messages emerged from media or community sources.

This trust was evident regardless of education level, suggesting that institutional authority transcends demographic differences. However, adoption of hospital advice was moderated by economic feasibility, particularly among unemployed participants. Health workers act as development communicators within Development Media Theory, translating policy into practice. In Health Belief Model terms, clinics heighten perceived severity and benefits while strengthening self-efficacy through demonstrations.

b. Theme 3: Cultural and Experiential Knowledge as Parallel Nutrition Systems

Traditional foods such as millet Pap (koko), mixed grain porridge (fate-fate), moringa, groundnut, and soyabeans remained central to maternal diets. Participants emphasised experiential testing of these foods before recommending them to others, indicating an evidence-based logic rooted in lived experience.

This pattern was consistent across communities, particularly among participants with lower formal education, where cultural knowledge provided both nutritional and economic security. Within Health Belief Model, experiential success enhances self-efficacy. Rather than resisting modern health advice, participants integrated traditional practices where institutional recommendations appeared economically unrealistic.

c. Theme 4: Socio-Economic and Digital Barriers to Modern Media Use

Although participants expressed interest in digital platforms, actual use was constrained by data costs, smartphone access, network quality, and digital literacy. This was especially pronounced among unemployed participants and those with primary education or less.

Shagari Quarters showed slightly higher digital engagement, reflecting its higher concentration of civil servants and SSCE holders, but even here digital use remained supplementary rather than dominant. This supports Development Media Theory's argument that digital media cannot displace traditional channels in low-resource contexts. In HBM, these constraints represent perceived barriers that limit behavioural adoption.

d. Theme 5: Interpersonal and Community Communication as Informal Learning Networks

Information sharing through husbands, neighbours, naming ceremonies, and social gatherings formed an essential layer of health communication. These interactions enabled clarification, validation, and contextualisation of information received from radio or clinics.

This pattern cut across all demographic groups, though reliance was stronger in communities with lower media access. Interpersonal exchanges act as secondary cues to action under Health Belief Model, reinforcing behaviour through trusted social relationships and shared experience.

e. Phase Six: Integrated Interpretation and Cross-Community Synthesis

The analysis reveals a layered communication ecosystem in which maternal nutrition knowledge is shaped by the interaction of media access, institutional trust, cultural continuity, and economic realities.

f. Shared Patterns Across Communities

Through the analysis, the four communities revealed similar or shared pattern across. These are identified below:

1. Radio remains the most reliable information source
2. Hospitals provide validation and authority
3. Digital media use is constrained
4. Traditional practices persist alongside modern advice
5. Community interaction reinforces learning

g. Contextual Variations

Shagari Quarters shows slightly higher digital exposure. Daba reflects stronger emphasis on economic hardship, while Yankwashi and Karkarna rely more on interpersonal diffusion

4.4 Discussion of Findings

The findings demonstrate that media preference is a critical determinant of how nursing mothers' access, interpret, and apply nutrition education in Kazaure and Yankwashi LGAs. Quantitative results revealed a remarkably strong relationship between media preferences and nutrition education outcomes, with media preferences accounting for over 93% of the variance in nutrition education scores. This suggests that the channels mothers

engage with are not merely information sources but central pathways through which nutrition knowledge is constructed.

Radio emerged as the most dominant and trusted medium, a finding that aligns with previous studies conducted in rural and semi-rural contexts in Nigeria and other low-resource settings (Ayuk et al., 2020; Okorie et al., 2019; Public Health Nutrition, 2024). Radio's affordability, accessibility, and use of local language make it particularly suited to populations with low literacy levels and unstable income. This confirms Development Media Theory's proposition that media systems in developing societies should prioritise accessibility and social relevance over technological sophistication (McQuail, 2005).

Health workers and hospitals were also identified as authoritative sources of nutrition information, particularly during antenatal and postnatal clinic visits. This finding corroborates Amusan et al. (2022), Thanny (2022), and Ugwuja (2022), who observed that institutional credibility significantly enhances trust in nutrition messages. Within the Health Belief Model, health workers function as powerful cues to action by reinforcing perceived severity of malnutrition and the benefits of recommended feeding practices (Strecher & Rosenstock, 1997; Glanz et al., 2002).

Despite high exposure to nutrition messages, the study found that knowledge did not always translate into practice. Cultural norms, economic hardship, and family influence particularly from husbands and older female relatives often constrained behavioural change. This supports Joseph and Earland's (2019) and Adamu's (2020) findings that socio-cultural contexts mediate the effectiveness of health communication in northern Nigeria. From a Health Belief Model perspective, these factors represent perceived barriers that weaken the likelihood of behavioural adoption, even when perceived benefits are high.

Digital and social media platforms such as WhatsApp and Facebook were used mainly by younger, more educated, and economically stable mothers, reflecting a clear digital divide. This pattern mirrors Bahago and Oyewole's (2022) and Sosanya et al.'s (2025) observations that digital media are more effective in urban or economically advantaged populations. Development Media Theory further explains why digital platforms cannot yet replace traditional media in rural contexts where infrastructure and digital literacy remain limited.

Qualitative findings revealed that traditional and experiential knowledge systems coexist with modern nutrition advice. Mothers relied on familiar foods and practices validated through personal and communal experience. Rather than rejecting institutional advice, they selectively integrated it where it aligned with economic feasibility and cultural logic. This layered communication ecosystem highlights the importance of culturally embedded messaging and supports calls for participatory and context-sensitive health communication strategies.

4.5 Implications of the Findings

The findings indicate that nutrition education interventions targeting nursing mothers in rural northern Nigeria should prioritise radio programming and clinic-based communication. These channels are trusted, accessible, and culturally resonant, making them effective vehicles for sustained nutrition messaging.

Health policymakers and development agencies should invest in local-language radio programmes, strengthen the role of community health workers as nutrition communicators, and incorporate family and community influencers into campaign design. The study reinforces the relevance of Development Media Theory in contemporary rural health communication

and demonstrates the applicability of the Health Belief Model in explaining how perceived barriers, benefits, and cues to action shape maternal nutrition behaviours.

The integration of quantitative regression analysis with qualitative thematic interpretation provides a robust framework for studying media effects in public health communication, especially in culturally complex settings like Kazaure and Yankwashi LGAs.

V. Conclusion

This study concludes that media preferences significantly influence nutrition education among nursing mothers in Kazaure and Yankwashi LGAs. Radio and interpersonal communication with health workers remain the most effective and trusted channels, while digital media use is constrained by socio-economic and infrastructural barriers. Although mothers are exposed to nutrition information, cultural norms, family influence, and economic limitations often mediate behavioural outcomes. Guided by Development Media Theory and the Health Belief Model, the study demonstrates that effective nutrition education must be culturally grounded, economically realistic, and delivered through trusted communication channels. Addressing maternal and child malnutrition in Jigawa State therefore requires communication strategies that align with the lived realities of nursing mothers.

Recommendations

Government and Health Donors should strengthen radio-based nutrition education, particularly through interactive Hausa-language programmes featuring health professionals.

1. Policies and health programmes on nutrition education should be incorporated into routine antenatal and postnatal services, ensuring consistent messaging and practical demonstrations.
2. Policy makers should engage family and community influencers, including husbands, elders, and religious leaders, in nutrition campaigns or on health-related matters for child bearing mothers.
3. Gradually promote digital inclusion, through subsidised data access and basic digital literacy training for mothers.
4. Health workers should design culturally sensitive nutrition messages that acknowledge and incorporate beneficial traditional practices.
5. There is need for future research to explore longitudinal effects of media exposure on actual feeding behaviour and examine male involvement in maternal nutrition decisions.

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