Communicating for Behaviour Change on Maternal Health in Northern Nigeria: A Field Report from *Dukawa* Community in Kano State

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Abstract
This study examined the exposure of men in *Dukawa* community of Kano State in Northern Nigeria to strategic information, their sources and channels on maternal health, and how the exposure relate to the men's understanding and possible behaviour change on maternal health. Guided by the Communication for Social Change Theory, a purposive sample of 360 married men in *Dukawa* community was selected for the study. A simple descriptive analysis revealed that a significant number of the men in Dukawa community, *n*=165(45.8%), are not exposed to strategic maternal health information, though evidence of a variety of accessible channels and sources of information was found. The most cited reason for not being exposed to maternal health information was the personal belief that maternal health is a women-only issue – *n*=102(61.8%) of the 165 participants who are not exposed. Radio was found to be the most frequent information channel, while health workers and religious leaders were cited as the predominant and reliable source of maternal health information for the men in *Dukawa* community. Those who are exposed to strategic maternal health information, *n*=195(54.2%) of 360 participants, mostly reported not experiencing improved understanding of maternal health issues, *n*=87(44.6%), and not sure of benefiting from the exposure at all, *n*=48(24.6%). Drawing on these findings, the study concluded that there is an important gap in behaviour change communication that leaves the prevalence of existing norm, which holds maternal health is women-only issue in Dukawa community. The study recommended that the local health authorities should liaise and work closely with the community-based organisations and available non-governmental organizations to develop and implement contextual and participatory communication plan for educating the men and promoting inclusivity and behaviour change on maternal health in *Dukawa* community.
Keywords: Health, Maternal, information, communication, Behaviour Change, *Dukawa*, Kano State

Introduction

Maternal mortality has remained an issue of disturbing public concern and a major challenge in Nigeria. According to the National Primary Health Care Development Agency (NPHCDA, 2023), Nigeria makes up only 2% of the world's population but accounts for 14% of the global maternal death burden. Approximately 52,000 (142 per day) women die each year, and this translates to 1 in every 9 maternal deaths worldwide. As reported by NPHCDA, 80% of maternal mortality in Nigeria occurs in rural communities, and about 70% is preventable through demand-focused communication and improved service provision. Although the government and development partners have made frantic efforts with little success to reverse the situation, it seems that effective interventions to improve maternal health outcomes in most parts of Nigeria would require communication strategies that focus on the men at primary healthcare and community levels to raise their awareness, change their behaviours, and integrate them as key policy formulation and implementation actors. This is because of the determinative role that husbands play at the family level in healthcare seeking decision among women, especially in the traditional northern communities where campaign resistance has historically remained high.

Modern communication sources, including mass media (radio, television, newspapers, and the internet) and interpersonal sources (traditional leaders, health educators, etc.), have been actively involved in transmitting information aimed at influencing maternal health outcomes in northern Nigeria. In health campaigns, the mass media, for instance, generate awareness of maternal health issues, interventions, and events, and set agendas for national and public discourse, while interpersonal sources operate in the background to influence community response to campaigns negatively or positively.

Maternal health focuses on the health and well-being of pregnant women from the inception of the pregnancy, through antenatal care (ANC) to childbirth and post-natal care (Abubakar *et al*., 2022). Effective communication promotes awareness of an issue, enhances knowledge and beliefs, and influences behaviour change (Calvert, 2011). Amoo *et al*. (2020) reaffirm the above assertion that mass media play vital roles in every society as they

shape culture, influence politics, affect people's attitudes, and play important roles by raising health concerns, especially as it relates to women and children in the contemporary business world.

Gambo, Suleiman and Shaibu (2023) assert that the dissemination of credible maternal health information by relevant mass media institutions is important from the stage of pregnancy to enlighten mothers on the utilisation of maternal health care services to prevent complications and numerous problems that may arise in childbirth, survival, and development. Similarly, interpersonal communication sources are crucial in public health as they enable the establishment of trust with individuals and communities, facilitating the exchange of vital health information, promoting behavior change, and ultimately leading to improved health outcomes (Chepngena & Lydia, 2023). Maternal health has long been a public concern in the developing world and a major cause of death for women in the reproductive age group (Gil-Gonzalez, Portinoa, & Ruiz, 2006). According to the United Nations Children's Emergency Fund (UNICEF, 2014), daily, maternal health-related issues claim the lives of about 2,300 children below five years and 145 women of childbearing age in Nigeria.

The determinative role of men in health-seeking behaviors among women in most parts of Africa has been attributed to the practice of patriarchy (Joseph &Jessica, 2009). A patriarchal system limits the choices for women to seek healthcare without their husbands' approval. This means that no matter how convinced a pregnant woman might be to seek healthcare, the husband decides whether to do so. This makes men's involvement in maternal health campaigns an essential strategy for reducing maternal and child mortality (Nuhu & Muheirwe, 2019). However, due to protracted exposure to negative information about the motives of western countries and non-governmental organisations (NGOs) for health interventions in Africa (Renne, 2006, Ozohu-Suleiman, 2010a, Aserogun, Ozohu-Suleiman, & Muhammed, 2025), improving maternal health outcomes, especially in the patriarchal and predominantly Muslim northern communities, would require evidence-driven and targeted communication efforts to change the behavior of the men who are the primary decision makers at the family levels. This proposition leaves an agitation for improved understanding of the nature, flow, and influence of existing communication on maternal health in rural communities of northern Nigeria.

Objectives of the Study

1. Evaluate the exposure of married men to maternal health information in Dukawa community
2. Determine the major and most trusted sources and channels of information on maternal health among the married men in Dukawa community
3. Determine the aspects of maternal health information the married men are most exposed to in the community
4. Determine the perceived influence of exposure to maternal health information on the men's understanding of maternal health issues the community.

Literature Review

Significance of Sources and Channels in Health Persuasion

In any communication that aims to persuade, the source of the message is important. That is why Lasswell's communication model begins by asking "Who says What…?" (Sapienza, Iyer, & Veenstra, 2018). The trust determination model also emphasizes dependency on the source for risk communication to be effective because people tend to believe and act on information coming from the sources they trust (Covello, 2001, Ozohu-Suleiman, 2010b). A source of communication is the individual, group, or entity that originates or creates and sends a message to a receiver. A source is the one who kick-starts the entire communication process, whether through speaking, writing, or other means of encoding messages, such as body language or digital signals.

In rural communities, various communication sources are voluntarily involved in or engaged to create and disseminate maternal health information and messages. In northern Nigeria, there is a heavy presence of mass media organisations – radio, television, Internet, and social media, which variously penetrate the local populations with news and other types of information on various subject matters, including maternal health. Interpersonal communication sources such as traditional leaders, religious leaders, friends, families, and community organisations that are governed by traditions have also been found to be highly influential in some parts of the region on matters of health and other public communications (Ozohu-Suleiman, 2010a). Often in face-to-face mode, interpersonal communication facilitates dialogue, helps clarify doubts, and allows for culturally sensitive messaging, crucial in societies where cultural beliefs and norms impact health choices (Dudgeon & Inhorn, 2004). Beyond individual interactions, group communication methods such as community meetings, focus groups, and workshops encourage shared learning and collective action. These form and for a of

communication serve as avenues for discussing health concerns, challenging harmful norms, and encouraging positive behavior change through social support and peer influence (Rimal & Lapinski, 2009).

In a study on how communication sources, user traits, and innovation features influence the adoption of communication technology, Stuart (2000) offers a core analysis of how various sources, such as mass media and personal interactions, affect the uptake of new ideas, especially with emerging technologies. While the focus is on technology adoption, his theoretical framework applies to broader behavior change efforts, including health-related actions. The study highlights that source credibility, user characteristics, and message relevance are key in shaping responses to communication. In the area of maternal health, this suggests that men's attitudes are affected not only by the messages but also by who originates them (the source), whether mass media, community leaders, health workers, or peers.

In maternal health communication, the choice of channel can affect how men understand and respond to health messages. Studies have demonstrated that when messages are disseminated through trusted channels, the receivers are more likely to pay attention and respond positively to maternal health persuasions. However, a communication gap arises when the channels used are not trusted or have poor accessibility. For instance, using social media in a community where most men depend on radio or interpersonal channels reduces message reach and effectiveness. Therefore, knowing the channels preferred by audiences is essential for developing and rolling out interventions aimed at increasing awareness and promoting male involvement in maternal health campaigns.

Maternal Health Standards and Inclusive Communication for behaviour Change

Maternal health concerns women's well-being during pregnancy, childbirth, and the postpartum period (WHO, 2015). Proper maternal health care can prevent complications such as hemorrhage, infections, and death for both mother and child. Ohaja *et al*. (2023) note that maternal health extends beyond just preventing illnesses during pregnancy and delivery. It also involves access to quality care before, during, and after childbirth, along with support for mothers' emotional and social needs. According to Ohaja et al. (2023), poor maternal health in many African countries is often due to limited access to accurate health information. They emphasise that how health messages are communicated can significantly influence people's behaviors. This is especially important for men, whose support can help women attend clinics, prepare for birth, and follow medical advice.

According to the WHO (2015), good maternal health involves access to antenatal care, professional support during delivery, and proper postnatal care. It also includes good maternal nutrition, partner involvement, family support, and access to emergency services when necessary. Importantly, maternal health isn't just a woman's concern; it impacts families and society at large. In many Nigerian households, especially in patriarchal communities like Dukawa in Kano State, men often influence decision-making. A woman's attendance at antenatal visits, access to skilled birth care, and postnatal support often depend on her husband's views, financial situation, and cultural beliefs. Therefore, maternal health should be viewed as a shared responsibility among healthcare providers, the government, the community, male partners, and targeted communication efforts.

However, in patriarchal societies, men hold primary leadership responsibilities over women. This often impacts how communication flows within and between families and communities regarding reproductive and maternal health. Studies indicate that in patriarchal societies, reproductive health communication is often mediated by men, limiting women's choices in decision-making. For example, Ganle and Dery (2015) examined barriers to male involvement in Ghanaian maternal healthcare. They found that deeply rooted patriarchal beliefs led many men to see maternal health as a woman's issue, which limits their participation. This cultural practice negatively affects maternal health outcomes because men are often unaware of the importance of antenatal care or childbirth risks. The study emphasizes that men's exclusion from maternal health discussions is both cultural and systemic, as these topics are rarely part of daily conversations in male-dominated, patriarchal communities.

Ohaja et al. (2023) highlight in their narrative review on media and maternal health in Africa that many campaigns mainly target women. This creates a communication gap, as men, particularly in rural communities, are often less educated and disengaged, though they are crucial decision-makers. They advocate for culturally sensitive and inclusive communication strategies that involve men in active participation rather than mere observers in maternal health efforts.

In another study by Ibrahim, Idris, Abubakar, Gobir, Bashir, & Sabitu (2014) on determinants of male involvement in birth preparedness in rural northern Nigeria, it indicates that only 6.6% of males show proper involvement in birth preparedness, which includes saving money for transportation, ensuring that the woman gets access to good and skilled healthcare during birth, and also being there to support her emotionally. The study,

which uses both interviews and surveys to collect data, found that male involvement was very low due to poverty, low education, and strong cultural norms that see the matter as a "feminine issue." In the end, the study strongly recommended that more communication strategies should be implemented to raise awareness among men in order to improve participation.

Similarly, Amole, Abubakar, Bello, Farouk, & Iliyasu (2023) examined birth preparedness, complication readiness, and male participation in maternal health in Northern Nigeria. Their results indicate that only 32.1% of men in Ungogo Local Government Area of Kano State escort their wives to clinics during pregnancy and childbirth, most of whom have some level of knowledge and life experience. Consistent with previous studies, the researcher found that many men in such patriarchal societies tend to avoid involvement in maternal issues due to cultural norms and limited education. Therefore, the researcher recommended that one effective way to enhance male involvement in maternal health is to promote health education through local communication channels, such as village meetings, community leaders, and peer education. These community-based approaches are more likely to be accepted and resonate with the local population.

In a study on Women's Perception of Male Involvement During Pregnancy and Labor in Ibadan by Ojo, M. O., Fafure, I. O., & Ani, F. I. (2019), they surveyed 367 women in Ibadan to investigate how involved their husbands were during pregnancy and labour, focusing mainly on the women's observations and experiences regarding their husbands' support. The results show that only a few men accompanied their wives to antenatal care, and even fewer were physically present during childbirth. Moreover, the reasons given for this low level of involvement include a busy work schedule, lack of awareness, and cultural norms. However, the women pointed out that there has been some improvement in their husbands' attitude towards maternal care after health talks were given in mosques, churches, and radio stations. This highlights the importance of communication in changing perceptions and recommends increasing such efforts. Amole et al. (2023) investigated men's knowledge and participation in maternal healthcare in urban Kano State, using a cross-sectional survey. Their findings revealed that only a small portion of men are aware of key maternal issues such as antenatal care, maternal nutrition, and financial preparedness. The main factors for their low involvement include age, education level, and lack of health information. Conversely, men with greater access to health information via media, community leaders, or healthcare workers were more likely to engage in maternal healthcare. Likewise, research on knowledge and attitude of men towards risk factors influencing maternal mortality in Magume community, Zaria by Jimoh et al (2019) discovered that some men are aware of some of the factors that causes maternal mortality, but low education and cultural beliefs are also the main reasons in that community that hinder the men from involving in maternal care, which is why the researchers lastly concluded that educating men and changing cultural attitudes are essential steps to reduce maternal mortality.

The reviewed studies consistently show that men in Northern Nigeria have low involvement in maternal health due to cultural norms, low education, and limited access to health information (Ugal & Tyohemba, 2019; Okafor et al., 2022; Ibrahim et al., 2014; Iliyasu et al., 2010). While some research highlights the importance of communication and media in improving male participation, most studies either focus on women as the primary audience or examine male involvement without evaluating how men actually receive, interpret, and act on maternal health messages. There are limited empirical evidence on the effectiveness of communication in engaging men, the specific aspects of maternal health they are exposed to, and whether this exposure translates into changes in attitudes or behavior.

Theoretical Framework

Communication for Social change theory

This study is situated in the framework of communication for social change (CSC) theory, which views communication as a collaborative and participatory process aimed at fostering meaningful social transformation. Rather than relying solely on one-way dissemination of information, CSC stresses dialogue, shared understanding, and community involvement in addressing social concerns. In rural settings like Dukawa, where men often shape decisions related to maternal health, engaging them through participatory communication may strengthen awareness and encourage active support for maternal care. The framework, therefore offers a relevant lens for exploring how exposure to maternal health messages may influence men's attitudes and levels of involvement.

Methodology

This study employed a quantitative survey method to examine men's exposure to maternal heath communication and their attitudes towards maternal health in Dukawa community. The population of this study is men living in the Dukawa community, specifically those who are married. According to the Kura Council's Department of Planning and Research, the estimated population of Dukawa ward in 2025 is 6,935. Of this, 3,606 are males, and 3,329 are females. This study focused on the 3, 606 male population in Dukawa community. Using Solvin's Formula, a sample size of 360 participants was drawn from the study population. Considering that there was no sampling frame as of the time of this study, purposive non-probability technique was adopted to reach out to the married men in the community.

Data were collected using thequestionnaire to capture responses from the participants, and the data collected were presented using the descriptive method of data analysis. Reliability was tested through a pilot study using the test-retest method, where the same respondents completed the questionnaire twice at different times to check response consistency. The outcome of the pilot study indicated a satisfactory level of consistency over time. Based on observations from the pilot phase, necessary adjustments were made before proceeding to the final data collection. Eventually, the survey was implemented in Dukawa community with the following participation details (Table 1).

Data Presentation and Analysis

Table 1: Survey participants Information

Participants	**FREQUENCY*(N)***	**PERCENTAGE(%)**
A. AGe		
18-25	24	6.7%
26-35	70	19.4%
36-45	192	53.3%
46 and Above	74	20.6%
B. MaritalStatus		
Married	360	100%
C. Years In Marriage		
Less Than A Year	1	0.3%
1-5 Years	41	11.4%
6-10 Years	96	26.7%
11-15 Years	167	46.4%
16 And Above	55	15.3%
D. Number Of Wives		
1	111	30.8%
2	169	46.9%
3 And Above	80	22.2%
E. NumberOf Children		
1-3	58	16.1%
4-6	119	33.1%
7 And Above	183	50.8%
F. Level Of Education		
No Formal Education	133	36.9%
Primary	139	38.6%
Secondary	81	22.5%
Tertiary	7	1.9%
TOTAL	**360**	**100.0**

Source: Field Survey, 2026.

Overall, the demographic information in Table 1 shows that the survey participants as targeted were married. They were predominantly middle-aged, and had relatively large family sizes, with modest levels of formal education. These features are typical of rural communities in Northern Nigeria.
Exhaust all the tables with their summaries before proceeding to the discussion of findings

The first objective of this study was to evaluate the exposure of married men in Dukawa community to maternal health information. This was essentially meant to establish the extent to which the survey participants receive messages on maternal health from various communication sources available in the community. This was immediately followed by the second objective, which seeks to determine the specific sources and channels of information available to the men on maternal health. The finding (Table 2) shows that a large proportion of respondents, *n*=165 (45.8%), do not receive any messages on maternal health, indicating that a signifant population of men in Dukawa community are not exposed to strategic messaging on maternal health. This highlights an important communication gap in strategic maternal health messaging in the community. Based on this finding, respondents who indicated no exposure to maternal health messaging were excluded from analyses boarding on the influence of communication in the community.

The data also reveals that radio is the most common channel through which men in Dukawa community receive maternal health messages, with 97 (26.9%) of participants indicating it. Other channels, such as organized health talks, accounted for (7.2%) responses; religious gatherings were selected by 25 respondents, demonstrating that faith-based settings play a modest yet significant role in conveying maternal health information in Northern Nigeria, particularly in Dukawa.

Additionally, community meetings were selected by 7.2% participants, indicating that some men receive maternal health messages through local gatherings or community discussions. Only 10 (2.8%) respondents reported receiving messages via television, 5 (0.6%) through WhatsApp, followed by 3 (0.8%) who mentioned town announcers as a channel, and only 2 (0.6%) selected SMS as the channel through which they received maternal health messages. None of the respondents indicated they received messages through newspapers/magazines, posters, flyers, billboards, or other channels (see Table 2).

Table 2: Exposure and Channels of Maternal Health Messages in Dukawa community

VARIABLES	**FREQUENCY*(N)***	**PERCENTAGE(%)**
Television	10	2.8%
Radio	97	26.9%
Newspaper/magazine	0	0%
Town Crier	3	0.8%
Posters/ Flyers/ Billboards	0	0%
Whatsapp	5	1.4%
Sms (text Message)	2	0.6%
Organized Health Talks	27	7.5%
Community Meeting	26	7.2%
Religious Gatherings	25	6.9%
Others (please Specify:)	0	0%
Don 'T Receive Messages (not Exposed)	165	45.8%
TOTAL	**360**	**100.0**

Source: Field Survey, 2026.

Considering the large number of participants who reported that they do not receive maternal health messages at all (see Table 2), the researchers probed further to know the reason why they do not receive messages. Table 3 below provides an analytical summary of the reasons.

Table 3: Reasons why respondents are not exposed to maternal health messages

REASONS CATEGORY	**FREQUENCY *(N)***	**PERCENTAGES (%)**
BELIEVE MATERNAL HEALTH IS A WOMEN-ONLY ISSUE	102	61.8%
LACK OF INTEREST	38	23.0%
LACK OF AWARENESS	25	15.2%
TOTAL	**165**	**100.0**

Source: Field Survey, 2026.

Table 3 shows the responses of 165 participants who stated that they do not receive any maternal health messages from any channel at all. A high number of them, 102 (61.8%), indicated that they believe maternal health is a women-only issue. This highlights an important cultural practice that underscores the need for interventions to change men's behaviours towards maternal health in the rural communities such as Dukawa. Furthermore, 38 (23.0%) mentioned that they simply do not have an interest in maternal issues, using phrases like "not interested" and "not my thing." This shows that even when the information is available to them, they still don't have an interest in listening. Additionally, 25 respondents reported a lack of awareness, which may be because they are not aware of the channels or platforms through which maternal health messages are disseminated. These findings indicate that the communication gap is not only the problem, but rather there is also a deep cultural and motivational barrier that limits men's engagement with maternal health messages in Dukawa community. On the sources from which maternal health messages are received among married men in Dukawa community, Table 4 below presents the data summary.

Table 4: Sources of maternal health information in Dukawa Community

Sources	**FREQUENCY *(N)***	**PERCENTAGE (%)**
Health Workers	75	38.5
Religious Leaders	25	12.8
Traditional Birth Attendants	18	9.2
Community Leaders	19	9.7
Family Members / Friends	8	4.1
Media Practitioners	39	20.0
Government Health Agencies	7	3.6
Non-governmental Organizations	4	2.1
Others (please Specify):	0	0%
TOTAL	**195**	**100.0**

Source: Field Survey, 2026.

Table 4 shows that most respondents, *n*=75 (38.5%), receive maternal health messages from health workers, followed by media practitioners, *n*=39 (20.0%), religious leaders, *n*=25 (12.8%), community leaders, *n*=19 (9.7%), and traditional birth attendants, *n*=18 (9.2%). A smaller number of respondents chose family and friends, *n*=8(4.1%), government health agencies, *n=7* (3.6%), and non-governmental organizations, *n*=4(2.1%) as their main sources of maternal health information.

Table 5: Most trusted sources of maternal health information

SOURCES	FREQUENCY(N)	PERCENTAGE(%)
Health Workers	64	32.8
Religious Leaders	62	31.8/
Media Practitioners	23	11.8
Community Leaders	15	7.7
Family Members / Friends	5	2.5
Traditional Birth Attendants	18	9.2
Government Health Agencies	4	2.1
Non-governmental Organizations	4	2.1
Others (please Specify):	0	0.0
TOTAL	**195**	**100.0**

Source: Field Survey, 2026.

Table 5 shows that among the 195 respondents who are exposed to and receives maternal health messages in Dukawa community, *n*=64 (32.8%) reported health workers as their most trusted source of maternal health information. This is closely followed by *n*=62(31.8%) of the respondents who selected religious leaders, and *n*=23(6.4%) respondents who selected media practitioners as their most trusted information sources on maternal health.

The third objective of this study was to find out the aspects of maternal health information to which the men in Dukawa community are most exposed. Among the 195 respondents who reported receiving messages, the most commonly communicated aspect was "antenatal care attendance", *n*=66(33.8%), followed by "maternal nutrition", *n*=35(17.9%) and "importance of hospital delivery", *n*=24(12.3%).
Overall, the findings indicate that although some aspects of maternal health, such as antenatal care attendance and maternal nutrition, are being communicated, other critical areas like male involvement in maternal health, postnatal care, the importance of hospital delivery, mother-to-child transmission of diseases, and family planning receive minimal attention (see Table 6).

Table 6: Most frequently received aspects of maternal health messages

MESSAGE	FREQUENCY(*N*)	PERCENTAGE(%)
Antenatal Care Attendance	66	33.8
Maternal Nutrition	35	17.9
Family Planning	17	8.6
Importance Of Hospital Delivery	24	12.3
Danger Signs During Pregnancy	9	4.5
Birth Preparedness And Complication Readiness	20	10.2
Postnatal Care	10	5.1
Newborn Care Practices	1	0.5
Prevention Of mother-to-child transmission of Diseases	5	2.5
Importance of male involvement in maternal health	9	4.6
Others (please Specify):	0	0%
TOTAL	**195**	**100.0**

Source: Field Survey, 2026.

Finding:

most respondents, n=87(44.6%), reported having no improved understanding of maternal health issues despite exposure to information. However, evidence was found of absolute n=195(100%) willingness among the men to take supportive actions towards improving maternal health in Dukawa community.

The fourth objective of this study sought to determine how exposure to maternal health information relates to the men's understanding of maternal health issues in Dukawa community. The survey participants were asked to indicate whether exposure to maternal health information has improved their understanding of maternal health issues. The participants were also asked if, given information support, they are willing to take supportive actions for improving maternal health in their community.

Majority, *n*=87(44.6%), of the 195 respondents who reported exposure, indicated that the exposure has not improved their understanding of maternal health issues. A lesser number of respondents, *n*=60(30.8%), reported that they gained improved understanding of maternal health issues from exposure to maternal health information. Although those who are not sure if exposure to maternal health information has helped to improve their understanding of maternal health issues are much lesser, *n*=48(24.6), the overall influence of exposure to maternal health information on the men's understanding of maternal health issues in Dukawa community is low. However, the absolute willingness of the participants, *n*=195(100%), to give supportive actions towards

improving maternal health (Table 7) clearly underscores the need for more strategic steps to inform, educate and include the men in the pursuit of the objectives of maternal health in the community.

Table 7: Perceived influence of exposure to maternal health information and willingness for supportive actions (N=195)

VARIABLES	FREQUENCY(*N*)	PERCENTAGE(%)
Improved understanding	60	30.8
Not improved understanding	87	44.6
Not sure	48	24.6
Willingness for Supportive actions	195	100.0

Source: Field Survey, 2026.

Discussion of Findings

Based on the findings from this study, the exposure of men to strategic maternal health information in Dukawa community is generally low. Although some men reported receiving maternal health messages through channels such as radio, religious gatherings, health talks, and community meetings, a substantial proportion of respondents reported no exposure at all. This suggests that maternal health communication efforts in the community are poor sand not sustained in reaching men. This finding is consistent with earlier empirical studies conducted in Nigeria and other developing countries. For instance, Adelekan et al. (2014) had found that men's exposure to maternal health information in many Nigerian communities remains limited, largely because maternal health communication is traditionally targeted at women. Similarly, Iliyasu et al. (2010) reported that men in northern Nigeria often lack access to maternal health information due to deeply rooted cultural beliefs that define pregnancy and childbirth as women's affairs. These studies support the present finding that many men in Dukawa community remain unreached by maternal health messages.

On the most common source of maternal health information for men in Dukawa community, health workers were indicated by most of the respondents. This finding suggests that health professionals play an important role in creating and disseminating maternal health information to men in Dukawa community. The health workers also happens to be the most trusted information source on maternal health in the community. The implications of this are that the health workrs stand as a formidable means of social and behavior change interventions in Dukawa community. The likelihood of this fact being applicable in similar or nearby communities is high. Also, the study emerged with radio as the most frequent channel through which the men in Dukawa community receive maternal health information. This particular finding resonates with extant literature on the as the most ubiquitous media through which the larger populations of northern Nigerian can be reached (Utalor, 2019; Shalom et al., 2024). Again this implies that radio should remain in focus for development communication interventions in Dukawa and similar communities.

On the aspect of maternal health information, the men in Dukawa community are most exposed to, this study reveals that among the 195 respondents who reported receiving maternal health messages, antenatal care attendance, maternal nutrition and the importance of hospital delivery were the most frequently communicated aspects. Again this finding shows that other important aspects of maternal health information such as birth preparedness, complication in pregnancy, and family planning, which came up as less frequently received aspects of maternal health information could be strengthened through other means of planned communication in the community.

As this study also reveals, there is a limited relationship between exposure to maternal health messages and men's understanding of maternal health issues in Dukawa community. With limited understanding of maternal health issues, there is little to expect of the men's active involvement in the implementation of the policies and intervention programs on maternal health. However, it is interesting to note that an absolute majority of the men who indicated that they were exposed to maternal health messaging was willing to render supportive actions toward the realization of the goals of maternal health despite their limited understanding of the issues.

Conclusion

this study establishes that men in *Dukawa* community of northern Nigeria are underexposed to strategic maternal health information. This tends to leave a significant communication gap and prevalence of the existing cultural norm in which maternal health is considered and treated largely as women's issue. A variety of information sources and modern communication channels on maternal health are available in the community, but deliberate and sustained community engagement is significantly lacking, thus absenting and weakening communication from influencing or facilitating the needed change in men's behavior towards maternal health in the community. Interestingly, there is absolute willingness among the men to participate in supportive actions towards improving maternal health in the community. However, this is unlikely to happen with current levels of exposure to information and necessary health education.

Recommendation

Based on the findings of this study, it is therefore recommended that the local health authority should liaise and work closely with the community based organizations and available non-governmental organizations to develop and implement contextual and participatory communication plan for educating the men and promoting inclusivity and behaviour change on maternal health in Dukawa community.

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