

# Communication for Development



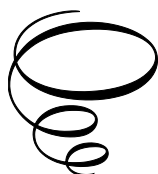
# Communication for Development:

*Addressing Malnutrition  
in Conflict-Affected  
North-East Nigeria*

By

Yusuf Mu'azu

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Communication for Development: Addressing Malnutrition  
in Conflict-Affected North-East Nigeria

By Yusuf Mu'azu

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## FOREWORD

The enduring debate over the purpose of research — whether it should be pursued purely for the advancement of knowledge or directed towards solving real-world problems — finds a powerful case study in this timely and compelling book by Dr. Yusuf Mu'azu, *Communication for Development: Addressing Malnutrition Challenges in Conflict-Affected North-East Nigeria*. This work sits firmly at the intersection of these two scholarly traditions, combining academic rigour with an unalloyed commitment to societal impact.

For those who champion the idea that research should serve humanity — providing answers to pressing challenges and uplifting marginalised communities — this book is a clear affirmation of that belief. Rooted in the deeply complex context of North-East Nigeria, where insurgency and humanitarian crises have intersected to create devastating impacts, including nutritional deficits, the book demonstrates how research can be a vehicle for social change. Dr. Mu'azu does not merely study problems; he interrogates them, contextualises them, and offers communication-based interventions that are both practical and scalable.

Yet, this book also honours the ethos of knowledge for its own sake. The author delves into rich theoretical landscapes — from the Socio-Ecological Model to Participatory Communication and Behaviour Change Theories — tracing their historical evolution and relevance to development practice. In so doing, he contributes to the scholarly canon in development communication, offering nuanced theoretical insights that will be of value to researchers, academics, and practitioners alike. The depth of this theoretical engagement reminds us that pure research, even when not immediately utilitarian, often lays the groundwork for transformative applications.

What distinguishes this book is its synthesis of these two orientations — knowledge as inquiry and knowledge as intervention. Drawing from the author's doctoral research, it combines empirical evidence with strategic communication analysis, demonstrating how development partners like UNICEF have utilised Behaviour Change Communication (BCC),

Communication for Social Change (CFSC), Advocacy, and Social Mobilisation to combat malnutrition in hostile and complex environments.

One of the strengths of this book lies in its multi-layered approach. It goes beyond describing the challenges to proposing context-sensitive solutions — offering clear strategies, communication models, and advocacy frameworks that can be adopted by policymakers, NGOs, and development partners working in similar crisis contexts. By drawing attention to underexplored issues such as the misuse of ready-to-use therapeutic foods (RUTF), conspiracy theories, and cultural barriers, the author unpacks the complexity of implementing C4D (Communication for Development) in fragile environments.

The book is not only a scholarly achievement, but also a moral one. It recognises that research, particularly in contexts marked by violence and deprivation, must go beyond the ivory tower. It must speak to policymakers, field workers, caregivers, and communities themselves. It must empower. And most importantly, it must heal. This work, rooted in the intellectual rigour of a doctoral thesis, speaks not only to the urgency of addressing the nutritional crises brought on by protracted conflict in the region but also to the vital role of communication as an enabler of sustainable development and human dignity.

In a world where conflict and inequality are on the rise and where global attention often fades too quickly, this book reminds us of the critical role that communication can play in development and humanitarian response. It is a must-read for communication scholars, development practitioners, public health experts, and anyone committed to using knowledge to make a meaningful difference.

I wholeheartedly recommend this book as a C4D roadmap for addressing nutritional challenges in conflict-affected areas of the world, beginning from North-East Nigeria.

**Professor Rotimi Olatunji**, PhD, rpa, mnipr, MNAL, FACCE  
Professor of Public Relations and Advertising,  
Faculty of Communication and Media Studies,  
Lagos State University, & National President, Association of  
Communication Scholars & Professionals of Nigeria (ACSPN)

# PREFACE

The journey of this book began with my doctoral research, which investigated the critical intersection of communication, development, and nutrition interventions amid the protracted Boko Haram conflict in Northeast Nigeria. What initially started as an academic inquiry soon evolved into a deeper exploration of how communication, often overlooked in humanitarian discourse, can serve as a powerful catalyst for survival and transformation in conflict-affected communities.

This book transcends the boundaries of scholarly reflection. It is rooted in lived experience, drawn from field engagements with displaced populations, frontline workers, and dedicated development partners. In these communities — fractured by violence but fortified by resilience — I witnessed the indispensable role of Communication for Development (C4D) in navigating crises, influencing health behaviours, and delivering life-saving information under the most difficult circumstances.

The insights presented in these pages are grounded in practical realities and amplified by the voices of those who continue to bear the burden of conflict. I am especially indebted to the C4D and nutrition experts, community mobilisers, volunteers, local and religious leaders who participated in the research and shared their stories, challenges, and hopes for a better future. Their experiences are the soul of this book.

I also extend my deepest appreciation to my mentors, supervisors, and academic colleagues, whose guidance shaped the direction and depth of this work. Their support was instrumental in bringing this vision to life.

This book is dedicated to all those working on the frontlines of humanitarian response — individuals and institutions striving every day to bring dignity, health, and hope to the world's most vulnerable populations. I hope that the reflections and lessons shared here will inform future strategies, stimulate critical research, and reinforce the importance of communication in building resilience and fostering sustainable change in times of crisis.

**Yusuf Mu'azu**, Ph.D., FCIPM, fnipr, fapra, frpa, fnimm  
2026

## ACKNOWLEDGMENTS

This book represents the culmination of years of research and collaboration, and I am grateful to the many people who have supported me along the way.

First, I would like to thank my mentors and colleagues who guided me throughout this process. Their insights and feedback were invaluable in shaping this work. Special thanks go to the late Professor Mohammed Gujbawu, whose support and encouragement as my first supervisor were instrumental in the early stages of this journey. I am also profoundly grateful to Professors Joseph Wilson and Nuhu Diraso Gapsiso, who, as my supervisors, helped me navigate this complex and challenging topic with their expertise and for their ongoing mentorship.

My gratitude also extends to Professor Danjuma Gambo for his steady encouragement and guidance, which helped me stay on course. I also want to acknowledge the crucial contributions of Professors Abubakar Mu'azu and Umaru A. Pate, whose support and interest in my academic and professional progress over the years have meant much to me. Special thanks also go to the Head of the Department of Mass Communication, Dr. Abdulmutallib Ado Abubakar, who was Chair of my doctoral thesis defence panel.

To my colleagues and collaborators who offered their time and feedback, including Dr. Rahila Jibrin, Dr. Musa Usman, Dr. Ibrahim Uba Yusuf, Jude Melea Moses, and Bitrus Mingyi, I am grateful for the camaraderie and shared experiences during this process. I am immensely grateful also to Professor Rotimi Olatunji, President, Association of Communication Scholars & Professionals of Nigeria (ACSPN), for writing the Foreword to this book, in addition to providing critical editorial input.

Lastly, I thank my family for their unwavering support and patience throughout the journey. Their belief in me has been my most significant source of strength.

This book is the result of many people's efforts, and I remain deeply thankful to all those who contributed to its realisation, both mentioned and unmentioned.

## ABOUT THE BOOK

In the heart of Northeast Nigeria, where communities are battered by the ravages of insurgency and the collapse of essential systems, a silent yet deadly crisis unfolds: malnutrition. *“Communication for Development: Addressing Malnutrition Challenges in Conflict-Affected North-East Nigeria”* explores how strategic communication can serve as a lifeline in humanitarian emergencies, particularly where traditional interventions fall short.

Drawing on rigorous fieldwork, compelling interviews, and real-time observations during the height of the Boko Haram conflict, this book presents a groundbreaking analysis of how Communication for Development (C4D) strategies — specifically Behaviour Change Communication (BCC), Communication for Social Change (CFSC), Social Mobilisation, and Advocacy — were applied to combat malnutrition in one of the world’s most fragile contexts.

Dr. Yusuf Mu’azu demonstrates that communication is not merely an auxiliary tool but a central pillar in humanitarian intervention. With empathy and scholarly precision, the book reveals how carefully crafted messages, culturally sensitive engagement, and grassroots advocacy influence behavioural change, shape public discourse, and support life-saving nutrition outcomes, even amidst insecurity, displacement, and infrastructural collapse.

Bridging theory and practice, the book serves as both a field manual and an academic contribution. It offers invaluable lessons for communication scholars, humanitarian actors, public health practitioners, and policymakers working at the intersection of conflict, crisis communication, and sustainable development. Whether you are designing programmes for refugee camps, evaluating communication strategies in fragile states, or researching development communication, this book provides rare insight into the transformative power of C4D.

## ABOUT THE AUTHOR

Dr. Yusuf Mu'azu is a distinguished communication scholar, seasoned public relations professional, and a nationally and internationally recognised expert in Communication for Development (C4D). He has over 26 years of cross-sector experience spanning media, public service, oil and gas regulation, and strategic communication. His work focuses on the role of communication in humanitarian interventions, with particular emphasis on improving public health outcomes and combating malnutrition in conflict-affected environments.

Dr. Mu'azu currently serves as the Deputy Director and Regional Head of Corporate Services and Administration at the Nigerian Midstream and Downstream Petroleum Regulatory Authority (NMDPRA), Southwest Regional Office in Lagos. In addition, he is a Post-Doctoral Research Fellow at the Centre for Media and Communication Research (CMCR), School of Media and Communication at Pan-Atlantic University, Lagos, where he leads interdisciplinary research on development communication, public policy, and social change.

He holds a PhD in Mass Communication from the University of Maiduguri, where his doctoral research critically examined the implementation of C4D strategies during nutrition interventions amidst the Boko Haram insurgency in Northeast Nigeria. His work is grounded in firsthand field experiences and is noted for its practical relevance and academic depth.

Dr. Mu'azu is a Fellow of the Nigerian Institute of Public Relations (fnipr), the Advertising Regulatory Council of Nigeria (frpa), the National Institute of Marketing of Nigeria (fnimn), the African Public Relations Association (fapra), and the Chartered Institute of Personnel Management (FCIPM). He is also a member of the Chartered Institute of Public Relations (CIPR, UK), the International Association of Media and Communication Research (IAMCR), the African Council for Communication Education (ACCE), and the Association of Communication Scholars and Professionals of Nigeria (ACSPN), among others.

A prolific academic, he has authored peer-reviewed journal articles, book chapters, and conference papers on themes such as artificial intelligence in governance, humanitarian communication, strategic public relations, and

public health messaging. His scholarship bridges theory and practice, contributing to national discourse and global research on sustainable development communication.

Dedicated to capacity building, Dr. Mu'azu is committed to mentoring emerging scholars and practitioners in the fields of communication, media, and public relations, particularly in the areas of crisis communication and social behaviour change. His work continues to influence public policy, academic thought, and institutional communication strategies in Nigeria and beyond.

# CHAPTER 1

## SETTING THE STAGE

### **1.1. Overview of the Nutritional Challenge in Conflict Zones**

Insecurity is a frightening concept with numerous dimensions that may be personal, physical, social, economic, political, environmental, and nutritional in nature. Thus, it is legitimate to discuss environmental insecurity, personal insecurity, economic insecurity, social insecurity, political insecurity, physical insecurity, and food insecurity. Just like a living organism, such as a human, any unease in any part of the physical body creates a catalytic effect on the other parts of the body. Similarly, any form of insecurity in any area of human society transmits shock waves to other parts of society. Consequently, threats to physical or environmental security automatically lead to insecurity in the other domains of society.

The preceding scenario exemplifies the situation in northeastern Nigeria, and potentially other regions, following the outbreak of the Boko Haram insurgency at the beginning of the 21<sup>st</sup> century. Perhaps the immediate and most devastating impact of the Boko Haram insurgency is food insecurity. Here is the grim picture: As the Boko Haram insurgents inflicted terror on the farming and pastoral populations in Northeast Nigeria, widespread displacement and refugee crises ensued, leading to physical, social, economic, and food insecurity becoming the norm. In the Hobbesian state created by Boko Haram terrorism, every form of culture, including agriculture, has been suspended. The natural consequence is a nutritional disaster. The question that arises is not how many unfortunate Nigerians in the Boko Haram enclave fell victim to the bullets and torture of the extremists, but rather how many more Nigerians in the theatre of the insurgency were lost due to hunger and other nutritional challenges. It is against this backdrop that this book, anchored in the Communication for Development (C4D) paradigm, addresses pertinent issues surrounding the nutritional challenges faced by citizens in conflict-ravaged Northeast Nigeria.

Nigeria faces a significant challenge with undernourished children, ranking highest in Africa and second globally (UNICEF, 2022). Approximately 14 million children under five years of age are stunted, and three million suffer from wasting, according to the UNICEF Evaluation Brief (2022). In northeast Nigeria, among the 2.6 million internally displaced persons, UNICEF reported that 400,000 children are at risk of dying due to acute malnutrition (Vittozzi, 2017). In the Boko Haram-affected states of Borno, Adamawa, and Yobe, one in every five children is severely malnourished (Hinds, 2018). The 2018 Nutrition and Health Situation report in northeast Nigeria showed that acute malnutrition levels have consistently remained at alert levels of 5-9.9% over the years, with stunting prevalence at 32.0%. Children and women from the Northern region are particularly at a higher risk of malnutrition. The KFW/WFP/UNICEF Resilience and Social Cohesion in Northeast Nigeria Project (2022) reported that about half of the children in northeast Nigeria are stunted, with displacement contributing to a 57% increase in malnutrition; Borno and Yobe States exhibit higher rates of acute malnutrition.

In response to the problem of malnutrition, Nigeria has developed various nutrition policies and programmes, often in collaboration with international organisations like UNICEF. Communication plays a vital role in their implementation. Since 2010, UNICEF has supported the Community-Based Management of Acute Malnutrition (CMAM) programming in the northeast, focusing on identifying and treating children with Severe Acute Malnutrition (SAM). Weekly appointments offer parents and caregivers education on nutrition, breastfeeding, and hygiene practices, along with assessing children's nutritional status and providing Ready-to-Use Therapeutic Food (RUTF). Infant and Young Child Feeding (IYCF) and multiple Micro-Nutrient Powder (MNP) supplementation activities commenced in 2015 following the heightening of the Boko Haram crisis (Das *et al.*, 2019). To address the issue of severe acute malnutrition, which peaked in 2017, UNICEF and the Nigerian government developed the Nutrition Component of Nigeria – UNICEF Country Programme of Cooperation (CPC) 2018 – 2022, aimed at improving access to quality services and information for vulnerable children, adolescent mothers, and women.

Furthermore, UNICEF has implemented several interventions in nutrition using Communication for Development (C4D) strategies in northeast Nigeria affected by the Boko Haram conflict. Before implementing such nutrition interventions, UNICEF undertakes baseline studies to determine the design and implementation of the C4D strategy to

be deployed to tackle the issue of malnutrition in emergency situations in the northeast region. Midline and endline studies are also carried out for monitoring and evaluation purposes. Despite these efforts, challenges remain, particularly in communication aspects, limiting the effectiveness and reach of these programmes (UNICEF, 2019).

A review of the formative evaluation of the nutrition component of the Nigeria – UNICEF Country Programme of Cooperation 2018 – 2022 sheds light on several communication challenges, which include limited awareness and understanding, ineffective Behaviour Change Communication (BCC), lack of programme recognition, and misuse of Ready-to-Use Therapeutic Food (RUTF) (Vittozzi, 2017; UNICEF, 2022). First, findings from the evaluation indicate a concerning lack of awareness among households regarding core CPC components such as Community-Based Management of Acute Malnutrition (CMAM), Maternal, Newborn and Child Health Week (MNCHW), and Infant and Young Child Feeding (IYCF). This reveals a substantial communication gap in effectively disseminating information about programme activities to beneficiaries, impeding their awareness and understanding. Second, despite efforts to implement social and behaviour change programmes, a significant proportion of caregivers did not receive counselling on essential topics such as child nutrition, parenting, or Water, Sanitation and Hygiene (WASH). This suggests deficiencies in BCC strategies, hampering their ability to promote desired behavioural changes among target populations effectively. Third, the evaluation also underscores challenges in effectively branding programme activities, with respondents exhibiting low recognition of core nutrition programme activities like CMAM, MNCHW and IYCF. This lack of recognition may have been responsible for hindering the uptake of services and diminishing the overall impact of the programme.

The misuse of Ready-to-Use Therapeutic Food (RUTF) as reported in the literature (Onyedinefu, 2021; Akor & Alqaoud, 2022; Mustafa & Victor, 2022; Nwoke, 2022; UNICEF, 2019) also highlights the complexities and ethical challenges faced in nutrition interventions during humanitarian crises. For example, in Chad, ‘RUTF’s commercial value led to diversion for adult consumption, while caregivers may manipulate children’s weight before health Centre visits’ (UNICEF, 2019: 22). Additionally, ‘some mothers in Ethiopia sell RUTF to buy food for their entire family, including non-SAM children’ (UNICEF, 2019: 27).

Reports by Onyedinefu (2021) and Akor & Alqaoud (2022) reveal disturbing instances in which caregivers and health workers engage in unethical practices such as fabricating malnutrition cases, diverting, and illicitly selling RUTF supplements in Maiduguri. These practices, which

compromise the integrity of nutrition programmes, underscore broader communication challenges in ensuring the appropriate utilisation of resources within humanitarian settings. Understanding and addressing such ethical breaches is crucial for ensuring the effective delivery and utilisation of nutrition interventions in conflict-affected regions like northeast Nigeria, particularly Borno State. Mustafa & Victor (2022) corroborate that the illegal trade of Ready Therapeutic Food (RUTF), known as Plumpy Nut, in Nigeria's insurgency-affected northeast, particularly Borno, presents dire consequences for children's well-being and exposes significant communication challenges.

Some research gaps emerged from the aforementioned communication challenges. First, understanding the communication barriers. While the UNICEF evaluation brief identifies communication issues within the CPC, further research is necessary to explore the root causes of these barriers comprehensively. Investigating factors such as cultural norms, language barriers, and access to information could provide valuable insights into enhancing communication strategies for nutrition programmes in Nigeria. The second is assessing the information dissemination channels. Additional research should focus on evaluating the effectiveness of different communication channels employed within the CPC for disseminating nutrition-related information. Understanding which channels resonate most with target audiences and yield the highest engagement rates could inform future communication strategies for similar programmes. The third is exploring community participation. Further exploration is essential to understand the underlying reasons for limited community participation in decision-making processes related to nutrition interventions. Research examining community perceptions, preferences, and barriers to participation could guide efforts to enhance community engagement and ownership of nutrition programmes. It is against the foregoing, therefore, that this book sets out to achieve the following objectives:

- To examine the Behaviour Change Communication (BCC) approach employed by UNICEF for nutrition interventions in the Boko Haram conflict zone in North-East Nigeria.
- To investigate the Communication for Social Change (CFSC) channels deployed to address the nutritional challenges in the affected communities.
- To explore the Social Mobilisation efforts embarked upon by UNICEF in handling the nutrition interventions during the Boko Haram conflict.

- To determine the advocacy approaches utilised by UNICEF in the nutrition intervention during the Boko Haram conflict; and
- To discuss the challenges of UNICEF's C4D in the nutrition intervention during the Boko Haram conflict.

## **1.2. Role of Communication for Development**

Communication for Development (C4D) has increasingly been recognised as a vital approach to addressing complex social issues and promoting positive behavioural change. As an interdisciplinary field, C4D integrates diverse communication theories, practices, and tools to encourage the active participation of individuals and communities in their development processes. C4D employs a combination of communication channels and participatory methods to facilitate dialogue, knowledge sharing, and mutual understanding, aiming to empower individuals and communities to make informed decisions that can enhance their lives and well-being (Serveas, 2008). Agunga (2019) argues that C4D is both an academic and professional field in development practice, likely to improve aid effectiveness, particularly for its added value in participatory development. This assertion by Agunga suggests that C4D has a contemporary history in development practice and tends to enhance the effectiveness of interventions.

According to Waisbord (2008), C4D is an approach that utilises various communication strategies to foster positive behavioural and social change by engaging communities and stakeholders in development processes. It encompasses a range of approaches, including Behaviour Change Communication (BCC), Communication for Social Change (CFSC), Social Mobilisation, and Advocacy. C4D has been widely employed in several sectors, such as health, education, and disaster response, to tackle complex social issues and enhance the well-being of communities (Obregon & Waisbord, 2012). Over the years, C4D has become a crucial strategy for addressing global challenges like poverty reduction, health promotion, gender equality, and environmental sustainability (Obregon & Waisbord, 2012). By utilising a variety of communication channels, including interpersonal, mass media, community radio, and digital platforms, C4D engages target audiences and stimulates community-led action on urgent social issues. Furthermore, C4D promotes the involvement of various stakeholders, such as governments, NGOs, and local communities, in designing and implementing context-specific interventions that resonate with the needs and aspirations of the people they serve (Wilkins, Tufte, & Obregon, 2014).

Humanitarian organisations globally deploy C4D for various purposes; for example, as a leading international organisation, the United Nations Children's Fund (UNICEF), originally known as the United Nations International Children's Emergency Fund, has been using C4D strategies to improve children's well-being, particularly in health, education, and the protection of children and their communities worldwide. These strategies encompass various communication approaches and platforms designed to promote positive behavioural change and support the realisation of children's rights (UNICEF, 2017). One of the key focus areas where UNICEF has employed C4D strategies is nutrition interventions due to the significant impact of malnutrition on child survival and development. Proper nutrition is essential for children's growth, development, and overall health. However, millions of children across the globe suffer from malnutrition and its associated health consequences (UNICEF, WHO, & World Bank, 2021). In response to this pressing issue, UNICEF has incorporated C4D strategies into its nutrition programmes to raise awareness, improve knowledge, and stimulate action at the individual, community, and policy levels (Singhal, 2013).

In the context of nutrition interventions in Northeast Nigeria, several prominent organisations, besides UNICEF, utilise Communication for Development (C4D) strategies to enhance their impact. The World Food Programme (WFP) employs C4D to promote nutritional awareness and support food distribution programmes, engaging communities to adopt better nutrition practices and ensure food security. Action Against Hunger (AAH) implements C4D strategies to address malnutrition, focusing on community education and behaviour change. Save the Children uses C4D to enhance child nutrition and maternal health through behaviour change communication and community mobilisation. The International Rescue Committee (IRC) applies C4D to educate communities about proper feeding practices and hygiene, using various communication channels to improve nutritional status. *Médecins Sans Frontières* (MSF) engages in community outreach and education to support nutritional rehabilitation and prevent malnutrition. Concern Worldwide leverages C4D to combat malnutrition and enhance food security, focusing on community engagement and behaviour change. Oxfam applies C4D to raise awareness and encourage healthy eating habits through advocacy and social mobilisation. Also, Catholic Relief Services (CRS) utilises C4D to promote nutritional education and support feeding programmes, engaging communities to adopt better nutrition and health practices. These organisations' use of C4D strategies is critical in fostering community participation, influencing

behaviour change, and promoting sustainable nutritional practices in the region.

UNICEF's C4D strategies in nutrition interventions often focus on encouraging optimal breastfeeding practices, promoting diverse and nutritious diets, and supporting the uptake of micronutrient supplementation (Pelletier, Frongillo, & Habicht, 2012). Through mass media campaigns, community-based activities, and social mobilisation efforts, UNICEF seeks to engage families, communities, and stakeholders in addressing malnutrition's root causes and improving children's nutrition outcomes (Shrimpton *et al.*, 2011). In essence, UNICEF plays a significant role in using C4D strategies to enhance the well-being of children and communities, with a particular emphasis on nutrition interventions in both development and humanitarian contexts. By leveraging the power of communication, UNICEF aims to foster positive behavioural change and create an enabling environment for the effective implementation of nutrition programmes worldwide.

### **1.3. Purpose and Scope of the Book**

The primary goal of this book is to provide a comprehensive analysis of how Communication for Development (C4D) strategies have been applied to address the severe nutrition crisis in Northeast Nigeria, particularly during the Boko Haram conflict. Throughout the book, various C4D strategies — such as Behaviour Change Communication (BCC), Communication for Social Change (CFSC), social mobilisation, and advocacy — are explored to understand how they were implemented to tackle malnutrition in one of the most complex humanitarian crises of our time.

The narrative will not only highlight the successful application of these strategies but also dive deep into the challenges faced by key organisations like UNICEF and their partners in promoting nutritional health. Through the use of real-world case studies, the book aims to offer valuable insights into the power of communication in shaping community behaviours, influencing policy changes, and driving the overall success of humanitarian interventions. These case studies provide a lens through which readers can appreciate the role of communication as a vital tool in addressing public health crises in conflict settings.

The scope of this book is expansive. It includes a detailed analysis of how C4D strategies were implemented during the Boko Haram conflict, exploring the contexts in which different approaches were employed. It also examines the unique challenges that arise when applying these strategies in

conflict zones, from cultural and logistical barriers to security issues, and discusses how these challenges were effectively navigated. Lastly, the book provides recommendations for future interventions, offering lessons that can be applied to both current and future humanitarian efforts, particularly in regions affected by conflict.

## **1.4. Method and Materials**

The data published in this book were largely generated from a Doctor of Philosophy (PhD) thesis successfully defended in 2024 at the Department of Mass Communication at the University of Maiduguri in Northeast Nigeria. The study, originally titled “An Examination of the Implementation of Communication for Development Strategy in Nutrition Intervention During Boko Haram Conflict in Borno State,” has a periodic scope covering 2018 to 2022.

The study adopted a descriptive design, which focuses on describing the characteristics of a specific individual or group and their content. This descriptive design provided a holistic and detailed explanation of the problem under investigation. The study relied on the selection of descriptive and analytical methods, as they are suitable for qualitative studies with a limited number of samples. It delves into the complexities and nuances of the C4D strategy in promoting nutrition interventions in Borno State, Nigeria, emphasising the perspectives and experiences of those involved in the process.

The researcher adopted a mixed-method approach, utilising specific qualitative methods such as focus groups, in-depth interviews, and qualitative content analysis for data collection. The rationale for selecting these methods is influenced by the research objectives clearly stated in the preceding section of this chapter. Focus group discussion (FGD) sessions provided an opportunity to collect data that may not arise in individual interviews due to group dynamics and interaction. They also created conditions to observe (and even facilitate) communication between research participants to generate data in a group forum. This method provides rich insights into the experiences of the nutrition intervention by UNICEF, the behaviours of lactating mothers and caregivers, communication channels and messages on nutrition, and factors affecting nutrition interventions in the study area. The use of focus groups became relevant because it gave the researcher ample opportunity to further prompt the participants to clarify, explain, and authenticate their claims. Participants in the FGD include Volunteer Community Mobilisers, Volunteer Ward Supervisors, and Community Leaders.

The focus group method was combined with other methods, one of which was in-depth individual interviews, a qualitative approach in communication research that specifically focuses on attitudes and behaviours towards media and communication messages. This approach was applied in the study to further ascertain how UNICEF deployed C4D strategies and the challenges they faced in the intervention. The interviewees included SBC specialists, SBC state facilitators, and an SBC consultant, all of whom possess significant experience and can provide deep insights into the implementation of the C4D strategy. Due to logistical challenges that prevented the assembly of these experts for a Focus Group Discussion (FGD), in-depth individual interviews, also known as Key Informant Interviews (KII), were deemed more suitable for effectively engaging with them.

The third method applied in the study was qualitative content analysis, which, according to Schreier (2012), is a method for examining communication content qualitatively, allowing themes and issues to emerge from the text while focusing on latent meaning. The units of analysis in this study are the visual and verbal messages related to nutrition intervention communicated through information, education, and communication (IEC) materials. The analysed IEC documents include posters, brochures, educational pamphlets, digital media content, and training manuals. Qualitative content analysis involves collecting qualitative data from these materials in the form of statements, pictures, and symbols. The data is then segmented into manageable parts based on the units of analysis. A coding frame is developed to categorise and tag data segments, and themes are identified and grouped based on the coded data. These themes are then analysed to interpret latent meanings and draw conclusions about the effectiveness of the nutrition intervention messages. Finally, the findings are summarised, highlighting key themes and their implications for implementing the C4D strategy in nutrition intervention.

The study's population comprises all relevant members of the defined class under investigation, organised into different categories for the Focus Group Discussions (FGDs), interviews, and content analysis. For the interviews, the population includes UNICEF C4D specialists, now known as Social and Behavioural Change (SBC) specialists, in Borno, totalling seven specialists in the UNICEF Borno Office. For the FGDs, the population consists of Volunteer Ward Supervisors (VWS), Volunteer Community Mobilisers (VCMs), and traditional leaders within the Maiduguri Metropolitan Council (MMC) and Jere Local Government Area. Specifically, there are 103 VWS (55 in Maiduguri and 48 in Jere), 1,022 VCMs (543 in Maiduguri and 479 in Jere), and a combination of 171

District Heads and 1,062 Village Heads across the seven Emirate Councils in Borno State. This breakdown represents the aggregate population of stakeholders involved in the nutrition intervention.

The study adopted a purposive sampling technique, specifically characterised as Judgmental Sampling. In this context, the researcher sought participants possessing distinctive qualities: (a) extensive knowledge of C4D and nutrition, (b) residency in Maiduguri and Jere during the stipulated timeframe, and (c) active involvement in the ongoing nutrition intervention. The messages were also purposively selected based on their focus on nutrition intervention, including social and behavioural change aspects, and targeting of primary, secondary, and tertiary audiences in nutrition intervention.

Participants were exclusively selected from Maiduguri and Jere in Borno State because Borno, Nigeria is the most affected by the conflict and remains the central focus of the humanitarian response. Furthermore, the geographic scope of this study is Borno State, focusing on the Maiduguri Metropolitan Council and Jere Local Government Area, which have experienced a notable surge in Severe Acute Malnutrition (SAM) cases among the affected populations. The choice of Maiduguri and Jere is closely related to how the severity of the Boko Haram conflict has impacted the nutritional status of children aged between six and 59 months. The United Nations Nigeria (2023) report shows a 48 per cent increase in the number of children with complicated acute malnutrition requiring inpatient care in Maiduguri Metropolis. Additionally, the USAID (2024) report indicates that Jere's local government area is one of the ten local governments in Borno State categorised as being the worst in nutrition due to the Boko Haram conflict.

The sample size for this study was divided into three segments. First, the focus group sessions included volunteer ward supervisors (VWS), volunteer community mobilisers (VCM), community leaders, and all other leaders assumed to influence the community, including religious and traditional leaders. VWS supervise the activities of VCM, who are trained to mobilise communities and promote behaviour change related to nutrition. The study purposively selected 48 participants, divided into six sessions, as shown in the table below:

**Table 1.1:** Number of Sampled Participants for FGD

<b>Location</b>	<b>Category of Participants</b>	<b>Number of Sampled Participants</b>	<b>Number of Sessions</b>
<b>Maiduguri</b>	Volunteer Community Mobilisers	8	1
	Volunteer Ward Supervisors	8	1
	Community Leaders	8	1
<b>Jere</b>	Volunteer Community Mobilisers	8	1
	Volunteer Ward Supervisors	8	1
	Community Leaders	8	1
<b>Total</b>		<b>48</b>	<b>6</b>

**Source:** Fieldwork (2023)

It is noteworthy that the sampled groups comprised both males and females, except for the VCM group, which consists exclusively of females due to cultural considerations that only allow females to access the homes of married women in the communities.

For in-depth interviews, the sample includes stakeholders within the Communication for Development (C4D), now known as the Social and Behaviour Change (SBC) sector. The sample consists of seven SBC Specialists, which include two SBC State Facilitators, two SBC Local Government Facilitators, one SBC Consultant, a UNICEF SBC Data Specialist, and a UNICEF SBC Specialist. This selection was based on their expertise, direct involvement in the communication component of nutrition intervention, and their availability and willingness to take part in the study. The third category of the sample consists of messages for the qualitative content analysis. This selection is crucial as it represents the core of the study's findings. The study carefully selected twelve messages, eight from IEC materials and four audio messages, for a total sample size of twelve messages to ensure a comprehensive and representative analysis of the communication content.

This study utilised three distinct categories of instruments tailored for data collection, namely the Interview Guide, the Focus Group Guide, and the coding sheet. These instruments, often termed protocols, encompass a

structured set of questions, prompts, and procedures designed to facilitate the data collection process (Ravitch & Carl, 2016).

The Interview Guide, also known as the Interview Schedule, was meticulously structured to accommodate follow-up questions. It consisted of both general and specific questions aligned with the study's objectives, comprising ten items, each incorporating a minimum of two and a maximum of four prompts (refer to Appendix I for details).

The administration of the Interview Guide was delegated to a research assistant, who conducted face-to-face interviews at the selected interviewees' offices. Notably, five out of the six interviews were conducted in person, while one was facilitated through a telephone interaction due to the interviewee's prior engagements. The seventh specialist withdrew his consent to participate at the last minute. The interviews lasted 44 minutes, 33 minutes, 39 minutes, 24 minutes, 41 minutes, and 46 minutes respectively. All sessions were meticulously recorded using a digital audio recorder. Additionally, the research assistant captured pertinent points highlighted by the interviewees during the discussions. All in-depth interviews were exclusively conducted in English and transcribed because the interviewees were comfortable using English during the interviews.

Another instrument developed for this study is the Focus Group Discussion Guide (see Appendix II). The FGD Guide consists of nine questions, segmented into general and specific. The general questions addressed the preamble issues that serve as the opener for the conversations. The other specific questions addressed the objectives of the study. Each of the questions also contains a minimum of two and a maximum of five prompts. The guide was administered by a moderator contracted and trained by the researcher. The focus group sessions for Maiduguri took place in three different locations. That of community leaders took place in Gwange III, and the other sessions were conducted in Nana Kashim Shettima Hospital in Shehuri Ward. The FGD sessions for Jere took place at Old Maiduguri. In each location, a total of three sessions took place. All the sessions had eight participants each. The sessions were conducted in Hausa and a blend of English and Kanuri languages, respectively. The FGD sessions in Maiduguri lasted for 52 minutes, 35 minutes and 37 minutes respectively, while those of Jere lasted for 40 minutes, 56 minutes and 38 minutes. Translators were hired to translate the Focus Group Guide, as well as to transcribe and translate the voice records. These translators were persons who are educated to the level of a bachelor's degree, work as translators in the media organisations, and who speak Hausa and Kanuri as their first languages.

The study also utilised the coding sheet (See Appendix IV). The coding sheet included four (4) categories: behavioural change communication, communication for social change, social mobilisation, and advocacy. These categories guided the coding and interpretation of the messages regarding nutritional intervention.

The researcher enlisted the support of two qualified research assistants to facilitate the FGDs and in-depth interviews in both Maiduguri and Jere. These assistants are graduates of Mass Communication from the University of Maiduguri. Prior to the fieldwork, the researcher provided a comprehensive briefing to the research assistants, elucidating the study's objectives, the intricacies of the instruments (FGD Guide and Interview Guide), and the proper administration of these instruments. The assistants underwent training, during which each section of the instruments was meticulously explained, along with a clarification of the variables to be measured. Equipped with audio digital recorders and notepads, the research assistants were well prepared to capture and document key insights from the participants. To further ensure the effectiveness of the data collection process, the researcher enlisted the services of a mobiliser who played a pivotal role in gathering participants for the study.

Validity and reliability serve as the bedrock of any research, underpinning its accuracy, quality, trustworthiness, and the consistency of the instruments employed for data collection among the target audience. Ensuring validity and reliability in research is imperative for verifying that the instruments effectively measure the specific variables they were designed to assess. The three research instruments employed in this study underwent a meticulous validation process at two distinct levels.

Firstly, the researcher's supervisors conducted a thorough review of the instruments, ensuring alignment with the study's objectives. Secondly, a professor from the Department of Mass Communication at the University of Maiduguri provided a second level of validation. Inputs and observations from both levels were carefully considered and incorporated into the instruments. Supervisor feedback primarily focused on refining question prompts and maintaining consistency in the use of the C4D strategy or the C4D approach. Moreover, the items on the Focus Group Guide was utilised by translators who are educated to the level of a bachelor's degree. They worked as translators in several media organisations, and are competent in Hausa and Kanuri as their first languages, in addition to the English Language. The translations underwent further scrutiny to ensure linguistic precision and consistency of wording.

To further enhance the instruments' effectiveness, a pre-test was conducted with members of the priority audience drawn from the study area

before the actual data collection. The focus group pre-test, involving eight participants, revealed challenges with comprehension, particularly regarding specific words translated into Hausa, like *Kalubale* (Challenges) and *Kafofin Sadarwa* (communication channels). Participants initiated discussions by expressing challenges faced in the nutrition intervention, prompting the researcher to consult the translator for synonymous words that would enhance understanding. This iterative process contributed to refining the instruments for optimal effectiveness in capturing the desired data.

Data derived from qualitative research is often extensive and nuanced (Baxter & Jack, 2008). A qualitative style for presenting and interpreting qualitative data was employed. This encompasses techniques such as 'continuous text,' 'text matrices,' 'additional data exploration,' 'thematising,' and grounded theory, which involves the generation of analytical categories, themes, and dimensions. Thematic analysis is utilised in this research for both in-depth interviews and focus group discussions. This approach enables the identification of patterns or themes within the data, facilitating the grouping of information to gain an understanding of its overall meaning (Creswell and Poth, 2018).

The data were transcribed and translated into English. The researcher meticulously read and re-read the transcripts, organised the data, condensed it into a usable form, and categorised the data into themes aligned with the study's objectives. Similar themes arising from both in-depth interviews and focus group sessions were consolidated. Data presentation adopts a narrative style, predominantly describing findings and substantiating them with paraphrased quotes and, where necessary, accompanying visuals.

The ethical considerations include securing the consent of participants for both focus group sessions and in-depth interviews, as well as addressing concerns related to privacy and ensuring anonymity in data reporting. The researcher, along with the research assistant, explicitly communicated to participants that all information gathered during interviews and focus group sessions would be used exclusively for academic purposes and handled in strict accordance with research ethics. This commitment implied the preservation of participants' anonymity by withholding their names and any identifiable details. For enhanced confidentiality, each of the six interviewees received codes (A1, A2, A3, A4, A5, and A6), and corresponding codes (J1, J2, J3 for Jere; M1, M2, M3 for Maiduguri) were assigned to the FGD sessions, concealing individual identities and organisational affiliations. Participants gave consent and affixed their signatures to the consent form at the conclusion of interviews (see Appendix III). They were clearly informed that their involvement in the research was

voluntary, and they retained the right to withdraw at any time. Participants were also informed that their contributions would be recorded using an audio recorder.

## 1.5. Structure of the Book

The structure of this book is thoughtfully designed to guide readers through a thorough exploration of the role of Communication for Development (C4D) in addressing nutrition challenges in conflict-affected regions, with Northeast Nigeria as the focal point. It employs a multi-part framework that begins by establishing the foundational context, transitions into theoretical and strategic underpinnings, moves on to practical implementation, and concludes with reflections and forward-looking insights.

The opening chapter, “*Setting the Stage*”, introduces the urgency and complexity of the nutrition crisis in Northeast Nigeria, framing the humanitarian emergency against the backdrop of prolonged armed conflict. It establishes the rationale for applying C4D as an integrated strategy for delivering life-saving interventions, particularly to vulnerable populations such as children, women, and internally displaced persons (IDPs). The chapter also outlines the methodology, scope, and purpose of the book, providing readers with a roadmap for the discourse that follows.

Chapter two, “*Northeastern Nigeria and the Onslaught of Terrorism*,” delves into the socio-political and historical context of the insurgency that has destabilised the region since 2009. It examines how the conflict has led to displacement, the collapse of infrastructure, and a breakdown in essential services — all of which have aggravated food insecurity and malnutrition. This chapter draws from both field experiences and historical accounts to illustrate the human cost of the crisis and its implications for public health and development.

In chapter three, titled “*Previous Scholarly Works on Nutrition in Conflict Zones*,” the book synthesises existing literature, identifying key themes and gaps in the scholarship. This review supports the justification for the study and situates it within broader global discussions on humanitarian communication, food security, and resilience building.

The narrative then shifts in chapter four, “*Contextualising Communication for Development (C4D)*”. This chapter traces the historical evolution of C4D as a discipline and practice, offering insights into its theoretical frameworks and operational relevance. It examines how models such as the socio-ecological approach and inoculation theory inform the design and implementation of communication strategies in fragile settings.

Chapter five, “*Behaviour Change Communication (BCC) In Nutrition Interventions by Development Partners,*” narrows the focus to nutrition-specific interventions aimed at promoting behavioural shifts in maternal, infant, and young child feeding practices. It highlights the operational strategies employed by organisations like UNICEF and their implementing partners to drive change at both individual and community levels, despite the constraints imposed by insecurity and displacement.

The sixth chapter, “*Social Mobilisation and Advocacy in Conflict-Affected Areas,*” explores how local actors, including traditional leaders, religious authorities, and civil society organisations, engage to build community trust and mobilise support for nutrition interventions. It evaluates the strategic use of advocacy to influence policy and galvanise resources, underscoring the importance of participatory approaches in humanitarian settings.

In chapter seven, the book turns to “*Communication Channels, Messages, and Strategies on Nutrition,*” providing a critical analysis of the tools and platforms used to disseminate life-saving messages. The chapter assesses the effectiveness of mass media campaigns, community radio, and digital communication in reaching conflict-affected and mobile populations. It places special emphasis on message framing, localisation, and media mix strategies tailored to complex emergencies.

Chapter eight, “*Overcoming Challenges in the Implementation of C4D Strategies*” in Conflict Zones, offers an honest appraisal of the obstacles encountered in the field. These encompass cultural resistance to recommended feeding practices, misuse of nutritional commodities such as Ready-to-Use Therapeutic Food (RUTF), logistical challenges, and threats to staff and volunteers. The chapter explores mitigation strategies adopted to navigate these hurdles, preserving the integrity and continuity of the interventions.

In chapter nine, *Lessons Learned and Future Directions*, the book distills key insights and offers practical recommendations for scaling and sustaining C4D strategies in similar contexts. It proposes adaptive frameworks that integrate community feedback, empower local structures, and embed sustainability into programme design. Strategic suggestions include enhancing information, education, and communication (IEC) materials, strengthening economic empowerment, and applying persuasive advocacy techniques anchored in ethos, pathos, and logos.

The final chapter, “*Key Findings, Lessons, and Future Directions,*” summarises the overarching themes and lessons from the Northeast Nigeria experience. It reflects on the transformative potential of communication in humanitarian programming and calls for further scholarship and investment