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Culturally Sensitive Maternal Health Promotion Messages

Aisha Imam Omoloso, Mohd. Khairie Ahmad & Romlah Ramli

Abstract

Identification and understanding of the target audience have significant implications for the production of culturally sensitive and relevant health promotion messages capable of achieving effective outcomes. Yet, despite growing global concern on the utilisation of culture and context-based approaches in addressing health issues, research harnessing the role of the audience in the development of culturally sensitive and relevant maternal health promotion messages is limited in Nigeria. This study explores the lived maternal health promotion experiences of pregnant and post natal women in north central Nigeria. In-depth phenomenological interviews were conducted with 29 perinatal women of diverse ethnicity to understand their maternal health experiences and health promotion concerns. NVivo 11 software was used to manage data. Findings indicate that multiple sources of information utilised by the women could prompt either healthy or harmful practices while messages can be culturally sensitive by targeting relevant opinion leaders and change agents appropriate messages.

Key words: Audience Segmentation/Identification, Cultural Sensitivity, Maternal Health Promotion, Perinatal Women

Introduction

It is argued that the development of effective solutions to health problems lies in the understanding of the cultural contexts in which such health behaviours or problems exist (Airihienbuwa, Ford & Iwelunmor, 2013). The adoption of context-based cultural approaches is thus advocated for health promotion especially in culturally rooted non-western societies like Nigeria (Airihienbuwa, 2010; Kadiri, Ahmad & Mustaffa, 2014). In Nigeria, research identifies maternal health as one of such health issues highly driven by culture (Igberase, 2012). Thus context-based cultural approaches provide appropriate means of addressing high maternal mortality rates in Nigeria.

However, while researchers have explored and highlighted the relevance of cultural-sensitivity in health promotion in Nigeria (Adeleye, Aldoori & Parakoyi, 2011; Kadiri et al., 2014; Kadiri, 2015), studies that delve into audience segmentation from perspectives of perinatal women (pregnant women and new/nursing mothers), regarding the development of culturally sensitive maternal health messages are rarely found in the literature. In fact, the role of the target audience in message design has not received optimal attention particularly among non-western population and hard to reach groups (Corcoran, 2013). This study explores the maternal health experiences of perinatal women in Kwara, north central Nigeria in order to understand, based on their lived

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experiences, important audience- related factors to be considered for the development of culturally sensitive maternal health promotion messages capable of effectively addressing maternal health in the study area.

Literature Review

Cultural Sensitivity and Message Effectiveness

Cultural sensitivity in health communication is described as the conscious adaptation of health communication to suit the cultural background of recipients, based on practical cultural characteristics and backgrounds of such recipients (Betsch et al., 2015). According to Resnicow, Braithwaite, Ahluwalia and Baranowski (1999), Cultural Sensitivity involves two primary dimensions; namely surface structure and deep structure. Surface structure according to these scholars is the extent to which an intervention or communication effort fits in with the target population's culture, experiences and behavioural patterns. It refers to the observable characteristics of the target group like their language, colour, symbols, clothing, food and other labels or brands common to and preferred by members of the target group. The deep structure on the other hand involves an understanding of how other not so obvious factors related to the cultural, social, psychological, environmental and historical backgrounds of the target group influence health behaviour.

Cultural sensitivity, no doubt, serves as a reliable strategy for enhancing health outcomes (Betsch et al., 2015) because culturally sensitive health messages are capable of not only earning the attention of the target audience but also increasing the efficacy, of the messages (Larkey & Hecht, 2010; Sznitman et al., 2011). Indeed studies have found that the use of culturally appropriate health education programmes (Hawthorne, Robles, Cannings-John & Edwards, 2010) and culturally appropriate community members (Oche, Umar, Ibrahim & Sabitu, 2011) produced effective results. However, in-depth understanding of the culture and cultural behaviours or characteristics of the target audience remains a pre requisite of cultural sensitivity since it is the application of this knowledge that will be used in the development, delivery and evaluation of the culturally appropriate health message or intervention (Hamilton, Agarwal, Song, Moore & Best, 2012). To these scholars this is what determines the intervention's actual reflection of the group's cultural characteristics while it equally prevents the intervention from missing specific important behaviours or characteristics of the target population. This underscores the significant role of the target audience in the development of culturally sensitive health promotion messages.

From a theoretical standpoint, Sharf and Kahler's (1996) Culturally Sensitive Model of Communicating Health points out that individuals tend to inject multiple and complex layers of meanings into their relationships and conversations about health and illnesses (Ahmad, Harrison & Davies, 2008). These layers of meanings which are categorised as the ideological, socio-political, institutional/professional, ethno-cultural/familial and the interpersonal layers of meaning should be considered in order to enhance cultural sensitivity in health communication (Geist-Martin, Ray & Sharf, 2003; Ahmad, 2011). When all five layers of meaning are similar in a communication context, this produces shared understanding, a functional relationship and satisfactory outcome

(Ahmad, Othman, Jalil & Ismail, 2017). In the context of the present study, in-depth understanding of perinatal women in relation to maternal health experiences and practices provides significant insight on the characteristics of this audience group and possible underlying factors and layers of meanings that inform their maternal health practices and beliefs.

Audience Factors and Message Effectiveness

Definition of the target audience of health messages can be regarded as the most important decision in campaign or message development process because the audience has a direct bearing on other elements of the process like message and channel strategies as well as evaluation (Noar, 2012). Understanding the target audience, their health information needs and message preferences and the development of programmes and messages to suit these needs and preferences thus remain priorities of health promotion programmes (Korda & Itani, 2013). Audience definition or identification, also known as audience segmentation, involves narrowing down of the audience from within a large and heterogeneous group, a specific group or subgroup to more manageable homogenous segments based on their characteristics (Mathijssen, Janssen, van Bon-Martins & van de Goor, 2012; Slater, 1996). It involves identification of specific groups within a larger population who are most affected by the issue in question (Rice & Atkin, 2013).

Audience can be defined based on demographics, geographical locations and psychographics like attitudes, behaviours and culture (Kreuter & McClure, 2004; Mathijssen et al., 2012; Noar, 2012). However, when viewed from a cultural standpoint, cultural sensitivity and audience segmentation in health promotion can arguably be said to be inseparable. The reason being that sound knowledge and understanding of the target group are pre requisites for cultural sensitivity as these serve as determinants of the extent to which the target group's characteristics are reflected in a health intervention or message (Hamilton et al., 2012). Like cultural sensitivity, audience segmentation gives developers of health messages leverage in the planning and construction of relevant messages to suit the characteristics and preferences of actual segments of the population who are more vulnerable to a specific problem (Rice & Atkin, 2013). Consequently, this increases the potentials of the messages in gaining audience attention and acceptability (Lignowska et al., 2015). Such correspondence between the message and the recipient increases the chances of message effectiveness for behavioural change (Yzer, 2012). Hence, in the present study, exploration of the lived maternal health experiences of perinatal women in north central Nigeria provides a realistic approach to the understanding of issues bordering on maternal health information sources, needs, concerns and relevant audience groups for maternal health promotion in north central Nigeria.

Research Design

The research employed qualitative approach in which in-depth phenomenological interviews were conducted with 29 perinatal women of multi ethnic origin from Kwara, North central Nigeria. The informants are of Baruba, Fulani, Nupe and Yoruba ethnic

group representing major ethnic groups in the study area. Informants were selected through snowball sampling in order to facilitate accessibility to Informants based on their ethnicity (Keyton, 2015). As recommended by Seidman (2013), the phenomenological interviews followed three phases. Phase one involved eliciting information about the experiences of the informants in the context of maternal health and maternal health promotion. Phase two engaged the Informants in bringing to the fore specific details of these experiences; while in phase three, informants were asked to reflect on the meanings they draw from their experiences in the light of maternal health promotion in the study area. NVivo 11 software was used to manage data while emergent themes from the data were discussed and related to earlier contributions on culture, cultural sensitivity and maternal health promotion.

Results

Two major themes which emerged from the experiences shared by the Informants are understanding maternal health and safe motherhood and perceived target audience for maternal health promotion.

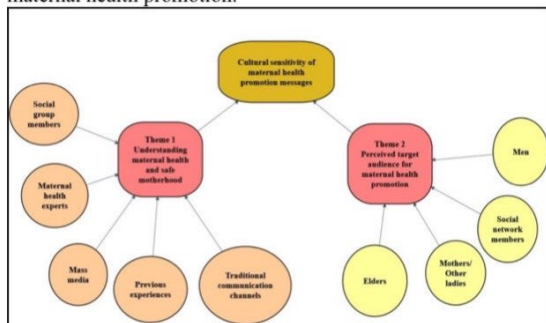


Figure 1. Model of findings on cultural sensitivity of maternal health promotion messages

Theme 1: Understanding Maternal Health and Safe motherhood

This theme reflects the Informants' sources of information and experiences with regards to general practices and knowledge acquisition about issues of pregnancy, childbirth and after delivery as these concern both the mother and the baby. The five emergent sub themes which capture these experiences are social groups, maternal health experts, mass media, previous experiences and traditional communication channels. Each of these sub themes which are further categorised based on emergent sub clusters as indicated in Figure 2 are discussed as follows:

Social Group Members: Family members and friends/associates emerged as social group members from whom Informants gained knowledge and understanding of maternal and

child care related issues. Informants typically rely on their social group members to gain better understanding about maternal health and safe motherhood. This could take the form of advice or some sort of trainings from opinion leaders in the family when it comes to issues of pregnancy, delivery and child care. Knowledge acquisition also transpired at functions or informal gatherings of family and friends which serve as avenues for sharing maternal health related experiences.

Family members: Older women like Informants' own mothers or mother-in-laws who are perceived to be more experienced particularly serve as confidants, advisers and influencers on issues concerning pregnancy and care of the baby. However, many Informants perceive their mothers as playing an important role in their understanding of pregnancy and safe motherhood related issues. For instance, according to Informant 10 (Yoruba Ethnic); "The person I meet mostly; my confidant is my mother. She's my confidant; one whom I cannot hide anything from". This crucial role of one's mother pertaining issues of maternal health is particularly evident in the training of expectant mothers in the Fulani culture. As encapsulated by Informant 22:

When a Fulani lady is pregnant with her first child, you know, she will be shy if the pregnancy has not started showing; it is only her mother that she will tell... but the husband must know...in fact the lady needs to go back to her mother so that she will know how to take care of the pregnancy. This is why we Fulani go back to our parents' house when we are pregnant with our first child because we don't know how to monitor the pregnancy yet. So, when we get to our parents' place, they will let us know the things we should take and those that we shouldn't take.

In-laws and mothers-in-law also serve as sources of information or training as it is the practice amongst most of ethnic groups for one's mother-in-law or in-laws generally to take care of you throughout pregnancy, delivery and after childbirth. A Yoruba Informant describes her mothers-in-law role in relation to the hot water baths given to a new mother after delivery thus;

Your mother-in-law is the one who does these things for you except when you have delivered few times before like when you have had up to three or four children when you're expected to have mastered the art of doing these things yourself (Informant 7)

However, findings revealed that often times, tensions occur between daughters-in-law and their mothers-in-law and other in-laws along the line of such trainings and care giving. Informant 3 explained that:

They will tell you this is how you bath baby... They teach you how to take care of your own personal health in terms of making herbs...They teach quite number of things that might probably be new to you ... But whichever that is new to you, you don't argue with them because if you do, they see you as an irresponsible child that you lack home training and all that... they believe they have done it and it doesn't harm them, therefore they can pass it to us to but we know the implications of all these culture or traditions. We don't want to accept everything from them.

Other family members also serve as source of knowledge about maternal health and safe motherhood. Informant 1, for instance, explained that she seeks advice from her aunts

who are much older and experienced while Informants 26 and 27 noted that they just pick relevant knowledge through gatherings of family or friends where people generally share various experiences as they chat about different subjects including pregnancy, delivery, post natal and child care.

Friends and Associates: Informants identified friends, neighbours and colleagues in the work place as sources of pregnancy and maternal health related knowledge. For instance Informant 18 (Fulani Ethnic) pointed out that irrespective of tribe, she relies on her friends generally, especially her colleagues at work for guidance on maternal health and nursing; "I ask questions if I am feeling anything, I ask questions a lot". To Informant 1, relying on more experienced friends who are of the same age group with you is beneficial because you're likely to reason alike.

Previous Experiences: A number of Informants disclosed that their previous experiences serve as a means of understanding certain issues or shaping their behaviour in certain circumstances through their pregnancy to the post natal period. Such previous experiences could be their own personal experiences in previous pregnancies, deliveries or nursing; or it could be based on other people's experiences that they have witnessed.

One's Personal Experience: For example, Informant 23 explained that;

I follow my personal experience from how I have been nursing my babies since I had the first child. I just follow my own way that I know will be convenient for me; that I know will be good for my health and for my baby's health

Other People's Experience: A typical example of how witnessing other peoples' pregnancy and child bearing related experiences shaped Informants' maternal health attitudes or practices is contained in the descriptions of Informant 2 as follows:

I have one aunty...when she wanted to give birth to her first child, she was having that issue in the morning...She now left 7 o'clock, before she could give birth, 6 o'clock in the evening! She suffered...So, during my own time... I don't want to go because I saw what my aunty has experienced ...I was feeling pain; I was just strolling inside the room... I was just rolling...I was praying... At the long run, we went to the hospital around after six. So, the doctor came, they checked me, immediately they checked, the water just burst. They just started shouting, Madam, you want to kill yourself, you're about to give birth, see your baby is coming out

Maternal Health Experts: Based on the experiences shared by informants, Medical Personnel and Traditional/Church Birth Attendants emerged as categories of maternal health experts from whom the informants sought knowledge.

Medical Personnel: Interactions with the nurses and doctors at the antenatal sessions particularly serve as a popular first source of information concerning pregnancy and maternal health as indicated by the Informants. The essence of such sessions is described by Informant 10 who says she never misses her appointments:

I pay attention to all the lectures they give us and I also adopt them. After delivery also, I usually don't miss the immunisations for my babies. I will surely find time even if I am at work, I will seek for permission because I believe in it; they say prevention is better than cure...

However, as noted by Informant 16 (Nupe Ethnic), onset back of antenatal session as a source of information is language barrier; “ They speak Yoruba at the health talks and I understand only little Yoruba so I don’t ask questions when I need clarifications.”

Besides regular antenatal sessions, women who had specific medical conditions during pregnancy also had one-on-one interaction with their doctors thus providing them with relevant knowledge about their health and their pregnancy. For instance Informant 5 disclosed that she has some consultants she calls whenever she sees or feels anything strange; “I do call them always; even if it’s in the midnight, I do call to ask questions or to complain.”

Community Health workers also serve as another category of medical personnel that pregnant women and new mothers rely on for information and education on maternal and child health. Informant 7 for instance explained that she has a Community Health worker in her household whom she goes to during her pregnancy and even after delivery. Informant 20 (Nupe Ethnic), a nursing mother who also happens to be a Community Health Worker shared a related story as she relays her experience as a nurturer of women in her community:

Our people here, if they know that you’re a health worker, when they have any complaint, they will come to you. So, the procedure that I followed during my own, I will just be introducing them to that step because those old people, they would believe these their own local something. So, I will now tell them that don’t take it o! This is how I am doing my own...and if they work on that one and that one is okay for them, that’s how you’ll be seeing them; more people, they’ll be coming to you.

Traditional/Church Birth Attendants: These are women who take deliveries at home or in the Church. They provide their own expertise information, advice or education on pregnancy and maternal health issues. As disclosed by Informant 24 who has had two deliveries at the *Iya Agbebi* (Church Birth Attendant)’s place,

When we go for prayers at the *iya agbebi*’s place, they also tell us just as they talk to us at the hospital that we should eat good food and we should make sure that our babies’ things are complete ... The *iya agbebi* themselves usually tell us to go and register at the hospital for antenatal. So, as we go to their place, we also go to the hospital. They will also tell us to go and do scan so that they can know the position of the baby

Also, as observed by Informant 14, Traditional Birth Attendants who also serve as sources of maternal health information also request their patients to go for scans at the hospital. However, they are said to rely more on the use of herbs and local medicines. Nonetheless, such Birth attendants who are also described as having strong beliefs in super natural powers appear to be popular especially amongst the villagers and less educated populace. Informant 25 (Baruba Ethnic) speaks about a Traditional Birth Attendant in her village thus:

She takes care of so many people and people really speak well of her. People even come from other neighbouring villages to come and deliver at the woman’s place. She has rooms where she admits people if need be. Some of them spend up to a

month there; some spend five months living there. They would bath in the morning, in the afternoon and at night with herbs. And after delivery, you will see them looking so healthy and smart. There are also some women whom witches and other evil eyes disturb during pregnancy; she has some things that she prepares to ward off such evil eyes.

Mass Media: Traditional media and new media constitute categories of media identified as sources of maternal health information among the Informants.

Traditional media: Radio, television, movies and printed materials like health books and posters emerged as the sources of maternal health information through the traditional media. The simplicity of Radio in particular makes it a convenient source of accessing pregnancy, maternal and child care related information and enlightenment for both educated and less educated women alike. As elaborated by Informant 1;

When I'm driving I listen to programmes on the radio. You would always here them advertising...more like awareness...they're more like adverts that repeat themselves... messages about free health care, messages about maternal health and how mothers should ensure that they come for antenatal to ensure the safe delivery of their baby, self care, free treatment, free drugs..., bring your child here for immunisation, do this do that and they would entice the people by letting them know the benefits of these things

Informant 7 also noted that Radio serves as an addendum to antenatal sessions, "As the nurses give us health talks, they record everything. Everything we did there, we still hear with our ears again on the radio later. There's a particular programme. It is aired every Sunday". Informant 23(Fulani Ethnic), a mother of three who has no formal education and has never had a hospital delivery also remarked that;

We get information and knowledge from those around us but radio; we listen to it very well even though it's not everything we listen to but where we are, we ensure that all the things we do are things that are good; we try to follow good health practices.

Useful knowledge on maternal health is also encountered through television. As revealed by Informant 13 for instance; "There's an advert I used to see on TV...it's on exercise; they say pregnant women should be doing exercise". Similarly, according to Informant 6; "There's this series, the Doctors, even before I became pregnant, I used to watch those programmes on TV...On radio too, adverts definitely. Then, on some TV shows that talk about health..."

Movies on their part equally serve as avenues also through which useful tips and knowledge are gained. As reflected by Informant 22:

We also watch movies and we try to learn from the good things we see from these movies while we ignore the bad aspects of the movie... me it is Hausa programmes that I listen too most and there are many lessons one can learn about taking care of the baby...you will notice that they give much attention to the children. So all these things we see in the movies, we try to emulate.

With regards to printed material for maternal health knowledge seeking, health books particularly emerged as a popular source of information among educated informants. Virtually all the informants with a minimum of first degrees mentioned a particular health book, "Every Woman" as a useful source of information. According to Informant 3 for instance, "books like Every Woman, you know, it explains every move of the baby, every move of a pregnant woman in it, each stage; what is expected, this is what you should do..." Furthermore, as contained in the words of Informant 6, posters also provide relevant information:

In the hospital, you see some posters, they use English, then the major languages, Hausa, Igbo, Yoruba and then in broken English. Then, they are mostly pictures. At least if you see the pictures, it should be able to tell you okay, breast feed your baby for six months maybe, come for immunisation, stuffs like that. It is self explanatory as a picture and then they have some write ups so if you can read...

New Media: The use of the internet resources and mobile applications was revealed to be among the popular means of understanding maternal health and child care particularly among informants with higher education. Informant 8 describes her information and knowledge seeking practices thus;

I browse; I go online and search ...in fact, even before I go to my doctor, I would have searched for whatever it is that I needed to know online. Then when I get to my doctor, I would tell him that okay o, this is what I found out.

Internet applications also serve as a guide during pregnancy and even after delivery as illustrated by Informant 1:

There's this application called baby centre which I registered for as soon as I took in and it would give me update every week on progress on what I should be feeling, what's going on in my body system, how my baby is developing. It still sends me updates on how my baby should be developing, how I should be as a new mum, how is my partner is handling the new situation and everything. So it's a very useful application.

Informant 6 also shared a similar experience about her use of a mobile application; "Like when I was pregnant, I had this app I downloaded....Pregnancy plus. So, it gives me weekly information about things I should expect during pregnancy...It was really helpful and informative."

Traditional Communication Channels: Few informants also noted that they learn about their baby's health through face to face announcements and sensitisation brought to their neighbourhood. According to Informant 7 for instance, "some advertise on radio and others use loud speakers where they move around and advertise in the neighbourhood; come and take injection for your baby, come and immunise your baby!"

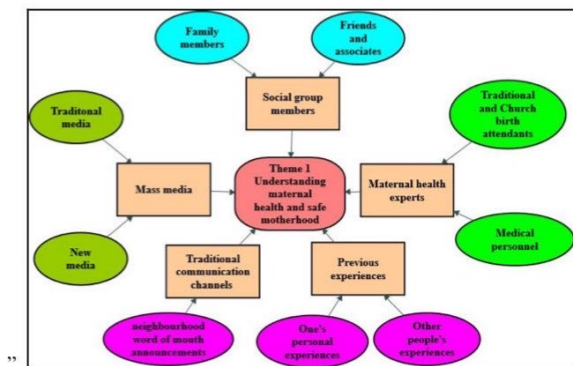


Figure 2. Understanding maternal health and safe motherhood

Theme 2: Perceived Target Audience for Maternal Health Promotion

The Informants' perceived audience groups for maternal health promotion are Elders, Men, women/mothers and young girls as well as prenatal women's social network/the public in general

Elders: Based on Informants' shared experiences, elders typically comprise older women like the grandmothers or pregnant women/nursing mother's mothers or mothers-in-laws and other elders who are generally considered as care-givers and nurturers to the pregnant women or new mothers. As perceived by the Informants, even though these women have stopped child bearing, they still play significant roles in the childbearing experiences of the women under their care. Informant 12 for instance notes that, "you need to encourage them on why they should carry out their responsibilities when they have new mothers around". Informant 28 however explains that:

Most of them will tell you that in their own time, it is one local medicine that they were using. So, they may not be in support of certain things that you take or do in these modern times as recommended by the doctors at the hospital.

Furthermore, Informant 26 who notes that not all elderly women or grandmothers hold on to age long cultural beliefs and traditions explained that, "these women too are now moving with the trend of westernisation so whatever knowledge they gain, they would also apply in taking care of their pregnant women or new mothers and their babies under their care."

Men: These are basically male partners of perinatal women and family/house heads who often have great influence on happenings in their families. Husbands or expectant and new fathers are perceived as requiring maternal and child health sensitisation so that they can support their wives or partners accordingly. Informant 7's views capture the importance of male sensitisation as follows:

When we are pregnant, we women usually need our husbands to be good us, they shouldn't quarrel with us all the time or do things that would make us sad or depressed because of our condition. So men also need to be sensitised on all these kind of things...they would also know how to take care of their wives in all aspects including feeding and other expenses that need to be taken care of in the house; they should talk to our husbands about all these things.

Men whether as male partners or as household heads are also believed to be in position to influence their wives/partners' health decisions and practices. Hence, even grandfathers/father-in-laws are seen as having the potentials to improve maternal and child health. According to Informant 2, "I believe if the husbands should be given those messages, I believe they can force their wives...they obey their husbands so I believe the men should partake in it too". Similarly, Informant 23 (Fulani) also that; "the Fulani men, that is the husbands; if they understand what is right, they can be pushing their wives and the wives would obey them."

Mothers and other ladies: Informants generally concede that all pregnant women and new/nursing mothers are major categories of women to be targeted by maternal and child health promotion programmes. To Informant 8, "Mothers should be targeted because they are the ones that it really affects; they carry babies, they bear children; they're the one to take care of their baby..." However, informants further noted that rather than focus on just pregnant women and nursing/new mothers; messages should also be directed at mothers generally. In the words of Informant 3:

Basically, your message will now be directed at mothers be it young or old; including grandmothers. So once you're a mother, you find yourself in that age. They say a person who the mud splashes on will take care of it because if you face grand mums, it would be like the young ones castigate against them but when you generalise to mothers, it would be like it is both the young and old you're talking to.

To Informant 22 (Fulani Ethnic) both a new bride and her mother need to be educated;

In fact, for those mothers that are marrying off their daughters, I even want it to be that...if they can have somewhere like a school for them where they would be giving them special trainings because these days, you hardly have mothers who train their daughters concerning their health when they are in their husband's house. Some people, once they get married, maybe it is things that they see in the movies; those are the things they would be practising.

Other ladies: Majority of the informants also identified the need to sensitise young girls and unmarried women about maternal health. Informant 13 (Baruba Ethnic) who observed that young girls in her community are too exposed these days suggested that they need to be lectured on maternal and child health. Informant 8 (Yoruba Ethnic) also shares a similar view thus:

In Ilorin for instance, it is very common to see very young girls getting pregnant...Some will wear hugging clothes that compresses the pregnancy so much such that nobody would notice the pregnancy until she is due for

delivery. This kind of thing can affect the baby. So, young and unmarried girls too need to be sensitised.

Furthermore, Informants 6 who noted that she learnt certain things about pregnancy right from her teenage days remarked that:

It should be taught right from let's say teenage age. At least, you have it in you and grow with them and improve more. At a young age, I think it's not bad; it's actually the best to get the information to them right from that age.

Women who are trying to conceive are also identified as important audience groups. Informant 29 opined that, "those who are yet to be married also need to be sensitised as well as those who are married but are still looking for a child; these people need to be accommodated in maternal health messages too."

Social Network: Informants' experiences revealed that pregnancy, child bearing and post natal care in the study area generally reflects a communal way of living where it is a norm for people to show concern, support and a sense of protection for the pregnant woman or nursing mother. Hence, Informants believe that maternal and child health promotion messages should be extended to people around the perinatal women generally. Health workers, relations and friends of perinatal women emerged as members of the informants' social network.

Health workers: Change agents such as Health workers in particular are identified as an important audience group in the social network of perinatal women. As reflected by Informant 25;

The attitudes of those Nurses is another thing that should be looked into; when I got to the hospital I could already feel the baby's head coming out but the Nurses were saying that I was not yet ready to deliver this and that. I had to be calling them from where I was lying down that they should come o! The baby is already coming out.

Perinatal women's Relations and Friends: other categories of people identified as typical members of a perinatal woman's social network are her relations, neighbours, friends and colleagues. According to Informant 4:

Your relations, your in-laws, your neighbours, your colleagues at work; anybody around you; when you see somebody that's pregnant or is nursing, it's not a time to give more stress to the person especially bosses in offices. There are some bosses in offices that as a nursing mother, they make life difficult for you. So, at least a little talk to them too will help. So anybody around a nursing mother, a pregnant woman should be supportive.

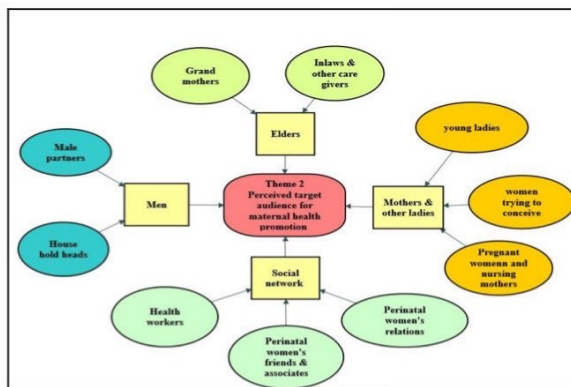


Figure 3. Perceived target audience for maternal health promotion

Discussion of Findings

This study contributes to the literatures on culture and maternal health promotion firstly by providing insight on possible channels of communication to be harnessed for maternal health promotion in the study area. Secondly, the study revealed important audience groups to whom maternal health programmes and messages should be targeted in order to effectively promote maternal health in the region using culturally sensitive messages.

The finding on Understanding maternal health and safe motherhood reflects how informants got knowledge about issues bordering on the health of the mother and child during pregnancy, child birth and after delivery. Findings reveal that perinatal women in the study area relied on and had access to multiple sources of information on maternal and child health care. This supports the findings of previous studies on women's health information sources (Nwagwu & Ajama, 2011; Ebijuwa, Ogunmodede & Oyetola, 2013; Owino, Muga & Nzanzu, 2014). The present study however notes that certain information and knowledge gained from some of these sources tend to complement one another while others are conflicting. For instance, Informants' shared experiences revealed that some educated perinatal women relied on health books, internet sources and mobile applications and these complement or facilitates their understanding of the maternal and child health issues from medical and hospital sources. This offers developers of maternal health promotion messages options to choose from or combine depending on the categories of women they wish to reach.

On the contrary, it was found that information or knowledge gained from other sources such as grandmothers, in-laws or previous experiences even with medical personnel sometimes lead to potentially harmful practices or nonchalant attitudes on the part of the perinatal women. This draws attention to the roles of the grandmothers/mother in-laws, roles and attitudes of health workers as well as the reliance of the perinatal women

themselves on their previous experiences as important areas to be researched and addressed in relation to maternal health promotion.

Furthermore, in terms of perceived target audience, interviews showed that elders like the grandmothers/mother-in-laws as well as male partners and house hold heads are relevant audience groups who should be the target of maternal health promotion messages in order to effectively address maternal and child health in the study area. This finding corroborates previous studies which have highlighted the influential roles of such categories of family/community members on maternal and child health (Adeleye et al., 2011; Gutpa, Aborigo, Adongo, Rominiski, Engmann & Moyer, 2015).

Similarly, the study confirms Ilyasu, Abubakar, Galadanci and Aliyu's (2010) report on maternity care and challenges associated with health workers and health facilities based on the finding that nurses and health workers were also perceived as important audience groups to be addressed through maternal and child health promotion programmes. For instance, as indicated in the study, the experience of Informant 13 with health workers while delivering her baby highlights the need for maternal health promotion messages to address health workers as well. In addition, the study also identified teenage girls, women trying to conceive as well as older women who are above child bearing age as constituting additional categories of relevant audience groups to be targeted by maternal and child health promotion programmes.

Overall, many of the findings support the Culturally Sensitive Model of Communicating Health as the study's findings indicate that maternal health communication indeed involves a complex web and layers of meanings since individuals rely on and have access to multiple sources of information which may sometimes be conflicting. They are also greatly influenced not only by the knowledge and experiences gained from such sources but also by other members of various social groups to which they belong. Findings of the study therefore reveal the communal nature and strong cultural ties of the people of north central Nigeria in relation to pregnancy, maternal and child care practices. Hence, as identified through the lived experiences of informants in the present study, maternal health promotion messages in north central Nigeria can be targeted at culturally relevant audience groups as have been highlighted in this study. Furthermore, in consistence with the findings of Kadiri (2015) these various audience groups would require different messages based on their unique characteristics and needs.

Conclusion and Recommendations

This paper submits that for effective maternal health promotion in communal societies like the study area, health messages should be designed based on adequate understanding of the characteristics of not just pregnant women and new mothers but all relevant opinion leaders and change agents who form the social network of these women and have significant roles to play as far as maternal health is concerned. It is thus recommended that further research be embarked upon to gain in depth knowledge about the experiences, concerns, preferences and sources of information of all categories of opinion leaders and change agents identified in this study as relevant audience groups. Hence, additional qualitative research is needed

to gain in depth knowledge about these audiences groups while quantitative studies may also be carried out to aid generalisation of results.

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