

# Credocast

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## Maternal Mortality

*Despite the myriad of public health initiatives that occur in its rural communities, Nigeria is ranked as the second largest contributor to maternal mortality worldwide after India.*



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*For maternal education to be conducted effectively, emphasis must be placed on health communication.*



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*The "agent" of communication should be identified and properly equipped with the right information.*



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*Project health workers should conduct community engagement trainings specifically with identified health champions who can carry on with these initiatives.*

## About Credo Advisory

Credo Advisory is a strategic communications firm that specializes in designing and implementing strategic, operational and tactical communications initiatives. We provide a full suite of communications support to our clients, which include public communications and advocacy, government relations, community engagement, media relations, crisis communications, digital communications and capacity building.

Our mission is to develop bespoke communications products, activities and campaigns based on knowledge, research and industry insights. With our ability to communicate effectively with diverse audiences and stakeholder groups, Credo's mission is to provide impactful strategic communications advisory from inception to implementation. At Credo, we are committed to improving the way societies communicate.

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## Maternal Mortality

Despite the myriad of public health initiatives that occur in its rural communities, Nigeria is ranked as the second largest contributor to maternal mortality worldwide after India.<sup>1</sup> A joint report (Trends in Maternal Mortality: 1990 to 2015 by WHO, UNICEF, World Bank and United Nations Population Fund) estimates that at least 800 Nigerian women die in every 100,000 live births. Specifically, the Northeast has the highest maternal mortality rate, compared to other regions, with 1,549 deaths per 100,000 live births.<sup>2</sup> The factors that contribute to maternal mortality could be classified as medical and non-medical factors. The medical factors are linked to complications that occur during pregnancy and the quality of health care that is available (medical personnel, drugs and facilities/equipment). The non-medical factors include, but are not limited to, lack of funds to access health care, harmful cultural practices, inaccessibility to health care centres, lack of trust in the available health services and patients' lack of maternal education.

This thought piece focuses on the channels of communication and key messages that are required for communicating about maternal health in rural communities. Best practice examples of health interventions that have utilized effective health communication channels in Nigeria are itemised and a call is made for sustainable maternal health practices in rural areas.



<sup>1</sup> APHRC (2017) Maternal Health in Nigeria: Facts and Figures. Available from: <http://aphrc.org/wp-content/uploads/2017/06/APHRC-2017-fact-sheet-Maternal-Health-in-Nigeria-Facts-and-Figures.pdf>

<sup>2</sup> WHO Nigeria (2018) Nigeria fights high maternal mortality through improved quality of care. Available from: <https://www.afro.who.int/news/nigeria-fights-high-maternal-mortality-through-improved-quality-care>

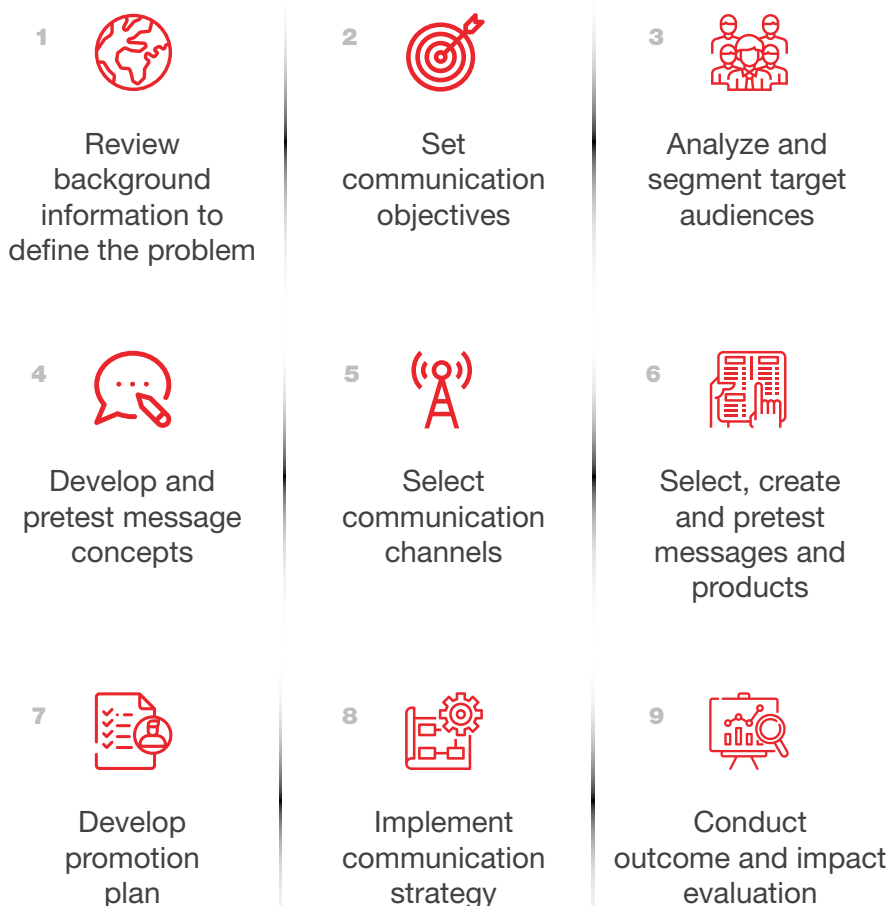
“Maternal education is vital for behavioural change related to pregnancy and child delivery; as the cultural practices in several Nigerian rural communities affect mother and child survival.”

## The Need for Maternal Education

Maternal education is vital for behavioural change related to pregnancy and child delivery; as the cultural practices in several Nigerian rural communities affect mother and child survival. An example of a cultural practice that could affect maternal health is the purdah practice in some parts of Northern Nigeria. This practice could make it difficult for some women to access health care in emergency situations as they are expected to stay indoors and may not want to be attended to by a male health worker.<sup>3</sup> Maternal education cannot be overemphasised because education plays an essential role in “shaping cultures, opinions, customs, norms and attitudes. It is the only phenomenon that can loosen an individual from traditional norms and cultural practices”<sup>4</sup> that are detrimental to maternal health.

## Communicating Health

For maternal education to be conducted effectively, emphasis must be placed on health communication. Health communication is defined as “the study and use of communication strategies to inform and influence individual decisions that enhance health.”<sup>5</sup> The Centers for Disease Control and Prevention stipulates essential steps for strategically planning effective health communication:



<sup>3</sup> Adedini et al. (2014) Barriers to accessing health care in Nigeria: implications for child survival. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3957799/>

<sup>4</sup> Adedini et al. (2014) Barriers to accessing health care in Nigeria: implications for child survival. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3957799/>

<sup>5</sup> CDC (2019) What is Health Communications? Available from: <https://www.cdc.gov/healthcommunication/healthbasics/WhatIsHC.html>

“Many pregnant women resort to interpersonal communication as a mode of receiving pregnancy-related information.”

## Channels for Maternal Health Communication



### Interpersonal

A woman's decisions are usually influenced by the people and circumstances around her. These could be her husband, children, relatives, immediate society, etc. Many pregnant women resort to interpersonal communication as a mode of receiving pregnancy-related information. Thus, they are influenced by tales from older women and contemporaries who have experienced pregnancy. Some of the information are old wives tales but because they have been passed on overtime from these trusted sources, such information is easily received and implemented. An example is the belief that a woman should not let people know that she is pregnant until the pregnancy is mature - usually after the first trimester. This has caused delays in women attending antenatal clinics, leading to late detection of complications.

Using this channel of communication entails that for behavioural change to occur via maternal education, the “agent” of communication should be identified and properly equipped with the right information. An example of interpersonal mode of health communication is communication between a health care worker and a patient. The adult learner usually benefits from one-on-one communication or information to a small group with interactions immediately afterwards.



“ The rule of thumb is that the language (messaging) should be relatable and clearly understood by the target audience. ”

## Mass Media

In rural communities, the mass media plays an important role in information sharing. In many communities, this is the primary source of receiving information from urban areas. Mass media channels for communication could be radio, television and print. The rule of thumb is that the language (messaging) should be relatable and clearly understood by the target audience.

Health communications strategists and health care workers who are focused on improving maternal health could leverage radio programmes translated to local dialects or pidgin English by including health programmes/announcements that serve as an education tool. The radio programmes should be short, serialized and repeated to be able to capture attention. Also, print media such as pamphlets and outdoor posters are communication tools that pregnant women could always refer to for information regarding their health. Such print media should preferably be on paper that will withstand rough handling.

## Community/Group

Community entry and participation may be required to address certain issues, including maternal health challenges. In such cases the challenges should have been identified and the significant persons identified (e.g. village heads, chiefs, emirs, church leaders, imams, market women leaders, etc.). Such issues may be poor health coverage during pregnancy, stillbirths from prolonged labour, unfavourable pregnancy outcomes from refusal to have caesarean sections, etc. A community where such maternal issues are common or recurrent will benefit from such targeted health communication programmes.

For sustainability to be achieved, there should be a community-based approach where trusted and respected individuals or groups can be the link between the rural women and the programme initiators to ensure consistent health communication. These trusted influencers could assist with obtaining feedback from both pregnant women and other community members. Based on the overall health communication goals, a good mix of these communication channels should ensure effective knowledge transfer and broad audience reach.



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## Best Practice Examples

### Avian Influenza (Bird Flu) Control Program in Lagos State

The first outbreak of bird flu in Nigeria occurred in 2006 at a commercial farm in Kaduna State. The flu spread to other commercial farms and by the end of 2006, 26 farms in Lagos State were affected by the disease. The Lagos State government carried out strategic communications interventions via various communication channels including but not limited to the following:

- Factsheets on bird flu were circulated in public health facilities.
- Posters and handbills were distributed and pasted in strategic public places including farms and markets.
- Health experts gave interviews on various broadcast media.
- Health workers in the affected areas received expert training on handling the disease.<sup>6</sup>

### Lassa Fever in Nigeria

Lassa fever is known to be endemic in Nigeria, with the peak season anticipated from December through June.<sup>7</sup> The disease was discovered in the country in 1969; since then, several outbreaks that have occurred have warranted government’s intervention through sensitization campaigns. Communication channels used included broadcast, print and social media. Members of communities – through community campaigns and one-on-one communication were encouraged to maintain good personal hygiene and avoid eating bush meat which is a known source of the disease.

### Ebola Virus in Nigeria

Ebola was confirmed in Nigeria in July 2014; and its transmission affected 20 people. Eight died, while 12 were treated till they were confirmed disease free. The rapid control of Ebola in Nigeria was aided by the early detection of the virus and the communication interventions that were carried out to prevent the spread.<sup>8</sup> The Nigerian Government utilized an effective mix of communication channels and tools which included the following:

- Radio and television infomercials to enlighten the public about the disease, prevention and containment measures.
- Sensitization materials and videos in print and digital media.
- Awareness campaigns in public areas such as schools, markets, churches, mosques, etc.
- Social media campaigns via Facebook, Twitter, WhatsApp, etc.
- Factsheets and infographics were shared and strategically spread in public areas like airports, hospitals, federal government buildings, etc.

<sup>6</sup> Lagos State Government Ministry of Health (2017) Avian Influenza (Bird Flu) Control Program. Available from: <https://health.lagosstate.gov.ng/avian-influenza-bird-flu-control-program/>

<sup>7</sup> WHO (2019) Lassa Fever – Nigeria. Available from: <https://www.who.int/csr/don/14-february-2019-lassa-fever-nigeria/en/>

<sup>8</sup> NCDC (2017) Ebola. Available from: <https://ncdc.gov.ng/diseases/info/E>

*“Ante-natal clinics should be mandatory in order to monitor the mother’s health, track the baby’s development and detect any potential risk as early as possible.”*

Nigerians were enlightened on hand washing methods and using hand sanitizers. Both public (airports, offices and government buildings) and private buildings had hand sanitizers and/or hand washing sinks at their entrances to prevent the spread of the disease. Religious centres such as churches and mosques also suspended the act of peace offering with handshakes. By October 20th, 2014, the World Health Organization declared Nigeria free of Ebola.<sup>9</sup>

Similar engagement and communication tactics can be leveraged for maternal health in rural areas.

## Crafting the Message

When crafting the message, it is vital to use the language that the target audience will understand. For maternal health communication, one major question should be: “what are the knowledge gaps among expectant women and new mothers?” Some important aspects of maternal health that should be considered when crafting core messages for maternal health communication include:



### Food

Pregnant women should know that proper nutrition benefits them and their babies; particularly that green-leafy vegetables generally contain folic acid which helps prevent birth defects in babies.



### Water

Water-borne infections are dangerous in pregnancy. Expectant women should know that potable water is colourless, odourless and tasteless; in addition to boiling and filtering water for safe consumption.



### Housing

Houses should be made insect-proof, so houseflies and mosquitoes do not transmit diseases (e.g. diarrhoea, malaria, etc.). Malaria, especially recurring bouts during pregnancy, can lead to anaemia which poses health risks to mother and foetus.



### Rest

Proper rest should be observed especially toward the end of the pregnancy.



### Exercise

Moderate exercise must be done throughout pregnancy. Rigorous exercise or the absence of it could be detrimental to the pregnancy. Exercise keeps the pregnant woman fit and particularly helps her cardiovascular system.



### Ante-natal clinic visits

Ante-natal clinics should be mandatory in order to monitor the mother’s health, track the baby’s development and detect any potential risk as early as possible.



### Prenatal vitamins

In addition to proper meals, pregnant women should take prenatal vitamins that contain iron, calcium, vitamins and folic acid.



### Existing health conditions

Some pregnant women have pre-existing health conditions like sickle cell anaemia, hypertension, heart disease, asthma, etc. They should be informed that existing health problems can be risky and therefore, monitored throughout the pregnancy by doctors.

<sup>9</sup> NCDC (2017) Ebola. Available from <https://ncdc.gov.ng/diseases/info/E>



*“Communication on maternal health should be continuous and collaborative. When executed effectively through a community-based ownership approach, it can help reduce maternal mortality rates.”*

At Credo Advisory, the “Do No Harm” principles are sacrosanct for all client projects. Therefore, we craft health, safety and environment (HSE) messaging to be easily understood using mediums that are audience accessible. For a client’s solar mini-grid awareness efforts in rural communities, Credo incorporated health and clean energy messaging to communities with heavy diesel generator use. Using indigenous town criers, translated creative materials and one-on-one engagements, beneficiaries were educated about the health and environmental benefits of using solar technology to power their homes, school, clinics and micro and small businesses. Messaging also included sensitization on sustainable recycling for solar PV batteries.

## A Call for Sustainable Maternal Health Practices

Many health intervention schemes in Nigeria’s rural communities are usually for a specific duration after which the project ends and health workers leave. There is a need for health workers to utilize effective communication methods to ensure community members buy-in and implement the positive health care practices taught.

In the case of maternal health initiatives, project health workers should conduct community engagement trainings specifically with identified health champions who can carry on with these initiatives. Periodic monitoring and evaluation should be conducted through feedback surveys, focus group discussions and one-on-one engagements to validate that positive maternal health practices are continually executed.

Communication on maternal health should be continuous and collaborative. When executed effectively through a community-based ownership approach, it can help reduce maternal mortality rates.