

**ASSESSMENT OF HEALTH COMMUNICATION STRATEGIES ADOPTED BY
'SOCIETY FOR FAMILY HEALTH' IN MATERNAL HEALTHCARE
ENLIGHTENMENT IN RURAL COMMUNITIES IN KEFFI, NASARAWA STATE,
NIGERIA**

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Abstract

Maternal health has been an issue of priority to nations across the globe for years now. Communication is a vital component of healthcare delivery. It has long been invaluable in health promotion which, in the last few decades of the 20th century, became a critical part of public healthcare delivery programmes. This study assessed the health communication strategies adopted by 'Society for Family Health' (SFH) in maternal healthcare enlightenment in rural communities in Keffi, Nasarawa State, Nigeria. The study further explored the effectiveness and challenges of the communication strategies used by Society for Family Health concerning maternal healthcare. The study was guided by the Persuasive Communication Theory by Carl I. Hovland and Health Belief Model by Irwin Rosenstock. Data were collected through the Focus Group Discussion method. Data were analysed using Braun and Clark (2013) method. Finding revealed that Society for Family Health employed various communication strategies such as town hall meetings with stakeholders, engagement of town criers, community theatre, use of traditional and religious worship centres, and use of billboards, pasting of information on walls, and other strategic locations and use of banners. Others are the use of conventional mass media like television, radio, newspapers, magazines; use of social media such as Facebook, Whatsapp, X, Instagram, YouTube,

TikTok; and distribution of leaflets, flyers, pamphlets otherwise known as information education communication materials. The study also found that the communication strategies have not been effective; and that there were some challenges such as communities held beliefs to traditional ways of doing things and attitudes of some of the respondents. The study concludes that despite the awareness of the various communication strategies such as town hall meetings with stakeholders, engagement of town criers, community theatre, use of traditional and religious worship centres, and use of billboards, pasting of information on walls, among others, by 'Society for Family Health' regarding maternal healthcare, the communication strategies have not been on regular basis. The study recommended among others that Society for Family Health should intensify the use of its various communication methods or strategies to increase the knowledge of the people regarding maternal healthcare.

Keywords: Health, Communication, Strategies, Maternal, Healthcare, Communities

Introduction

Maternal health has been an issue of priority to nations across the globe for years now (Angie et al, 2020). The challenge of reducing maternal mortality has been a global public health concern for decades and continues to feature in most global developmental agenda one of which is goal 3 of the Sustainable Development Goal (SDG-3) (World Health Organisation, 2015). In spite of the several initiatives and efforts devoted to curbing maternal mortality, only relatively little improvement has been achieved (WHO, 2019). The millennium development goal (MDG) of decreasing the maternal mortality ratio (MMR) by three quarters between 1990 and 2015 is encapsulated in the third SDG of ensuring healthy lives and promoting well-being for all at all ages. In recent times, there have also been initiatives involving the utilisation of various communication means to achieve wide coverage towards attainment of improved well-being (Odorume, 2015).

Maternal health can be viewed as a comprehensive trajectory for health of women starting from pre- pregnancy to postpartum and maternal phase of the mother. It covers services for pre-pregnancy, pregnancy, birth and postpartum. Maternal health care services are provided during these phases to ensure well-being of the mother and child (Babalola & Fatusi, 2009 cited in Agboola & Ahmed, 2020). Effective maternal healthcare services are crucial for the survival of the mother and the new-born child (Gabrysch & Campbell, 2019). Maternal health promotion initiatives can facilitate health behavioural change by promoting support for individuals and groups from salient agents within their environment (Putland et al, 2023), these agents could be family or relatives, peers and friends.

Nigeria population has been estimated to be about 250 million people with the majority living in the rural areas (Nigeria Centre for Disease Control, 2025). Life expectancy at birth in Nigeria is put at 54.5 years (WHO, 2018). Nigeria has maternal mortality rate of 1,140 per 100,000 live births. The high maternal mortality rates is attributed to several factors, such as, long distances to health facilities in rural areas which results in delays, lack of adequate skilled staff, drugs, equipment and the effects of HIV/AIDS (Agboola & Ahmed, 2020).

WHO (2024) statistics revealed that Nigeria as a country has not done enough in terms of providing adequate maternal healthcare and quality healthcare for Nigerians. The body maintained that Nigeria's annual average rate of decline (AARD) percentage for maternal mortality ratio for the period 1990-2020, which stands at 630, is a higher proportion than in Afghanistan or Haiti, and only slightly lower than that of Liberia or Sudan (Cooke & Tahir, 2023). Cooke and Tahir (2023) further observed that, even in Nigeria, the level of maternal health varies among the regions. They posited that, the Northern Nigeria has the highest cases of maternal health than the Southern part of the country.

Society for Family Health is one of the health organisations that have been supporting maternal healthcare issues in Nigeria. This health support body has been using different communication methods such as the mass media (new and mainstream), traditional institutions and religious organisations, among others, to educate women across the country concerning maternal health. Nti (n.d) notes that Society for Family Health has several behavioural change communication strategies. However, the most frequently used is the interpersonal communication strategy. Others are community dialogue, community drama, flipchart, focus group discussion, music to attract the youths, campaign, occasional competition and the use of cinema to display video or audio messages, mass media such as radio. The organisation uses the mass media in presenting dramatic jingles, and promo to convey messages on the different ways family health can be improved through various child spacing methods, exclusive breast feeding, antenatal care, and diarrhea prevention (Nti, n.d).

Communication is a vital component of healthcare delivery. It has long been invaluable in health promotion which, in the last few decades of the 20th century, became a critical part of public healthcare delivery programmes (Bhattacharyya, 2020). WHO (2019) explains that, communication serves an instrumental role, which helps one to acquire knowledge. Health communication attempts to persuade the affected group to engage in certain behaviour through accessing information (WHO, 2019). Southfield and Keck (2003) cited in Wurno (2020) insist that the success of communication is determined by a variety of factors that may include: how much access the target audience has to information, whether the target audience has acquired sufficient knowledge and skills to perform the behaviour among others.

A communication strategy identifies the key stakeholders for whom the communication is meant, the key messages to be sent to them and specific channels which are considered appropriate to reach the target communities. The communication strategy also states ways and means through which its success or failure will be measured, and the desired behavioural change expected from members of the communities it is targeted at. Sackey (2014) opines that communication strategies also determine the nature of relationships and collaboration created with the most important constituents of the organisation such as investors... who are critical in the successful implementation of the programme. Anjuwon and Okiyi (2018) corroborate that in social development strategies, communication techniques such as town hall meetings, market square meetings, community engagements, radio jingles and talk shows, flyers, posters, handbills, traditional rulers, churches, schools, age groups, women associations, family heads, field visits, film shows, drama, face-to-face meetings and others are used. A strategic communication is

deliberate and the emphasis is on designing appropriate messages, processes and outcomes of message delivery (Rhee, 2008).

However, understanding the health communication strategies of ‘Society for Family Health’ and their impact on women in rural communities of Anguwan Jaba, Gangare Tudu, Gidan-Kare, Angwan Iya, and Angwan Rimi communities in Keffi Local Government Area of Nasarawa State, Nigeria, especially as it relates to maternal health remains an interesting area of research.

Statement of the Problem

Maternal health promotion has been a major focus of government, non-governmental organisations-local and international, with various policies developed to promote this, but demographics on maternal mortality keep on rising. Despite different intervention and policies, women are still vulnerable to maternal death due to childbearing, unintended pregnancies, unsafe abortions and infections (USAID, 2024).

One of the strategies that are often used in achieving health outcome is the use of communication. For instance, it has been observed that Nigerian government and other nations across the globe, as well as world health bodies both government and non-governmental have resorted to the utilisation of communication campaigns to reach out to the public with the aim of influencing their engagement in desired health practices. Specifically, several of these organisations have resorted to the use of communication campaigns through the different communication methods to reach out to the people, with the main purpose of influencing them into carrying out desired healthy practices (Amoo et al 2020; Bhattacharyya, 2020). It has been observed that Society for Family Health has been in touch with women in rural communities in Nasarawa State with its various health programme, which is usually communicated to the women through various communication strategies. However, the effectiveness of the different communication strategies in addressing maternal healthcare remains an interesting area of study.

Scholars have conducted studies in line with health communication campaigns and maternal health (Agboola & Ahmed, 2020; Angie et al, 2020; Apine 2024; Eboagwu-Ijah, 2024; Furechi, 2023). For instance, the study of Agboola and Ahmed (2020) focused on rural women perceptions of digital media influence on awareness creation about maternal health information in Minna, Nigeria. That of Angie et al (2020) dwelled on women’s mass media exposure and maternal health awareness in Ota, Nigeria. Apine (2024) concentrated on improving attitude towards antenatal health services among pregnant rural women in Konshisha Local Government Area of Benue State using behaviour change communication. Eboagwu-Ijah (2024) assessed health communication and access to antenatal car services during COVID-19 lockdown using e-health in the Federal Capital Territory, Abuja. While Furechi (2023) examined the awareness and utilisation of free maternal healthcare services among women in MT. Elgon Sub- County, Kenya.

However, the gap in knowledge that this study filled was by focusing on the health communication strategies adopted by ‘Society for Family Health’ in maternal healthcare enlightenment in rural communities in Keffi, Nasarawa State, Nigeria.

Objectives of the Study

The major objective of this research is to assess Health Communication Strategies adopted by ‘Society for Family Health’ in maternal healthcare enlightenment in rural communities in Keffi, Nasarawa State, Nigeria. However, the specific objectives are:

1. To find out the communication strategies used by ‘Society for Family Health’ in maternal healthcare enlightenment in rural communities in Keffi, Nasarawa State, Nigeria.
2. To evaluate the extent of awareness of the various health communication strategies adopted by the ‘Society for Family Health’ in maternal healthcare enlightenment in rural communities in Keffi, Nasarawa State, Nigeria by the respondents.
3. To assess the effectiveness and influence of the health communication strategies adopted by the ‘Society for Family Health’ in maternal healthcare enlightenment in rural communities in Keffi, Nasarawa State, Nigeria.
4. To ascertain the challenges of the health communication strategies adopted by the ‘Society for Family Health’ in maternal healthcare enlightenment in rural communities in Keffi, Nasarawa State, Nigeria.

Review of Concepts

Health Communication Strategies

Health communication is a powerful and fundamental human interaction that can positively influence behaviour change towards health problems affecting the society. Health communication strategies, which usually come in the form of campaigns primarily aim at influencing members of the public, particular media consumers and bring substantial resources to the task (sometimes monetary, sometimes voluntary, sometimes through collaboration with other institutions). The main objective of health communication strategies is to affect people so that they can follow a behaviour that has been recommended aside what people know and believe about the behaviour, and/or by influencing actual and/or perceived social norms, and/or by changing actual skills and confidence in skills (self-efficacy), all of which are assumed to influence behavior (NCCMT, 2007 cited in Lucas, 2024).

In terms of health crusades, the basic target is to get a specific result, usually from people that the health communication campaign is targeted at within a particular time frame, and it is usually done via a coordinated, planned and an organised set of communication processes. Health related campaigns are formulated towards ensuring that people adopt particular health behaviour or improve their health status. For this to be realisable, people and institutions like mass media need to understand the link between behaviour and health status for the population of interest (NCCMT, 2007 cited in Lucas, 2024). Furthermore, Health communication strategies are those plans adopted by the health educator/ giver to inform and influence people to bring about behavioural change (knowledge, attitude). The ability of the health educator to efficiently implement these plans paves way to healthy life as miscommunication gives rise to risky behaviour (Nkanunye & Obichina, 2017).

Maternal Healthcare System

Maternal health encompasses prenatal care and postnatal care of the mother and of the child up to the age of five years (WHO, 2018). The WHO (2018) further states that maternal healthcare is a system of services designed to support the health and well-being of women during pregnancy, childbirth, and the postpartum period. The form of care encompasses a range of services, which include pregnancy counselling, prenatal care, labour and support, and postnatal care. The primary aim of this is to ensure the safety and health of both the mother and the newborn, and to promote informed decision-making throughout the pregnancy and childbirth process (Shanto et al, 2023). Furthermore, maternal health refers to the health of an individual during pregnancy, delivery, and the post-partum period, also known as the puerperium, lasting approximately 6 weeks or 42 days after birth (Finlayson et al, 2020). It is also defined as the care provided by skilled healthcare professionals to pregnant individuals to ensure the best health conditions for both the individual and the foetus during pregnancy. The components include risk identification, prevention and management of pregnancy-related or concurrent diseases, and health education and promotion (WHO, 2016).

Society for Family Health

Society for Family Health (SFH) is a non-governmental organisation that works on public health in Nigeria and South Africa. It focuses on health issues like HIV/AIDS, family planning, maternal and child health, tuberculosis prevention and treatment, reproductive health, safe water delivery system and malaria. SFH was established in 1985 by Justice Ifeyinwa Nzeako, Prof. Olikoye Ransome-Kuti and Pharm. Dahiru Suleiman Wali (Society for Family Health, Annual Report, 2024).

Its core values are service to humanity, integrity, accountability and respect. Others include professionalism, entrepreneurship and collaboration (Society for Family Health, Annual Report, 2024). Also, SFH mission is to empower Nigerians, especially the poor and vulnerable to lead healthier lives. In addition, the vision of SFH is to improve access to essential health information, services and products, encourage the public adoption of healthy behaviours through the use of behaviour change communication (Society for Family Health, Annual Report, 2024)

Review of Literature

Effectiveness of Communication Channels for Maternal Healthcare

The effectiveness of communication channels available for achieving the goals of maternal healthcare programmes is a critical aspect to evaluate (Allport et al, 2018; Bonfadelli, 2020). By so doing, various aspects, policymakers, and healthcare providers can identify strengths, weaknesses, and areas for improvement. This allows for the implementation of targeted strategies to optimise communication channels and enhance the overall impact of maternal healthcare programmes. Zamawe, Banda and Dube (2016) further contend that the government and non-governmental health organisations usually used different communication techniques and media outlets like radio, television, newspapers, posters, billboards, the Ministry of Health, Ministry of Information, churches and other relevant organisations to disseminate awareness of maternal healthcare programmes.

This is in line with Essien and Yusuf (2016) suggestion that for maternal healthcare programmes to produce the desired results and convince targets of the genuineness of the programmes, the government must do a lot to disseminate information. Similarly, Sokey, Adjei, and Ankrah (2018) emphasise that communication guarantees acceptance of new ideas and also creates interest in participation. Abana (2017) notes that participation is only possible when targets are adequately informed and influenced to make the right decisions. Therefore, the place of communication that drives decisions about why, when, how, and where to contact antenatal, delivery and postnatal services cannot be overlooked. From the foregoing, it could be deduced that communication channels have become strategic in achieving the objectives of programmes for maternal healthcare by assisting their targets in obtaining information that might inform them of problems and affect their involvement in such programmes (Odesanya, Hassan & Olaluwoye, 2015). As a result, communication channels act as a conduit through which programme targets receive information. It is assumed that in this situation, communication channels can effectively transmit information that can evoke desirable responses as it concerns maternal health.

Empirical Literature

Eboagwu-Ijah (2019), investigated participatory communication and uptake of antenatal healthcare in Gbagalape, Federal Capital Territory and Kudu in Nasarawa State. The study used the survey research method. According to the study, it is important for every pregnant woman to access maternal and child healthcare delivery service on time as to ensure the safety of the mother and child. The finding of the study showed that there was low uptake of antenatal health services which was largely due to poverty, perceptions about ANC, religious beliefs and practices, distance to health facilities and poor communication about ANC. The study concluded that there was gap in the uptake of ANC messages and participation by the respondents as a result of the factors identified above. The study, thus, suggested the use of effective, functional, holistic and sustainable communication approaches by healthcare workers and relevant government agencies to help address these deficits.

The Federal Ministry of Health (FMOH) in collaboration with UNICEF (2022), conducted a baseline study on the communication strategy for the implementation of MCH in Nigeria. The study focused on improving Maternal Newborn and Child Health (MNCH) Behaviour Change Communication strategy and ways of increasing the knowledge and skills of parents and the caregivers of pregnant women, newborns and children under-5years of age on the some selected 17 household and community practices that are fundamental to ensuring improved choices of child survival in Ogun, Owerri and Akwa-Ibom. The study found that various communication methods have served as enlightenment platforms to women in knowing much about maternal health issues. It concluded that communication was vital to public enlightenment and education on various health matters, especially maternal health. The study recommended that local, state and national government intensify the use of traditional methods of communication and other forms of communication to educate the people on health matters.

Apine's (2024), focused of study was on improving attitude towards antenatal health services among pregnant rural women in Konshisha Local Government Area of Benue State using behaviour change communication. Health Belief Model was adopted as the theoretical framework. The study utilised the focus group research strategy to collect data from the respondents. Findings

indicated that knowledge of antenatal practices was relatively high but attitude of the respondents was often negative, while the practices of actually accessing antenatal were very poor. The study concluded that access to antenatal care was poor. It was further concluded that even though the awareness and knowledge was quite high, the attitude of pregnant women seemed to portray some form of nonchalant and indifference. The study, therefore recommended improved use of behaviour change communication as this will bring about positive change as regards the use of antenatal health care services among women living in Benue State rural communities.

Oziwele and Ogerugba (2024) assessed the effectiveness of communication channels for maternal healthcare in Delta State. The study utilised the qualitative and quantitative research strategies to collect information from 399 participants. Finding of the research indicated that the level of awareness of the programmes was encouraging for FMHCP and HeFAD. Also, the communication channels used were found to be adequate. Most of the respondents alluded that the communication strategies and channels were effective in delivery of maternal health messages. The study concluded that the use of various communication techniques and channels have proved effective in health education, especially maternal health. The study advocated the continuous application of communication strategies and channels to create awareness of maternal healthcare programmes of government and non-governmental organisations.

Theoretical Framework

The study was situated within the purview of the Persuasive Communication Theory and Health Belief Model.

Persuasive Communication Theory

This theory came into existence through Carl I. Hovland in 1940. Hovland says that change of behaviour and attitude can be possible through the application of various communication techniques. He proposed that when people are persuaded via the instrument of communication, there is the tendency for them to absorb new ways of doing things that the communicator wants or desires. Persuasion according to Hovland aims at making people to see things through the lens of the person using communication to talk to them. In other words, the objective of persuasion is to influence other people's behaviour by changing their philosophy, thinking, principles, character or attitude. This further implies that persuasion, which also implies urging, is a skilful and systematic technique used by an individual or authorised organisation to raise people's consciousness and create awareness with a view to influencing or strengthening their held beliefs. In a way, the persuasive communication theory is made up of three distinct phenomena, which are Communication, Attitude, and Behaviour.

This theory finds relevance in this study due to the fact that Society for Family Health has been using various communication strategies to persuade the people in rural communities in Keffi Local Government Area of Nasarawa State for them to be aware of various issues concerning maternal health. The theory further applies to the study in the sense that the researcher wanted to know whether the information the people of these communities gained from Society for Family Health have influenced their attitudes about maternal health.

Health Belief Model

The Health Belief Model (HBM) developed by Irwin Rosenstock in 1966 is a theoretical model that can be used to guide health promotion and disease, it is used to explain and predict individual changes in health behaviours (Carpenter, 2010 & Griffin, 2012). 'The HBM focused on two aspects of individuals' representations of health and health behaviour: threat perception and behavioural evaluation. Threat perception was construed as two key beliefs: perceived susceptibility to illness or health problems, and anticipated severity of the consequences of illnesses. Behavioural evaluation also consists of two distinct sets of beliefs: those concerning the benefits or efficacy of a recommended health behaviour, and those concerning the costs of, or barriers to, enacting the behaviour. This means that people, according to the Model will take action to prevent illness if they regard themselves as susceptible to a condition (perceived susceptibility, if they believe it would have potentially serious consequences (perceived severity), if they believe that a particular course of action available to them would reduce the susceptibility or severity or lead to other positive outcomes (perceived benefits), and if they perceive few negative attributes related to the health action (perceived barriers) (Carpenter, 2010).

The Health Belief Model posits that messages will achieve optimal behaviour change if they successfully target perceived barriers, benefits, self-efficacy, and threat (Jones et al, 2015). The core concept of the original HBM Jones et al (2015) further say that is that health behaviour determined by personal beliefs or perceptions about a disease and the strategies existing to decrease its occurrence. Such strategies that determines the perception is the communication. The action and inactions of the people towards health issues therefore is largely determined by a modifying factor such as the extent of information and quality of such made available.

In line with the above, the theory is of importance to the current research in the sense that communication can create awareness and knowledge about the danger of health issues (maternal health) to positively influence the behaviour and beliefs of individuals in communities in Keffi Local Government Area of Nasarawa State, Nigeria.

Methodology

The focus group discussion, FGD, was used to collect data from the nursing mothers and pregnant women. A focus group is a group of people with certain characteristics, brought together to generate narrative data in a focused discussion (Tegan, 2021). The focus group was useful for the following: characterising social and cultural norms, sharing and comparing, revealing how people talk about the issue, exploring potentially sensitive topics (Tegan, 2021). The FGD was considered appropriate for the nursing mothers and pregnant women whereby they can share their experiences on the communication strategies of Society for Family Health.

The population for the survey was made up of nursing mothers, pregnant women and community leaders living in Keffi Local Government Area of Nasarawa State, Nigeria. There are many communities in Keffi LGA. However, for effective handling of data, the study focused on Anguwan Jaba, Gangare Tudu, Gidan-Kare, Angwan Iya, and Angwan Rimi. Further, the study made use of the purposive sampling technique. This is because the study aims at getting responses from specific categories of women as well as community leaders. One FGD was conducted in each community. Data were analysed using Braun and Clark (2013) method.

Data Presentation

The first interview question sought to find out respondents' awareness of 'Society for Family Health' activities in their areas. Responding to this question, all the interviewed respondents were similar in their response. The first participant explained that "I have been seeing and have taken part in some 'Society for Family Health's' activities like their seminars on reproductive health, safe water, family planning and maternal and child healthcare programmes". Another respondent was of the opinion that "though 'Society for Family Health' and its programmes are on radio and other media outlets, I usually come across them from time to time". Another participant stated that "I got to know more about Society for Family Health various activities through the radio, and the sensitisation programme they had here sometimes in 2023. But since then, I have not heard anything about them". Another respondent corroborated that "most time I hear it on local radio stations, and sometimes I see their posters talking about health-related issues".

Another question that was asked centred on the respondents awareness of Society for Family Health's use of communication to address maternal health issues in their localities. Responding to this question, a respondent stated that "communication strategies of Society for Family Health in my locality are town hall meetings and pasting of posters, but the last time this was done was about three years ago". Another was of the opinion that "the communication strategies have not been extensive, how do you expect them to cover the entire state and be effective? The end result is of course limited". Another of the respondents said that "One of the methods that Society for Family Health uses to enlighten us about dangers of maternal health when they came to our community sometimes ago was a discussion session". Another respondent concurred that "Society for Family Health used radio, our traditional and religious leaders. The last time they were here, they shared branded T-shirts and caps and other enlightenment materials containing information regarding reproductive health, drinking of safe water among others". Further reacting to the question, another respondent submitted that "The last time they came; they visited our traditional rulers and also went to churches and talked to us about maternal health". Another retorted that "I have been a participant of Society for Family Health programmes, a recipient and a beneficiary of jersey, cap, T-shirt, flyers and posters". These findings, therefore, infers that the respondents are aware of the communication strategies employed by Society for Family Health concerning maternal health issues. Furthermore, it suggests that Society for Family Health recognises the importance of using various communication methods to deepen behaviour change.

Another question that was asked centred on the extent of Society for Family Health's use of communication strategies in talking about maternal health issues. *There were general responses on this.* One of the participants said that "I had participated once in Society for Family Health's maternal health programme. The last time I attended, they promised to come back, but I never saw them again". This was further confirmed by another interviewee who asserted that "Society for Family Health comes once in many years, maybe because of logistics challenges". One of participants further opined that "I received and read on an average of sometimes once in four or five months of messages from the Society for Family Health maternal health". Another participant affirmed that "Not frequently". One of participants further responded that "Though I got information about them sometimes in 2023, I was able to know the need to see child spacing as a good practice". Another respondent said that "No, to a low extent. I am aware that the Society for Family Health was here around 2020 and organised workshop, but since then, I have not seen any of their activities again". Therefore, the assertions by the participants above

presuppose that they were not frequently updated with information regarding maternal healthcare from Society for Family Health.

Further question sought to find out the effectiveness of Society for Family Health's communication strategies in discussing maternal health issues in the study areas. On this, a respondent stated that "the current state of child bearing in my community is still very poor". Another participant agreed that the rate of maternal complications in this community is still a thing of concern". To buttress the findings, another interviewee stated that "The present level of not observing modern maternal practice in my community is worrisome".

Lastly, the study asked the participants the challenges hindering the adoption of Society for Family Health's communication strategies concerning maternal healthcare issues. To respond to this question, one of the respondents opined that "for me, I like going to the traditional birth attendants. It is something that we grew up knowing". Another participant stated that "very well, for me, I prefer the traditional birth attendants". Another asserted that:

Some people in this community still prefer to go to traditional birth attendants. They still give birth to children indiscriminately. I wouldn't say it is a normal practice, but when people grew up doing a particular thing, it is difficult to change them. They feel confident and comfortable doing what they inherited; they feel okay when they do things from the traditional perspectives rather than modern ways.

It could therefore be inferred from the findings Society for Family Health's communication strategies as concern maternal healthcare in the communities investigated are yet to meet their objectives and goals due to a number of challenges ranging attitude, and held beliefs.

Discussion of Findings

The finding of the study revealed the communication strategies to include: use of conventional mass media like television, radio, newspapers, magazines; use of social media such as Facebook, Whatsapp, X, Instagram, YouTube, TikTok; and distribution of leaflets, flyers, pamphlets otherwise known as information education communication materials. Others are town hall meetings with stakeholders, engagement of town criers, community theatre, use of traditional and religious worship centres, and use of billboards, pasting of information on walls, and other strategic locations and use of banners. Very important to the findings of the study, further is that majority of the respondents were aware of Society for Family Health's communication strategies in addressing maternal healthcare issues in their various communities. Also, most of the respondents were knowledgeable about Society for Family Health's maternal healthcare activities. Interviews data also supported the quantitative findings. The communication strategies pointed out by the qualitative data include: Engagement of town criers, community theatre, use of traditional and religious worship centres; use of billboards and other educational communication materials. For instance, one of the respondents said: "One of the methods that Society for Family Health uses to educate us about maternal healthcare issues when they came to our community sometime ago and gave us talk in our primary school". Another respondent concurred that "Society for Family Health used radio, our traditional and religious leaders, last time they were here; they shared branded T-

shirts and caps and other enlightenment materials containing information regarding maternal health”.

This finding is in line with some of other scholars like Anjuwon and Okiyi (2018) who found that in social development strategies, communication techniques such as town hall meetings, market square meetings, community engagements, radio jingles and talk shows, flyers, posters, handbills, traditional rulers, churches, schools, age groups, women associations, family heads, field visits, film shows, drama, face-to-face meetings and others are used. Rhee (2008) revealed that a strategic communication is deliberate and the emphasis is on designing appropriate messages, processes and outcomes of message delivery, using various means like traditional and religious leaders, gathering people in a place and talking to them, pasting of banners and distribution of flyers and pamphlets, use of traditional and new media... Also, The Federal Ministry of Health (FMOH) in collaboration with UNICEF (2022) found that when people need some information on issues that would better their lives, they rely on other people, media and information repositories such as documents and databases.

This finding, therefore, infers that the respondents are aware of the communication strategies employed by Society for Family Health concerning maternal health issues. Furthermore, it suggests that Society for Family Health recognises the significance of using various communication methods to influence people’s behaviour.

Analysis of the findings further revealed the extent of communication strategies used by Society for Family Health in talking about maternal healthcare in the investigated communities. Results indicated that the communication strategies have not been frequent For example, a respondent said that “I had participated once in Society for Family Health’s maternal healthcare programme. The last time I attended, they promised to come back, but I never saw them again”. This was further confirmed by another interviewee who asserted that “Society for Family Health comes once in many years, maybe because of logistics challenges”.

This implies that wrong practice of maternal health-related issues may continue to thrive among members of the studied communities. This finding is however contrary to that of Federal Ministry of Health (FMOH) in collaboration with UNICEF (2022) who stated that various communication methods have served as enlightenment platforms to women in knowing much about maternal health issues.

The implication of this data is that a life threatening issue such as HIV/AIDS, abortion, pregnancy complications need an intensive information and education from the relevant organisations like Society for Family Health so that people living not only in communities covered by this study can practice modern maternal healthcare issues. This means that there should be regular sensitisation programmes and use of various enlightenment communication strategies to continually raise awareness about good maternal health attitude.

Findings further showed that Society for Family Health’s communication messages on maternal healthcare have not been satisfactory. The implication of this is that insufficient information and enlightenment about maternal healthcare might lead to continue rise in this practice among the

people of the studied area and that other complications associated with maternal healthcare may continue to affect people in the studied communities. It also implies that wrong maternal healthcare practice is still high among the people. This finding align with WHO (2024) statistics, which revealed that Nigeria as a country has not done enough in terms of providing adequate maternal healthcare and quality healthcare for Nigerians. Also, Cooke and Tahir (2023) further observed that, in Nigeria, the level of maternal health issues is high and it varies from region to region. They attributed insufficient information as one of the factors. The finding of the study here also justifies the Diffusion of Innovation Theory reviewed in the study, which the *Knowledge* component of it states that individual or members of the society are being exposed to a new innovation (like good toilet) but they may refuse to use them or adopt the innovation due to inadequate information or knowledge about the innovation.

The findings of this research further highlighted some challenges hindering the adoption of Society for Family Health's communication strategies concerning maternal healthcare issues. The most fundamental is held beliefs to traditional methods of giving birth and other maternal-related matters. The finding revealed that peoples' attitudes and tradition to a great extent influence the way they do things. This was also reflected in the qualitative data too, with most of the respondents noting how difficult it is to shun traditional practice. The findings agree with an earlier study by Apine (2024), which indicated that knowledge of antenatal practices was relatively high but attitude of the respondents was often negative, while the practices of actually accessing antenatal were very poor. Equally in tandem with the finding of this study is that of Eboagwu-Ijah (2019), which showed that there was low uptake of antenatal health services which was largely due to poverty, perceptions about ANC, religious beliefs and practices, distance to health facilities and poor communication about ANC. The finding here further justifies the adoption of The Health Belief Model (HBM), which helps to explain that messages will achieve optimal behaviour change if they successfully target perceived barriers, benefits, self-efficacy, and threat.

Conclusion

The study concludes that despite the awareness of the various communication strategies such as town hall meetings with stakeholders, engagement of town criers, community theatre, use of traditional and religious worship centres, and use of billboards, pasting of information on walls, among others, by 'Society for Family Health' regarding maternal healthcare, the communication strategies have not been on regular basis and thus not been effective. This was due to certain challenges such as held beliefs to traditional ways of doings and attitudes of the women continue to hinder assimilating Society for Family Health's communication strategies concerning maternal healthcare.

Recommendations

From the conclusion of the study, the following recommendations are made:

1. Society for Family Health should intensify the use of its various communication methods or strategies to increase the knowledge of the people regarding maternal healthcare.
2. As a policy recommendation, the Government of Nigeria should look at policies and programmes of other countries that have successfully implemented community-based approaches to better practice of maternal healthcare issues.

3. Society for Family Health in collaboration with the Nigerian government and other non-governmental organisations that are into maternal healthcare-related issues should engage more volunteer health communicators.

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