



Factors that Influence Effective Communication of Messages in Antenatal Health Centre in Egor Local Government Edo State, Nigeria

Janet O. Kio^{1*}, Omomene B. Kio-Umoru² and Roseline N. Onu¹

¹Department of Nursing Science, Babcock University, Ilishan-Remo, Ogun State, Nigeria.

²School of Medicine, Igbenedion University, Nigeria.

Authors' contributions

All the authors of this paper made contributions. Author JOK was the principal investigator for the authors JOK and RNO designed the study and designed the questionnaire. The first draft was written by authors JOK, OBKU and RNO. Authors JOK and OBKU managed the literature searches. Field work was done by authors JOK and RNO. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JALSI/2016/29587

Editor(s):

(1) Mohamed A. Jaber, Dubai College of Dental Medicine, MBR University of Medical & Health Sciences, Dubai, United Arab Emirates.

Reviewers:

(1) Sevgül Dönmez, Gaziantep University Faculty of Health Sciences, Turkey.

(2) Fethi Ben Slama, National Institute of Public Health, Tunisia.

Complete Peer review History: <http://www.sciedomain.org/review-history/16825>

Original Research Article

Received 19th September 2016

Accepted 1st November 2016

Published 7th November 2016

ABSTRACT

Aim: Effectiveness in health messages communication is a *sine qua non* for pregnancy management and amelioration of complication during delivery. This study examines the factors influencing the communication of messages in antenatal health talks to pregnant women registered to attend antenatal clinics in Egor local government health centre, Edo State, Nigeria.

Study Design: The survey design was adopted for the study. Primary data was collected from the participants.

Place and Duration of Study: The study was done in Egor local government health centre, Edo State, Nigeria in 2016.

Methodology: Convenience sampling was used to select 50 pregnant women for the study. Information collected from them were analyzed and presented in frequency tables.

Results: Findings of this study showed that Majority (76%) of the women were less than 35 years old, married (80%) and literate (60%). The health education talk is often conducted in English language, however, only 20% claimed to have adequate understanding. Language of

*Corresponding author: E-mail: akindan15ster@gmail.com, janetkio@yahoo.com;

communication and clarity of message were the major barriers to understanding health talk. Preference for teaching aids and other methods of communication besides discussion such as role playing drama and songs was identified among the respondents.

Conclusion: The study recommends that the work of midwives in delivering health messages be facilitated via provision of appropriate teaching aids materials. Furthermore, health talks should be done in the language the client can best understand.

Keywords: Communication; health messages; ante-natal; pregnant women; Nigeria.

1. INTRODUCTION

Communication is the process of conveying message from one person to another. As a teacher while in class tries to communicate certain facts to the student, the midwife in the same manner tries to communicate health care messages to antenatal mothers [1]. Effective communication requires the ability to pass messages to other persons freely through verbal and non verbal cues. Communication has taken place when a message sent was received and corresponding feedback to the sender by the receiver. Therefore in communicating health messages, appropriate words, symbols and gestures are the stimuli to which the antenatal mothers would respond to.

There are factors that influence effective communication of health messages, some of these factors include, level of education, language, cultural norms and symbols. Others are attitude of health workers, relevance of message to target groups and appropriate channels. Every antenatal care clinic is a school for pregnant mothers with the midwife as a teacher where ideas and important information are passed onto the women [2,3].

The sole purpose of effective antenatal communication is to ensure a healthy mother and baby at the end of pregnancy and childbirth. Relevant health talks includes diet in pregnancy, signs of labor, personal and environmental hygiene, prevention of infection, maintenance of adequate fluid intake and fruits to prevent constipation which is common in pregnancy and effective breast feeding. Effective communication is central to the provision of compassionate, high-quality nursing care. The requirement for effective communication is apparent in the nursing profession, therefore nurses and midwives should be encouraged to develop a more conscious style of communicating with patients, with the aim of improving health outcomes and patient satisfaction [4].

In Nigeria, previous studies assessing knowledge of mothers regarding antenatal care (ANC) showed that they have inadequate knowledge [5,6]. This may be as a result of poor attitude of midwives and health care workers toward health information communication or general ineffective process or medium of communication. Although, studies have also shown that many women have poor attitude to health education. Others are influenced by social economic variables, culture and religion [7,5].

This study assessed the factors that influence effective communication of messages in antenatal health talks to pregnant women in Egor community health centre, Edo state, Nigeria.

2. METHODOLOGY

This study used an exploratory research design which tried to determine the factors that influence effective communication of health talks during antenatal clinic. The research was carried out in Egor community in Edo state, Nigeria. The community is populated with different ethnic groups, but the major ones are the *Binis*. They interact freely and speak Pidgin English. The population of the community as at the time data was collected was approximately 3000. There is a primary health care centre, a teaching hospital and private hospitals in the community. The population for the study was 500 pregnant mothers attending ante-natal clinic in Egor community. They consist of women from different socioeconomic background. The convenient sampling method was used to select 50 pregnant women who came for clinic at the period of study. They were selected at the discretion of the researcher. Data for analysis was gathered with the use of structured questionnaire designed to generate information on respondents' opinion on the factors influencing health talks and effective communication during ante-natal health care delivery.

Reliability analysis was applied to test the internal consistency of the questionnaire. Result of the analysis showed that the average Cronbach's alpha value for the instrument was 0.76. Items of an instrument were considered to represent a measure of high internal consistency if the total Cronbach's alpha value was more than 0.70 [8,9]. The questionnaire was sorted out and all were found to be well completed. The Statistical Package for Social Sciences version 15 was used to analyze information gathered and results were represented in tables and frequency. Informed consent forms were attached to the questionnaires to elicit the respondents' willingness to participate in the study. Ethical clearance was obtained from the Babcock University Health Research Ethics Committee before commencement of the survey.

3. RESULTS AND DISCUSSION

3.1 Background Characteristics

Data collected from respondents and presented in Table 1, showed that most of the respondents were between 26 and 35 years old (76%) and mostly married (80%). Most of these women, being in their active reproductive age, are expected to benefit from reproductive health talks if they actively utilize the public healthcare services [10]. Although majority (60%) of respondents had up to secondary education and above, 40% of the respondents had only primary education and will likely prefer communication in their local dialects. Previous studies have established the nexus between educational attainment and health information communication [11,12]. Tradition and religious affiliation plays role in determining women's outlook to issues of reproductive health especially ante-natal talks [7]. Further result in Table 1 shows that almost all of the respondents are Christians (96%) and belong to the Benin tribe (83%). The tribe of the respondents is expected to determine the preferred language for communication. Most of the women are working (70%) thus unnecessary delays in ante-natal meetings and undue distraction may not be appreciated by the respondents. Frequent absenteeism or truancy may also be obtained.

3.2 Attendance, Communication and Reception of Ante-natal Messages

Respondents' regularity in attending ante-natal clinics, their preferences and reception of the ante-natal talk were assessed and presented in

Table 2. Most of the respondents attended ante-natal clinics regularly (66%) however, 34% of the respondents are not regular. The irregular women may likely constitute a source of drawback in health communication especially since ante-natal messages are sequential and missing an appointment may affect comprehension in subsequent discussions and impair reinforcement of information [13]. The fact that most of the women are salaried workers might have contributed to this as earlier established (Table 1). The entire respondents are receptive of the health educational messages at the ante-natal centre. Their literacy level as well as religious affiliation might have influenced this. We have earlier established that most the respondents are Christians.

Studies have shown that the Christian religion encourages members to have positive disposition to health education in general [5,12]. The health education talk is often conducted in English language as confirmed by 80% of the respondents. However, only 20% claimed to have adequate understanding. The use of the mother tongue for at least interpretation to the native language for better understanding might be imperative [14]. Most of the women supported that the use of teaching aids can enhance their understanding (80%), however, only 52% claimed to have witnessed the use of teaching aids in presentation of health talks at the ante-natal clinic. Discussion method was the most dominant method of communication at the center. Proper midwifery practice should incorporate several approaches to communicating health messages [14,4]. Clearly there was poor use of other effective methods of communication such as role playing, demonstration, drama and song which might have contributed to the low level of understanding. On the whole, 76% of the women perceived that health talks have positive impact in pregnancy management and ameliorating maternal complications during pregnancy, labour and puerperium.

3.3 Barriers to Understanding Health Talk

Following Kemp [15], the identified perceived barriers to understanding health messages among the respondents include language barrier, attitude of midwives, clarity and timing of message, emotional reaction and noise. Result in Table 3 shows that most of the women selected language barrier (32%) as the most important barrier to understanding health talks

followed by clarity of message (20%). This further confirms the important role of language in communicating and understanding health messages as posited by Benneth [15]. In agreement with previous result, clarity of health messages is better achieved through appropriate use of teaching aids and communication in the mother tongue of respondents.

Table 1. Demographic data

Variable	Description	Frequency (N = 50)	Percentage
Age	Less than 25 yrs	10	20
	26-35 yrs	38	76
	36 yrs & above	2	4
Marital status	Married	40	80
	Single	7	14
	Widow	3	6
Tribe	Binin	30	60
	Yoruba	15	30
	Igbo	5	10
Religion	Christianity	48	96
	Islamic	2	4
Level of education	Primary	20	40
	Secondary	20	40
	Tertiary	10	20
Occupation	Student	10	20
	Workers	35	70
	Housewife	5	10

Source: Computed from field Survey (2016)

Table 2. Distribution for respondents by attendance, communication and reception of Ante-natal talk

Variables	Respondent	Percentage
Regular attendance of ante-natal	33	66
Reception of ante-natal talk	50	100
Language used for ante-natal talk:		
English	40	80
Mothers tongue (Edo language)	10	20
Adequate understanding of ante-natal talk	10	20
Use of teaching aids for ante-natal talk	26	52
Method of communication:		
Discussion method	15	30
drama and songs	10	20
Story telling	10	20
Demonstration	10	20
Role play	5	10
Preference for teaching aids for better understanding of health talks	40	80
Positive impact of health talk	38	76

Source: Computed from field Survey (2016)

Table 3. Distribution of respondents by perceived barriers to understanding health talk

Major barriers	Frequency	Percentage
Language barrier	16	32
Attitude of midwife	8	16
Clarity of message	10	20
Poor timing of message	5	10
Noise	6	12
Emotional reactions (Anger, jealousy, fear, hatred, distrust)	5	10

Source: Computed from field Survey (2016)

4. CONCLUSION AND RECOMMENDATIONS

The purpose of the research was to find out the factors influencing effective communication of health education messages to pregnant mothers during antenatal talk in Egor maternity hospital Egor community in Egor local government area of Edo state, Nigeria. Based on the findings of the study the following have been recommended:

1. Punctuality should be encouraged among women attending ante-natal clinics and truancy should be discouraged because this has been found to frustrate the work of the midwives by limiting understanding of health messages.
2. The midwives should always use appropriate methods to educate the pregnant women. Health talks should be done in the language the client can best understand.
3. On the part of the government facilities should be provided in the public health centres to facilitate communication and delivery of seminars by midwives to pregnant women. This should include provision of teaching aids materials and public address system. Good access roads and public transportation to ease movement and enhance regularity of the pregnant women to the ante-natal clinic is equally imperative.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. William C. Collins English Dictionary. Glasgow. Harper Collins Publishers; 2006.
2. Smart KL, Featheringham R. Developing effective interpersonal communication and discussion skills. *Business Communication Quarterly*. 2006;69:276-283.
3. Van Dalen J, Bartholomeus P, Kerkhofs E, Lulofs R, Van Thiel J, Rethans JJ, Scherpbier AJ, Ven Der Vleuten CP. Teaching and assessing communication skills in Maastricht: The first twenty years. *Medical Teacher*. 2001;23:245-251.
4. Chant S, Jenkinson T, Randle J, Russell G. Communication skills: Some problems in nursing education practice. *Journal of Clinical Nursing*. 2002;11:12-21.
5. Agbede CO, Kio JO, Oladutele. Diarrhea treatment behaviour among mothers of under-five children attending primary health care clinic in Ibadan, Oyo State, Nigeria. *British Journal of Medicine & Medical Research*; 2016.
ISSN: 2231-0614, NLM ID: 101570965
Available: www.sciencedomain.org
6. Kio JO, Agbede CO, Olayinka FE, Omeonu PE, Dire-Arimoyo Y. Knowledge, attitudes and practices of mothers of under-five regarding prevention of malaria in children: Evidence from Ogun State, Nigeria. *IOSR Journal of Humanities and Social Science*. 2016;21(8):01-07.
e-ISSN: 2279-0837, p-ISSN: 2279-0845
Available: www.iosrjournals.org
DOI: 10.9790/0837-2108080107
7. Agbede CO, Omeonu PE, Kio JO. Influence of clinic-based health education on pregnant women's knowledge and attitudes in relation to pregnancy management: Evidence from Ogun State, Nigeria. *Global Journal of Medical Research*. 2015;15(1):27-34.
Online ISSN: 2249-4618 & Print ISSN: 0975-5888.
8. Graham SW, Gisi LS. The effects of institutional climate and student services on college outcomes and satisfaction. *Journal of College Student Development*. 2008;41(3):20-28.
9. Muhamad S, Bahri Y. Stress, stressors and coping strategies among secondary school students in a Malaysian Government Secondary School: Initial findings. *ASEAN Journal of Psychiatry*. 2010;11(2):60-68.
10. Babalola DA, Babalola YT, Oladimeji AA. Assessing the use of family planning information among farming households in Nigeria: Evidence from Ogun State. *Asian Journal of Rural Development*. 2012;2(2): 40-46.
ISSN 1996-336X/
DOI:10.3923/ajrd.2012.40.46
Science Alert Journals; 2012. Knowlegia Review, Malaysia.
11. Babalola DA, Olarewaju M, Omeonu PE, Adefelu AO, Okeowo R. Assessing the adoption of Roll Back Malaria Programme

- (RBMP) among women farmers in Ikorodu Local Government Area of Lagos State. Canadian Journal of Pure and Applied Science. 2013;7(2):2375-2379.
12. Omeonu PE, Babalola DA, Agbede OC. Qualitative analysis of adolescents' sexual behaviour in Ogun State, Nigeria: Implication for HIV / AIDS policy. Journal of Biology, Agriculture and Healthcare. 2014; 4(24):162-166.
 13. Oviagele. Effective Communication in Health Education (1st Edition): Nigeria; 2006.
 14. Bennett VR, Brown IK. Myles Textbook for Midwives (13th Edition): Church hill Livingstone; 2001.
 15. Kemp. Fundamental of Nursing (2nd Edition). Soeft Foreman Company, USA; 2009.

© 2016 Kio et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<http://sciencedomain.org/review-history/16825>