FACTORS INFLUENCING THE CHOICE OF INTERPERSONAL COMMUNICATION FORMS UTILIZED IN PROMOTING MATERNAL AND CHILD SURVIVAL IN WEST POKOT COUNTY, KENYA

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ABSTRACT: *Interpersonal communication is one of the most common methods used in campaigns to reduce high maternal and child mortality rate in West Pokot County, Kenya. The study sought to identify the factors that affect the choice of each form of interpersonal communication used in promoting maternal and child survival. The study employed a descriptive cross-sectional survey research design. It also utilized a mixed research approach. The research sampled four hundred (400) respondents from the County. Cluster sampling, and purposive sampling techniques were used to identify respondents. Qualitative data was collected using four key informant interviews and focus group discussions and analysed thematically and then presented narratively. On the other hand, quantitative data from questionnaires were analysed using descriptive statistics, then presented using a combination of narrative explanations, tables and graphs. From the study findings, government policies, indicators, national campaigns and routine of the health workers were identified as the major factors that influenced the choice of interpersonal communication forms used. Based on the findings, it was recommended that the views of the all the stakeholders should be sought and incorporated into programmes aimed at enhancing maternal and child survival. Cultural aspects that encourage the upholding of proper upkeep of children and pregnant mothers should be identified and used during maternal and child survival campaigns.*

KEYWORDS: Factors, Influence, Choice, Interpersonal Communication Forms, Promotion, Maternal, Child Survival, West Pokot County, Kenya

INTRODUCTION

In the early 1960s through to 1990s, several communication strategies were used to spread health messages throughout the world. These strategies used included social advertising, radio shows, posters, folk media performance and mobile films, among others. For example, in family planning, the extension agents' efforts were supplemented by these communication strategies to help bridge the knowledge gap and also to publicise the availability of contraceptive products and other health services (Rogers, 1973).

Another area where major communication campaign strategies or forms have been widely used, is the HIV/AIDS prevention. Various communication strategies or forms have been used to disseminate information that may prevent risk behaviour and create awareness that leads to the reduction of social stigma. Through these communication initiatives, awareness on HIV/AIDS increased and the social stigma attached to this disease reduced drastically (Melkote & Sleeves, 1991). Odongo (2013), conducted studies on interpersonal communication among women of low economic statuses in Rachuonyo North District in Kenya. The researcher found that interpersonal communication was appropriate to this group of people because the approach encourages participatory involvement, social learning, instructional exchange, culture sensitivity and local creativity.

Different communication strategies or techniques have also been used in social marketing of condoms to prevent sexually transmitted diseases among the population across the world. In communicating health messages, programmes have also been initiated in the form of entertainment. In this approach, educational content is embedded in the entertainment programmes in mass media such as radio, television, video records and folk theatre. These educational programmes in these forms of entertainment have facilitated social change either directly or indirectly. These programmes present a unique kind of social communication whereby pro-social ideas are marketed as media products. People are entertained and at the same time people receive useful information on healthier living (Melkote & Sleeves, 1991).

These communication strategies have been criticised by many communication scholars that they lack participation from the target audience and have assumed that the power of communication to cause change is in the correct crafting of the content and in the adequate targeting of the audience (Tufte & Mefalopulos, 2009). The communication approach has shifted of late to participatory communication, which focuses on communication as a dialogical rather than linear communication. In linear communication approach, the emphasis was in the dissemination of information via the media to the target audience while in participatory communication, the emphasis is in dialogue-participatory.

Currently, technology has made it easier and faster to reach mass audiences, regardless of their location in the world. The Internet and mobile telephony have especially bolstered the communication process in Kenya and also around the world. The new technologies continue to challenge the traditional media like television, radio or the newspapers. The mass media has to embrace and adapt the new technology in order to remain relevant in our contemporary society. The traditional mass media have to change the way they collect, package and disseminate information. For example, media houses have to package information in the form of Short Message Service (SMS) and send via a mobile telephony to the subscribers in the form of breaking news. This is to the benefit of consumers as they will receive the message real time and even immediately without having to wait for new time or publication to come out.

Though the technology has revolutionized communication, there is still a need to blend the old forms of communication with the new ones. To achieve this, there is therefore a need to examine and integrate appropriately, the traditional media, the mass media and the new media to the benefits of the society. Use of all the communication channels will ensure that the target audiences receive the intended message faster and in an enriched format. The new technology has narrowed the knowledge gap. With about 89.10% of Kenyans owning mobile telephony (CCK, 2012), people can easily access information that is relevant to them.

The Use of Interpersonal Communication in Maternal and Child Survival Campaigns

Interpersonal communication has been described as a process by which people exchange information, feelings and meaning through verbal and non-verbal messages, either face-to-face or mediated forms (Hartley, 1996). In other words, interpersonal communication entails dialogue or conversation that is personal, direct and intimate. It is an interaction between two people either through face to face or through mediated form (Schiavo, 2007). Mediated form is when a mechanical device mediates in an interpersonal exchange of messages between two or more people, whereby feedback is instantaneous and measured through responses (Roy, 2005; Schiavo, 2007). Many scholars agree that interpersonal communication is fundamental in life, that no human endeavours can thrive without it and that it is very important in situations

where local actors (community) need to be empowered and encouraged to take up initiatives that address their needs (Ndati, 2011; Joram, 2010).

Interpersonal communication has been described as the most used and oldest form of health interventions (USAID, 2013). It may be understood better through the following four basic principles. Wood (2004) identifies the four (4) principles of interpersonal communication as: inescapable, irreversible, complicated and contextual. On inescapable, it is acknowledged that in everyday life people are constantly communicating with each other not only in words but also through tone of voice, gestures, postures and facial expression. In this process there is normally personal touch among interacting parties (MOH, 2014). Communication as a transaction process between a sender and a receiver has been known to include influence of others to take action upon understanding the message passed. It is observed that effective communication resides in how accurately the receiver interprets the message (AMREF, 2016). Therefore, competent communicators are constantly aware of what messages they are sending. In the maternal and child survival campaigns, messages to be passed to the target groups are clearly passed and the audience are expected to response through an appropriate action (MOH, 2007).

Irreversibility for interpersonal communication means that once a person has spoken, it is impossible to turn back and reverse the statement. In the context of maternal and child survival messages, the health workers are expected to understand and be well versed with the key maternal and child survival messages in order to pass the correct information to their respective audience in order for the process to yield the expected results (MOH, 2014; MOH, 2007).

Complication of interpersonal communication may be found in words, as it may mean different things to different people. Therefore, interpersonal communication may be complicated due to the number of variables involved (Wood, 2004). Many scholars and theorists have all agreed that there are six identity variables when people talk to each another. These variables include who each thinks they are, who each thinks the other person is, who each thinks the other person thinks the other, who the other person thinks they are, who the other person actually thinks the other is, and who the other person thinks the other thinks he/she is (Wood, 2004; Hartley, 1996). Therefore, a communicator needs to minimize the possibilities for ambiguity and the bother of clarifications and ensure the messages sent and received are interpreted correctly. In the maternal and child survival context, the health workers who are tasked to pass the messages to the audience need to understand the variables and other factors in the target community in order to present accurate messages that will increase knowledge and awareness to the target audience in order to ultimately address maternal and child survival problem.

Wood (2004) asserts that interpersonal communication happens in a contextual framework, which include the following: psychological context which are normally in terms of moods and emotions. Depending on the emotional feelings of the sender, the audience will get an impact of the communication. In relational context, the familiarity that one has with the person he or she is communicating with influence also the process of communication. On the situational context, it points out that the engagement, influence where the communication is happening either in private or public. Cultural context has an effect on learned behaviours and norms of a particular people and different cultures communicate and interact differently. This need to be noted by the health workers who are carrying out maternal and child survival campaigns. Environmental context refers to the physical location of interaction e.g. classroom (MOH, 2014; MOH, 2007; Wood, 2004; Hartley, 1996).

In maternal and child survival the contexts through which messages in interpersonal communication pass are those arenas that enable exchange between persons to persons. These arenas include one-on-one communication as well as small group interactions like peer-to-peer, service provider-client, theatre, seminars, discussion groups, text messages, phone-calls, and social networks. Interpersonal channels are interactive and can unpack complex information and personalized information which can build behavioural skills and increase self-efficacy and ultimately increase intentions to act (MOH, 2014; MOH, 2006).

Statement of the Problem

According to the Kenya Demographic and Health Survey (KDHS) (2014), only 26% of women in West Pokot County deliver at health facilities with the help of qualified medical personnel compared to the current country average of 62%. On the maternal mortality rate, West Pokot County stands at 488 per 100,000 live births against the country's average maternal mortality rate of 362 per 100,000 live births (KDHS, 2014). The government had a target of reducing maternal mortality to 147 per 100,000 live births by 2015 (GOK, 2013). However, *The Second Medium Term Plan (2013-2017), Transforming Kenya Pathway to devolution, socio-economic development, equity and national unity* (GOK, 2013), states that the target of reducing the country average maternal mortality rate was not met; instead, in some counties like West Pokot, still stands at 488.

Despite aggressive media campaigns in West Pokot County, questions remain as to why the county was still ranking low in key maternal and child survival indicators. It is on this basis that this study hypothesized that an increase in maternal and child mortality is a function of failure to communicate critical health messages. Consequently, the study sought to establish the factors that determine the choice of interpersonal communication forms used to communicate messages on child and maternal mortality in West Pokot County.

MATERIALS AND METHODS

The study was carried out in West Pokot County, one of the 47 counties in Kenya. The county is situated in the North Rift region along Kenya's western boundary with Uganda border. The study targeted the residents of West Pokot County and for the survey it targeted people living in the two Sub-Counties of South and Central Pokot. Most of the respondents who were selected to participate in the study were aged 15-49, which are in the reproductive age (GOK, 2013). The respondents for the survey comprised women who had children aged under five years, women who had had difficulty during child delivery (such as still births), expectant mothers, the Community Health Extension Workers (CHEWs), Community Health Workers (CHWs), and Community Health Committees (CHCs), who are also opinion leaders. Others included County Ministry of Health officials and coordinators/directors of non-governmental organizations working in the health sector in the County.

This research employed a cross-sectional research design in this study targeting to describe the state of affairs as it exists. This design was found appropriate for this study as it allowed the investigation of relationship among many variables. Again, the design was relevant for this study as it helped explore attitude and opinions of resident of West Pokot County on the use of interpersonal communication in promoting maternal and child survival. The study adopted a mixed methods research approach, where both quantitative and qualitative approach were used.

Multiple sampling techniques were employed in this study. First, cluster sampling technique was used to select the study area where the target population reside and this ensured that all the two sub-counties of West Pokot for the survey namely; Central and South Pokot Sub-County selected, all the four wards in each of the sub-county, were included and represented in the study. In each ward, it was further clustered into health facilities. In determining the sample size for the survey, the researcher used the known number of 21,001 women with children under five years in the two Sub-Counties of West Pokot County, namely Central and South Pokot. These figures were obtained from the records of Sub-County hospital of each Sub-County in June 2016.

The formula that was used to calculate the sample size (mothers with children aged 0-5 years) was that by Yamane's formula as presented in Reid and Boore (1991). The Yamane formula assumes a normal distribution. Women with children under five years in the two selected sub-counties of West Pokot County was assumed to be normal in terms of the parameters under study in the interpretation of their experience and practice. The total number of respondents selected to participate in the study was thus three hundred and ninety-two (392). The selected instruments for data collection for this study were questionnaire, interview schedules and FGD guides. This being a mixed methods research, both quantitative and qualitative approaches were used for data analysis.

RESULTS AND DISCUSSION

Factors Influencing the Choice of Interpersonal Communication Forms

In the Community Strategy Manual, the CHWs are tasked to visit their respective households and pass maternal and child health plus other important health issues. Each community health worker or volunteer has been allocated about 50 households where he or she is expected to visit these households and pass health messages and this is normally done through the use of face-to-face or one on one talk (MOH, 2007). Through FGDs and KIIs discussions, other factors that were revealed to influence the choice of interpersonal communication used included indicators, government policy and national campaigns. According to one participant in the FGD 2, on the choice of interpersonal communication:

> The health workers and CHW/Vs normally use various indicators which help them to identify the groups of people according to the region or villages and the levels on where they are on the adherence of maternal and child survival messages. Through assessing the situation, appropriate strategies are identified and used in order to increase the adherence and or the number of people who need to respond positively to maternal and child survival messages and to urge those who are doing well in adherence to maternal and child health messages to continue with such spirit. If there is a drop in immunization for example, they analyse and use identified methods to call for an action from the specific target groups which include community and opinion leaders who can help spread the message during *barazas*/meetings, in order to enhance response and improve indicators in the affected area of their jurisdictions (Personal Communication, FGD2 respondent 2, 2016).

The FGD 2 member further clarified that every health facility which offers maternal and child survival service daily but some have specific days of the week dedicated to maternal and child health services and this therefore requires that the messages to be shared during such week days have to be specific to the group (women with children and expectants). This was affirmed by other FGDs and KIIs as the true picture of what normally happens. During such sessions held at the health facility, the health workers use face-to-face, charts and other teaching aids within the facility to pass maternal and child health messages.

On the understanding of the government policy with regard to maternal and child health message dissemination, KII 3 narrated as follows:

> Government policy especially on maternal and child survival are elaborate and clear to health workers, which require that before starting maternal and child services like immunization for expectant mothers and children, the health workers have to explain to the target persons the reasons for giving the services. The policy guides that people need to know the purpose of the immunization for them to complete all the series of immunization. The mothers needed to be guided during the clinic attendance on the returned date and the importance of the immunization taken and the one to be undertaken during the proposed returned date. (Personal Communication, KII 3, 2016).

Both FGDs and KIIs interviews confirmed that all the government and Faith based health facilities adhere to this government policy. The respondent also explained that during this health education sessions, face-to-face form of interpersonal communication is normally used to conduct the health education. The FGDs and KIIs held also disclosed that there are periodical campaigns by the national government on foreseeing the danger that require immunizations either of children under 5 years or expectant mothers. One of the key informant explained that in such a case the government normally planned and announced the massive campaigns spearheaded by the Ministry of Health officials. Moreover, all other stakeholders, including NGOs and local administration, were usually called upon to get involved in such program. During such specific campaigns, the messages to be passed to the audience are specific with a clear call for response. Various forms of interpersonal communication are used which include face-to-face talks, *barazas*, local leaders, use community radio, mobile phones, use of leaders and husbands.

Table 1: Factors associated with Choice of Meetings (*Barazas*)

Factor	Meetings (*Barazas*)		χ2-value	p-value
	Yes	No		
Age				
<=25	70 (48.3)	75(51.7)		
26-35	120 (59.4)	82(40.6)	7.499	0.024
>35	36 (67.9)	17(32.1)		
Married (Yes)	208 (61.2)	132 (38.8)	20.169	<0.001
Education				
None	51 (72.9)	19 (27.1)		
Primary	109(58.3)	78(41.7)	14.563	0.002
Secondary	34(44.2)	43(55.8)		
Tertiary	32(48.5)	34(51.5)		
Religion				
Christian	203(54.4)	170(45.6)	9.694	0.002
Others	23(85.2)	4(14.8)		
Occupation				
Government employee	27(64.3)	15(35.7)	29.689	<0.001
Self employed	181(62.2)	110(37.8)		
Others	16(25.4)	47(74.6)		

Age-group, marital status, education, religion and occupation were significantly associated with the use of meetings as a form of interpersonal communication used in promoting maternal and child survival (p<0.05).

Table 2: Factors associated with Choice of Husband as Source of Information

Factor	Use of husband		χ2-value	p-value
	Yes	No		
Age				
<=25	34(23.4)	111(76.6)		
26-35	45(22.3)	157(77.7)	0.066	0.967
>35	12(22.6)	45(77.4)		
Married (Yes)	81(23.8)	259(76.2)	1.486	0.223
Education				
None	16(22.9)	54(77.1)		
Primary	36(19.3)	151(80.7)	3.608	0.307
Secondary	19(24.7)	58(75.3)		
Tertiary	20(30.3)	46(69.7)		
Religion				
Christian	87(23.3)	286(76.7)	1.037	0.308
Others	4(14.8)	23(85.2)		
Occupation				
Government employee	20(47.6)	22(52.4)	16.599	<0.001
Self employed	58(19.9)	233(80.1)		
Others	12(19)	51(81)		

Occupation was significantly associated with use of husbands as forms of interpersonal communication in promoting maternal and child survival (p<0.05). Higher proportion of those in Central Pokot chose use of husbands compared to those from South Pokot (29.55 vs 16%).

A higher proportion of the government employees chose use of husbands compared to the self-employed and others (47.6% vs 19.9% and 19%). Regression analysis indicated that those from Central were almost 3 times more likely to choose husband compared to those from the south (OR; 95% CI: 2.572; 1.513-4.371). Government employees were 3 times more likely to choose husband compared to the unemployed (OR; 95% CI: 3.192; 1.304-7.816).

Table 3: Factors associated with Choice of Leaders

Factor	Use of leaders		χ^2-value	p-value
	Yes	No		
Age				
<=25	62 (42.8)	83 (57.2)		
26-35	113 (55.9)	89 (44.1)	7.333	0.026
>35	22 (41.5)	31 (58.5)		
Married (Yes)	172 (50.6)	168 (49.4)	1.624	0.203
Education				
None	38(54.3)	32(45.7)		
Primary	91(48.7)	96(51.3)	3.299	0.348
Secondary	32(41.6)	45(58.4)		
Tertiary	36(54.5)	30(45.5)		
Religion				
Christian	185(49.6)	188(50.4)	0.268	0.605
Others	12(44.4)	15(55.6)		
Occupation				
Government employee	30(71.4)	12(28.6)		
Self employed	150(51.5)	141(48.5)	23.209	<0.001
Others	16(25.4)	47(74.6)		

Age-group and occupation were significantly associated with use of leaders as a form of interpersonal communication in promoting maternal and child survival (p<0.05). Majority of the respondents from Central Sub-County 132 (66%) chose the use of leaders as a form of interpersonal communication in promoting maternal and child survival compared to 62(32.5%) from the South Pokot Sub-County. A higher proportion of those aged 26-35 years, 113(55.9%), used leaders as a form of interpersonal communication in promoting maternal and child survival compared to 22 (41.5%) of those aged above 35 years. Majority of the government employees, 30 (71.4%), chose use of leaders as a form of interpersonal communication used in promoting maternal and child survival compared to others 16(25.4%).

Those from Central Sub-County were almost 4 times more likely to choose use of leaders compared to those from South Pokot (OR; 95% CI: 3.847; 2.473-5.983). Government employees were 5 times more likely to choose use of leaders compared to the unemployed (OR; 95% CI: 5.345; 2 .094-13.642). This is because cultural practices which are normally spearheaded by the leaders is still stronger in Central Pokot than in South Pokot Sub-County.

Apart from the cultural factors and physical accessibility as stated by the respondents, there are other underlying issues. These were further expounded further through the discussions with KII 2.

> We also use public meetings (*barazas*) to pass maternal and child survival messages especially during campaigns like the one for the polio we had last month. We sent messages to the chiefs and assistant chiefs to announce the

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> campaigns in their respective meetings and inform people about the places where immunization will be undertaken. In areas where we have CHW/Vs we sent them to *barazas* to make the announcements and to explain to the community the importance of responding to the call.

> Again, we also use churches to make announcement and educate on maternal and child survival messages. When we have church meetings, the leadership usually reserve sessions for health education topics such as maternal and child health, nutrition and general sanitation (Personal Communication, KII2, 2016).

Through the discussions held with FGDs and KIIs, it was further disclosed that the mediated communication like mobile phone and community radio (Kalya Radio), are only very important for passing messages or creating awareness on the purposes of the campaigns while face-to-face discussions, teaching and demonstration were seen by the community as ideals where action or adoption is required. This is in line with the observation by Schramm (1988), that the role of media in any communication scenario can be divided into three parts, i.e. to inform, to instruct and to participate.

- **To Inform**: for the development of the society, correct social, political and economic influence is the main criteria. This information should be both national and international. People should be aware of the areas or facts which hamper the development process.

- **To Instruct**: Mass literacy is an essential tool to development. This is possible by spreading basic skills among the people. Mass media plays an important role in this. Mass media can instruct people and educate them.

- **To Participate**: Voluntary and steady participation of the citizens of the country is necessary for its overall development. Such participation is possible in a liberal society (Schramm, 1988).

Such awareness is possible through debate and discussions. Discussions and debate help people to know the current issues, participate in health and developmental programmes and bring a change in the standard of living of the society. To sum up, employing an integrated approach, both interpersonal, technology mediated and mass communication fosters development and health awareness. Specifically, when it comes to community health issues, interpersonal communication and especially face to face is perhaps the hub. To change the behaviour of a certain community regarding health beliefs, interpersonal communication is the fundamental tool for progress. Following is an elaboration of nature and practices.

According to one of the key informants, the locality plays a critical role in the choice of interpersonal communication for maternal and child health. One of the members of FGD 3 noted that:

> The styles used while passing maternal and child survival messages, depends on the settings. For example, while at health facility, the health workers normally use pictures and other tools to pass the messages and even conduct demonstrations through face to face or even at times they use videos to pass the message because the training aids, IEC materials and time to educate are mostly available because those clinic days are reserved for that purpose by parties

involved. Again, one on one or face-to-face communication is the most ideal especially when dealing with sensitive messages that require confidentiality like HIV/AIDS counselling. In other parts of West Pokot, IEC materials that are used have been translated to Pokot language. At times community dialogue and discussions are held on maternal and child survival, in a community or church meetings (Personal Communication, FGD3 respondent 1, 2016).

According to Schiavo (2007), health communication is exchange, interchange information and two-way dialogue. A process for partnership and participation of that is based on two-way dialogue, where there is an interactive interchange of information, ideas, techniques and knowledge between senders and receivers of information on an equal footing, leads to improved understanding, shared knowledge, greater consensus, and identification of possible effective action. In summary, employing an integrated approach of using both interpersonal, technology mediated interpersonal and mass communication have been found to be in use in West Pokot County.

CONCLUSION AND RECOMMENDATIONS

On the factors that influence the use of interpersonal communication in conveying maternal and child survival, it was found that government policies and guidelines, which urges the health workers at the health facilities to carry out maternal and child survival education, during or when offering maternal and child immunizations, and other services was noted among the important factors that influences the choice of interpersonal communication forms. Again, through the community health strategy guidelines, the CHW/Vs and CHEWs are tasked to move within their designated households and educate the members of the households on the need to adhere to maternal and child survival messages.

It is recommended that the CHWs and health workers working at health facility while carrying out health education should identify positive cultural aspects of the community to be used to enhance maternal and child survival promotion. Stakeholders' knowledge and views which include that of the community members and traditional birth attendants (TBAs) must be taken into considerations and incorporated into practice in order to enhance maternal and child survival.

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