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Assesing the Role of Communication Channels In Maternal and Neonatal Healthcare in Buea Health

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ABSTRACT
This treatise focuses on the role of communication channels in maternal and neonatal healthcare in the Buea Health District, Southwest Region of Cameroon. Maternal and neonatal mortalities remain unacceptably high globally with approximately 830 women and 7000 neonates dying every day worldwide according to the World Health Organisation. The research problem addresses the role communication channels play in maternal and neonatal healthcare.The main objective of this study is to assess the role played by communication channels in maternal and neonatal healthcare in the Buea Health District. The research focused on perceived knowledge of maternal and neonatal healthcare practices among pregnant and postpartum women, preferred communication channel, the relationship between communication channels and perceived knowledge, and how communication channels relate with healthcare practices. The Uses and Gratifications Theory and the Health Belief Model were used to interpret the findings. The main study design was qualitative with four focus groups conducted with a total of twenty four participants. The findings suggest that perceived knowledge levels of maternal and neonatal healthcare is related to maternal and neonatal healthcare, that there is a relationship between the perceptions of pregnant and postpartum women and communication channels, that exposure to communication channels is positively related to maternal and neonatal healthcare and that pregnant and postpartum women prefer interpersonal communication channels the most.In conclusion, an effective communication strategy using the appropriate communication channel will reduce maternal and neonatal mortality.

KEYWORDS: *Maternal health, Neonatal health, Communication channels, Buea Health District.*

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I. BACKGROUND

Maternal and neonatal mortalities remain very disturbing worldwide, especially in economically-deprived areas. Maternal and neonatal mortalities in scale and severity could be described as one of the most neglected tragedy of the 21st century. The most dreadful and embarrassing aspect of this global phenomenon is its avoidable nature.Maternal mortality is unacceptably high. Every single day approximately 830 women die from preventable pregnancy and childbirth related complications with 99 per cent of all maternal deaths occurring in underdeveloped countries (WHO, 2018).

Indeed according to World Health Organization estimates for 2015, 303,000 women died due to pregnancy or childbirth-related complications, while 2.5 million children died globally in their first month of life in 2017 alone- approximately 7,000 neonatal deaths every day- most of which occurred in the first week, with about 1 million dying on the first day and close to 1 million dying within the next six days (UNICEF, 2018; WHO, 2018).

Regionally, neonatal mortality was highest in sub-Saharan Africa and South Asia, with each estimated at 27 deaths per 1,000 live births in 2017. A child born in sub-Saharan Africa or in South Asia is nine times more likely to die in the first month than a child born in a high income country. Across countries, the risk of dying in the first month of life was about 50 times higher in the highest mortality country than in the lowest mortality country (UNICEF, 2018).

Cameroon ranks amongst the top countries with the worst Maternal Mortality Ratio (MMR) in the world ranking 15th out of 181 countries with a frightening MMR of 596 per 100,000 live births. The average MMR in underdeveloped countries in 2015 was 293 per 100 000 live births versus 12 per 100 000 live births in

developed countries. The implication is that Cameroon exceeds the average of underdeveloped countries by almost twice. Therefore there is so much work to be done to accelerate the decline of maternal mortality even further. One target under Sustainable Development Goal 3 is to reduce the global maternal mortality ratio to less than 70 per 100 000 birth, with no country having a maternal mortality rate of more than twice the global average (WHO, 2018).Despite recent strides in reducing neonatal mortality rate globally, marked disparities in neonatal mortality exist across regions and countries. The reduction in neonatal mortality has been set among the priorities for each and every country to at least as low as 12/1000 live births (UN, 2017).

Communication channels especially mass media are intensively employed in public health. The government of Cameroon through the Ministry of Public Health (MOH) provides huge sums spent annually for materials and salaries that have gone into the production and distribution of booklets, brochures, pamphlets, fliers, calendars, exhibits, newspaper articles, website postings, and radio and television programmes (MOH, 2016). These media are employed at all levels of public health in the hope that three effects might occur: the learning of correct health information, the changing of health attitudes and values, and the establishment of new health behaviour (WHO, 2017).

The promotion of good health often requires changes in perceptions, attitudes, behaviours and practices among target population (Nandan, 2010). The choice of the appropriate health communication tool is key in effective message delivery to pregnant and postpartum women. As discussed by Parker (2009) there is an ecological model of social determinants of health, and hence the various factors under each level determine the different choices of health communication tools. Such tools include websites and music videos at the social (macro) level, billboards at the community (meso) level, text messaging, brochures and pamphlets at interpersonal (micro) level, lastly medical records at an individual and population levels. The different levels interact with each other and the net result is a health outcome, whether desired or not (Parker, 2009).

Mass media coverage has been a tool for promoting public health (Noar, 2006) especially to expose high proportions of large populations to messages through routine use of television, radio, and newspapers and other media. It involves diverse topics and target audiences have been conducted for decades. Some reasons why information campaigns fail is an early landmark in the literature (Brezis, 2008). Such coverage are frequently competing with factors, such as pervasive product marketing, powerful social norms, and behaviours driven by addiction or habit.

Maternal mortality is not a problem that stands alone for underdeveloped countries but can also be linked to other health issues. While the majority of maternal deaths are caused by things such as severe bleeding, infections, high blood pressure during pregnancy, and unsafe abortion, the remainders have been associated with diseases such as malaria and AIDS (World Health Organization, 2012; UNICEF, 2014). Maternal health is also closely linked to new born health. Poor maternal health can lead to higher rates of infant mortality as babies whose mothers die during child birth have a much greater chance of dying in their first year than those whose mothers remain alive (World Health Organization, 2012; UNICEF, 2015).

1.2 Research Questions

RQ1: How knowledgeable are pregnant and postpartum women about maternal and neonatal healthcare?
RQ2: What are the most preferred communication channels?
RQ3: How is the knowledge related to communication channels?
RQ4: To what extent and how do communication channels influence pregnant and postpartum women?

II. LITERATURE REVIEW

2.1.1 Maternal Health and Media Intervention

The effectiveness of behaviour change communications through branded, mass-scale media could provide promising routes for improving public health in scalable, cost-effective ways (Tidwell et al., 2019). Communication channels such as TV and mobile are two communication channels that can complement each other as well as interpersonal communication programmes to push people toward embracing healthy behaviours. Several literature reviews have found evidence that health messages delivered through mass media can have small or moderate effects on health behaviours (Naugle&Hornik, 2014; Noar, 2006).

Exposure to health messages are usually self-reported by participants in many of these studies, which may be a major source of bias as respondents are more likely to remember messages that aligned with their prior beliefs or to which they reacted positively (Liu &Hornik, 2016; Prior, 2009). For those without access to a television in the home, mobile phones provide an alternative channel to deliver behaviour change messages or may reinforce messages for those that do have one, and may allow more targeted messages to be delivered.Tidwell et al., (2019) carried out a study in Dhar and Indore, India to evaluate two complementary mass-scale media interventions targeting mothers to increase the frequency of hand washing with soap with the results indicating that mass-scale media may be an effective way to influence habitual hygiene behaviour. In

similar perspective, effective use of communication channels can also turn the tides and prove very effective in the reduction of maternal and neonatal health.

The positive relationship between attitude and utilization of maternal health care is also experienced in Japan, Heneck (2003) explained that in Japan there was effective free maternal care, proper management of maternal resources and well trained staff to administer the maternal care services, this has seen improvement in the number of women preferring to use the free maternal care due to the good perception that has been created as a result of the good administration of the maternal care. The opposite is true, poor attitude by women translates to low utilization of the maternal care. In Bangladesh where the maternal mortality rate is the highest standing at 3.2 per 1,000 live births, there has been inadequate maternal healthcare services, poor awareness, improper maintenance and dysfunctional systems (Persson et al., 2012). In effect, creation of awareness among women through communication channels cam be very effective.

Ankomah et al (2014) carried out a study in Nigeria to assess the impact of exposure to mass media campaigns initiated to sensitize pregnant women on the effectiveness and long term benefits of correct and consistent use of Insecticide-Treated Bed Nets during pregnancy. Using a multistage sampling technique, a total of 2,348 pregnant women were interviewed across Nigeria's 36 states. The mass media campaign messages were aired on national radio and television stations in English, Pidgin English, and the three main local languages in Nigeria. Also billboards with clear messages about the link between mosquitoes and malaria prevention were placed at strategic locations in major cities in Nigeria to further improve access to correct information. From their findings, the authors concluded that the use of mass media in promoting the use of bed nets is effective as respondents who knew that sleeping under Insecticide-Treated Bed Nets prevents malaria were 3.2 times more likely to sleep under the nets. They also found that respondents who listened to radio are about 1.6 times more likely to use Insecticide-Treated Bed Nets while respondents who had heard of a specific (monitored) sponsored radio campaign on Insecticide-Treated Bed Nets are 1.53 times more likely to use a bed net (Ankomah et al.,2014).

2.1.2 Media coverage gaps on maternal health

A review of past published literature reveal that knowledge on maternal education has a positive association with the utilization of maternity care services (White, Bégin, Kumapley, Murray, and Krasevec,2017;Fernández-Luque&Bau2015; Singh, 2001;McQuail, 1994). In the United States of America, it was found that women who were well educated on the maternal care services, were more likely to adopt maternal health care practices. Literacy level in women increases their ability to understand maternal education. Women of higher level of education exhibit increased ability to understand the information passed to them by the health institutions and consequently are able to take up maternal care services in the institutions (Latha and Indira,2018).

2.1.3 Theoretical Framework

Mothers, regarded as the centre of the family, are responsible for healthy choices especially during pregnancy and after birth. Promoting mothers' nutritional knowledge along with their beliefs and behaviours can guarantee the short and long-term health of these mothers and their children (White, Bégin, Kumapley, Murray and Krasevec, 2017). Uses and gratifications theory assumes that audiences actively seek out media in a goal-directed way that provides them with the means of gratifying a wide variety of needs (Katz, Blumler, Gurevitch, 1974; Palmgreen et al., 1985). Women who actively seek information through communication channels will become more knowledgeable in preventing themselves and their children against for example malnutrition and mortality (Griffiths, Matthews and Hinde, 2002).

In assessing the role of communication channels in reinforcing maternal and neonatal healthcare practices, the HBM was adopted to provide a sound theoretical basis for understanding the factors that influence women's childbirth decisions. Negative as well as positive practices may shape behaviour of pregnant and postpartum women; a possibility generally neglected by uses and gratifications but can be addressed by the HBM. The HBM can specify the relationship between health-related beliefs/factors and maternal behaviours, which can help in predicting the possibility of a woman choosing a particular mode of birth for example. Using this model, mode of birth and maternal choice and its determining factors can be explored within the five domains of the HBM, namely: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action (Janz, & Becker, 1984).

III. METHODOLOGY

3.1 Study participants, recruitment and sampling

Arrangements were made to conduct four focus group interviews with participantswho met the inclusion criteria. Four health facilities in Buea Health District were selected randomly to conduct the focus group interviews namely: Buea Town, Buea Road, Muea and Molyko Health Areas. The focus group

discussions were conducted at the Buea Town Health Center, the Buea Regional Hospital, the Muea Health Center and the Biaka Hospital respectively. A purposive sample of 24 pregnant and post-partum women was split into four focus groups to participate in the study. The focus group sessions were held in four weeks and took a maximum duration of one hour. All focus group discussions were tape-recorded with the permission of the respondents and transcribed verbatim.

3.2 Instruments

For the qualitative strand of this study, a formally structured and semi-structure interview protocol was developed. The formally structured portion involved prepared questions, allowing for consistency across groups. The semi-structured portion of the interviews allowed the participants to speak freely, elaborate, ask questions and join in group discussions. This approach permitted the researcher to gain access to the fundamentals of the group of respondents from the insider's perspective (Fetterman, 1989).

3.3 Data Analysis

The qualitative analysis employed thematic analysis approach, as described by Braun and Clarke (2006). Thematic analysis is inherently a flexible method, and is useful for identifying key themes, richly describing large bodies of qualitative data and highlighting similarities and differences in experiences (Braun and Clarke, 2006).

Analyzing text involves several tasks: (1) discovering themes and subthemes, (2) winnowing themes to a manageable few (i.e., deciding which themes are important in any project), (3) building hierarchies of themes or code books, and (4) linking themes into theoretical models (Ryan & Bernard, 2003). Colaizzi's (1978) phenomenological method was used in analysing the focus group transcripts. In this method, all written transcripts were read several times to obtain an overall feeling for them. From each transcript phrases or sentences that pertain directly to the lived experience of the pregnant and postpartum women who met the inclusion criteria were identified.These codes emerged naturally from the data. Meanings were then formulated from the significant statements and phrases. The formulated meanings were later clustered into themes allowing for the emergence of themes common to all the focus group transcripts. The results were then integrated into an in-depth, exhaustive description of the phenomenon of maternal and neonatal healthcare practices and the role of communication channels on women pregnant and postpartum women in Buea Health District.

3.4 Ethical Consideration

To gain support from participants, a qualitative researcher conveys to participants that they are participating in a study, explains the purpose of the study, and does not engage in deception about the nature of the study (Creswell, 2014). This was done using a letter of introduction from the University of Buea. Furthermore any information that was shared "off the record" that put participants at risk has not be included in the analysis. Finally the researcher did not share any personal experiences with the participants during the focus group discussions. This sharing would have minimize the "bracketing" that is essential to construct the meaning of participants in the study (Creswell, 2014).

Ethical clearance was obtained from Faculty of Social and Management Sciences (FSMS), University of Buea; and Administrative authorization from the Regional Delegation of Public Health for the SWR.

IV. RESULTS

A purposive sample of twenty four (24) pregnant and postpartum women split into four focus groups who met the inclusion criteria participated in this study. Majority of our respondents had University education with at least a first degree 8 (33.34%), High School education 5 (20.83%), Secondary School education 5 (20.83%) and Primary Education 6 (25%). The first focus group FG1 had a mean age of 27 years (SD=4.5), FG2 had a mean age of 27years (SD=5.8), FG3 had a mean age of 32 years (SD=3.41) and FG4 had a mean age of 33 years (SD=4.9). The overall average age was 29 years (SD=4.5). The four focus groups FG1, FG2, FG3 and FG4 were all made up of 6 participants each.

Several common themes emerged from the transcripts with similarities and differences in the responses we obtained from the participants. In addressing the different aspects of maternal and neonatal health care and in sharing their experiences the women prodigiously agreed on some aspects such as the importance of ANC meetings and the importance of exclusive breast feeding and immunization of neonates. The focus group participants agreed that the information given during ANC was so important in helping them take care of themselves during pregnancy and childbirth. In some instances there were few disagreements like in the assessment of communication channels in maternal and neonatal healthcare practices. While participants acknowledged the role of communication channels as indispensable, some felt interpersonal channels were far effective compared to community channels and mass media channels. It was evident that age, maturity, literacy and experience varied among the participants but in all the focus groups all the participants could relate their

experiences to maternal and neonatal healthcare. Without doubt, multiparous women were more experienced compared to primiparouswomen but they all agreed on the need and importance for information on maternal and neonatal healthcare. Five dominant themes emerged in the data about assessing the role of communication channels in reinforcing maternal and neonatal healthcare practices in Buea Health District: (1) Perceived knowledge of maternal and neonatal healthcare, (2) Improved knowledge resulting from exposure to communication channels, (3) Positive influence of communication channels with limited reliance on mass media, (4) Preference for Interpersonal Communication and (5) Mistreatment by some HCP during pregnancy and childbirth.

4.1: Theme 1: Perceived knowledge of maternal and neonatal healthcare and their importance

All focus group participants attested to the importance of maternal and neonatal healthcare and their importance but the knowledge level varied. The women were very much aware about the four main aspects of maternal and child health care including Antenatal care, Immunization, Exclusive breastfeeding and Family Planning. The following excerpt was a typical response:

F23: "It [ANC] is very important because first they will take you to the lab to make sure you are ok. They will check your blood pressure; they will check HIV status very important. They will know if you have any regular sickness that may occur during labour so that they will be able to know how to take care of yourself."

F35: "ANC has been useful to me in the sense that they have educated me on so many things that I did not have any idea about like feeding that I should bring a lot of vegetables, fruits and drink much water."

Most focus group participants recalled that it was very important for them to follow up their pregnancies with health care providers. One of such ways was to do ultrasound or echography at least three times before they give birth. In a typical case, a 28 year old mother of 4 children cited some reasons why echography was very important to consider while pregnant. Some response included:

F23: "It is very important to do echography because it helps you to know the position of the child; it helps you to know whether the child is forming very well or not because when you don't do echography, at times you see the child with deformity. So they can help you with medication to help the child grow very well so echography is good."

In our discussion with the women, it was evident that they also understood the importance of immunization especially the early vaccine BCG against polio. Some of the participants recounted incidents of children who were not vaccinated and were infected by different diseases. Note the following quotes:

F13: "Vaccination is very very important they always give the first vaccination polio and BCG at birth so the day I put to birth, I even struggle on that day for me to give her those vaccines or if the BCG is not yet available they give me a rendezvous before I go home."

F23: "I follow the entire vaccination calendar from the first day until that one year the vaccination is free provided by the government and hospital".

In line with breastfeeding their babies' especially exclusive breastfeeding, the women knew the importance. Their responses varied from exclusive breastfeeding was important to their babies immune system to the fact that it made their babies very strong compared to other children who were introduced very early to formula. However, some working mothers said they could not breastfeed exclusively because they had to fend to support their husbands. In more extreme cases answers included:

F23: "All my children I do exclusive breastfeeding, six months yes. Then from six months now I will start to add water".

F31: "Yes I breastfeed my child from the day I give birth to six months, after six months I continue but I start to give food and water."

Our findings from the corpus reveal that the women also understood the importance of Family Planning. Whether the women adopted a family planning method or not was another issue. Some women clearly wanted more children reasons why they had not taken family planning while others wanted it to control their birth. This is how some of the respondents put it:

F35: "I think FP is important because it enables the mother to give birth to the number of children that she actually wants, prevents unwanted pregnancies and also abortion."

F31: "FP is important in the sense that it allows couples to give [birth] to the number of children they want to give. Then and also FP is good to prevent unwanted pregnancies."

F23: "FP is important to me because I know when you plan well; you take care of your children better and even yourself because if you don't give adequate gap before giving birth to your next child, there is a possibility that you may lose your child or your life. And for the children, you can better sponsor them in school if you give a good gap."

A 36 year old mother of five (5) had huge regrets for not taking a Family Planning method. Considering her sixth pregnancy, she has given Family planning very serious thoughts as evident by the quote below:

F21: "It is important because when you say you are following your own method it fails you, because like me it is the natural method that failed me (group laughs). It is the natural method that failed me and since it failed me I will consider Family Planning as soon as I give birth."

4.2: Theme 2 Preference for Interpersonal Communication considered most effective.

Another theme which emerged from our corpus was preference for interpersonal communication which was reported as the most effective. The participants had different reasons for their preference ranging from reasons like information gotten from the hospitals and other interpersonal channels are more explicit with room for immediate feedback compared to mass media which some women consider difficult to comprehend. However, level of education was pivotal in the selection and most likely preference for communication channels. Most women with high level of education also preferred interpersonal communication but were not limited to it compared to women with very low level of education who relied on interpersonal communication channels only. Women with education usually sought to verify the information gotten from friends, relatives and HCP through the internet. The women stated their preference for interpersonal communication as evident in the quotes below:

F22: "(Laughs and hesitates)….I don't rely on the media, I mostly rely on my parents because they enlighten me on going to the clinic."
Researcher: What about you Madam?
F36: "Me it is my mother because without her I wouldn't have known that I am supposed to go for clinic and the nurses, they also lecture us very well teaching us food that we need to[eat] so I thank them."
F26: "I prefer hospital because I don't listen to the radio."
F16: "[I prefer] Hospital"
F36: "[I prefer] Hospital"
Researcher: Why hospital?
F36: Because I believe in the hospital they know better [HCP are very knowledgeable].
F24: Hospital because they will speak in the language that I will understand and they will speak in the tune that I will understand. Because when an issue is being addressed on radio they just speak and go.
F32: I get my information from our ANC meetings in the hospital because I lost my mother who used to explain certain things to me. Also even among us pregnant women when we sit together we share things concerning pregnant women.
F35: Uhmm really I prefer the one that the doctor tells me
F11: We learn [get] information in the hospitals; in the environment where we are living we can interact with our neighbor, our colleagues, the family and friends.

Some women recounted where they got information especially about ANC and vaccination. They went further than just preference for interpersonal communication but justified their choices. A thirty four year old woman and mother of four added that thanks to information she got from a friend about the good services of a health facility, things have been going on very well for her during childbirth. For example, two respondents said:

F14: "I got it here [hospital] and they advise me like my mother, go to the clinic, go to the clinic, to me (Tsuuuuipps) maybe if you don't go to the clinic maybe its normal but (laugh) so my mother pushed me to come to the clinic and I came here today the nurse was talking about vaccination."

Our corpus also revealed that some women believe that information gotten from hospital talks during one on one or group meeting have been of immense help.

Researcher:Madam comparing the media with hospitals where there is a lot of interpersonal communication, which one has really helped you?
F44: Hospital
F45: Hospital
F26: For me when I come to the clinic, the nurses talk to us about maternal and neonatal health care [which is of help].

4.3: Theme 3: Improved knowledge resulting from exposure to communication channels

The third theme that emerged from our corpus is improved knowledge resulting from exposure to communication channels. It is apparent from our findings that exposure to communication channels whether interpersonal, community or mass media increases or improves knowledge on maternal and neonatal healthcare. Evidence of uses and gratification were apparent as pregnant women actively sought information about their state of health and how to deliver safely while postpartum women were concerned to get information on immunization, breastfeeding, family planning etc. In our focus group discussions with the women, it was noted that some women made good use of the internet while a mass media like newspaper was hardly mentioned. The women mentioned CBS Radio, Hi TV and CRTV as some media organs that aired interesting and educative health programms on maternal and neonatal healthcare. A few other stations including Canal 2 were mentioned.

When asked if participants have ever taken time off to tune to radio, TV or other media to get information on maternal and neonatal health these were some of the responses:
F11: "Yes"
F13: "Hmmmm I used to follow Equinoxe at 3 O'clock not only about pregnancy but about health".
F11: "Yes. There is a programme in Canal 2 early in the morning where a nutritionist tells us how to feed the baby from 1 to 3 and even to 12."
F35: "I got the information from the radio."
During our focus group discussion with the women, some remarked that they sought information from the internet primarily considering its numerous advantages when compared to other media. Women went to the internet to get specific answers to questions on their pregnancy and children.
Researcher: So let us move on and I wish to find out how communication channels influence women, my interest now is where do you get information about all this knowledge you are sharing?
F33: "From the internet. When I always scroll sometimes on my Facebook you see pregnancy Dos and Don'ts. So I go to those Websites and read over them and also news through radio recently I heard that they are doing measles campaign for children between 0-5 years I'm planning to take my children because they say it is free in every general hospital."
F34: "I get my information from the internet, and the other ones from nurses at the hospital, newspapers."
F35: "Yes from the internet how to when you are pregnant; how to do exercise that is what I learnt."
Researcher: It means you are making good use of the internet to find out health issues.
F15: "I'm on the internet right now as we speak."
Some women also acknowledged the important role the media can play in educating women about themselves and their children. Although there were disagreements amongst participants in the different focus groups, some women acknowledged the role played by the media in addressing maternal and neonatal healthcare issues as evident in the following quotes:
F35: "Yes. I think they address such issues."
Researcher: OK can you give us any example?
F35: Like the issue of feeding, pregnant women what they should eat and what should be avoided.
Researcher: Which programme have you followed or can you remember the radio station through which you got that information?
F35: "CBS but I have forgotten the name of the programme; they always have discussions on pregnancy related issues."
F34: "Yes they [media] are [sensitizing women]. I always get, I usually just go to radio I don't even know the station but when I tune in and I just hear anything concerning health I just put ON and I listen and also internet since I am always on internet anything that I see that deals with health or if I hear anything any disease that I have never heard before I will go online and type it especially pregnancy and how to feed your children yes all those things yes.
F35: "Yes especially CBS Radio because I always listen to them. They are doing enough."

4.4: Theme 4: Positive influence of communication channels

Another major theme which emerged from our corpus is positive influence of communication channels with mixed media influence. Some participants especially those with higher level of education expressed some degree of reliance on mass media while others especially those with low level of education did not rely much on the media. Some only encountered media messages passively or by mere coincidence but there are women who actively seek media messages looking for different gratifications. Some pregnant and postpartum women intimated that the media has been of influence to them.The following excerpt was a typical response:
F45: "The mass media helps. I remember some time ago there is a programme on CRTV that deals with health and they usually invite a doctor to talk about health and even Hi TV they do have their own programmes that they invite doctors to talk on a particular issue concerning health, so it is very important, I always follow it up."
Researcher: Who has another programme they follow?
F43: "There is a programme on CRTV, Bonjour, last two weeks they brought a doctor but I know that Mount Cameroon has a radio programme, when I am in a taxi I listen to the programme but I don't really follow.
As noted earlier on, some respondents feel the media is not doing enough to sensitize women and there is much to be desired. Below are excerpts of a discussion with some women:
Researcher: Does radio and TV for example give the desired information or enough information about maternal and neonatal health care?
F16: "They are trying."
Researcher: If you say they are trying it means there is still much to be done?
F16: "Yes they are average."
Researcher: Why do you think they are average?

F16: "Ehh because like CRTV, they had a programme health watch but the programme is no longer consistent and now the programme no longer exist. But on "bonjour" there are days they can bring a medical doctor and there are days they will not invite a doctor".
Researcher: What do you think?
F25: "I think they are trying"
Researcher: What else or what do you think they should do to make women more educated?
F25: "I wish that it should be a routine, there should be a particular time and let it continue because if you begin something and later you stop it destabilizes the people who need to follow up the programme."

4.5: Theme 5: Mistreatment of women by HP during pregnancy and childbirth

It was evident from our transcripts that some women were mistreated during their pregnancy and childbirth which led to very catastrophic consequences. Although mistreatment of women constitutes a violation of the right to the highest attainable standard of health, which includes the right to dignified, respectful healthcare throughout pregnancy and childbirth, multiple cases were reported. The most commonly reported types of mistreatment that were recurrent in the corpus included verbal abuse, neglect and abandonment. In very extreme instances some women reported that they were both verbally abused and abandoned. In all the focus group discussion, no single participant mentioned physical abuse usually considered the worse form of abuse. In an extreme case, a 30 year old woman and mother of two children recounted how her child almost died during childbirth as a result of neglect and abandonment:
F35: "I wish that those concerned should take special care of pregnant women especially when they are in the labour room, they should not abandon such women. There is need for proper follow up before the woman put to birth. Because I passed through a very terrible situation when I was about to give birth. I was calling the nurses while in the labour room and they kept saying it is not yet time [to give birth]. If they learned in school that if you are examining a woman who is about to give birth you must not think only about what you learnt in school, there is need to concentrate on every woman because my child almost fell down and would have probably died."
A 30 year old mother recounted the ordeal her sister went through when she accompanied her to the hospital. It was a typical case of verbal abuse as evident in the following quote:
F12: "When my sister came to the hospital when she was in labour, there was a particular nurse (sarcastic laugh) on duty on that day, so unfortunately for us it was in the night and she was like "how dare you! why are you shouting God should help you or this and that sit there….don't gather your strength to give birth, it was like hell".

V. DISCUSSION

The findings of this study widely support the literature in the field. The knowledge levels of pregnant and postpartum on issues related to maternal and neonatal care was found to be satisfactory. Majority of the women had a mastery of healthcare aspects and very much understood their importance. Our findings reveal that knowledge on maternal and neonatal health acquired through different communication channels has a positive association with the utilization of maternity and neonatal care services, agreeing with previous findings within global literature (White et al., 2017;Fernández-Luque&Bau2015; Adeniran, 2009;Waisbordand Larson, 2005; Singh, 2001;McQuail, 1994).

In answering the first research questionour data suggest that women who acquire knowledge through any or several communication channels often have a positive maternal and neonatal outcome compared to women without adequate knowledge. The focus group participant demonstrated that they are well informed and in a better position to receive ANC services aligning with Navaneethan and Dharma (2002). It was also apparent that the health conscious women were more likely than other women to initiate maternal care early, maintain a regular schedule of visits, and search for prompt medication (Wiseman et al., 2003).

Our second research question is answered by theme 2 that the preferred mode of receiving health information is interpersonal. Under this theme, women with higher level of education were those who said they preferred mass media channels with a majority having preference for the internet. The women gave a wide range of reasons. Some said they preferred the hospital to get information because it will come from real professionals while others who preferred getting health information from family and friends said they relied on them thanks to their experience as mothers and grandmothers. These findings are consistent with those of other scholars who found that the most common source of health information is the healthcare professional, followed by friends and family, and broadcast media (Hillyer et al., 2016; Cutilli, 2010).

Our findings established that pregnant and postpartum women acquire knowledge on maternal and neonatal healthcare through communication channels vastly supported by literature in the field of health communication from our quest to answer the third research question. Our findings suggests that pregnant and postpartum women are increasingly becoming aware of their health status thanks to information they get from

health communication programmes through communication channels especially the mass media (Karki&Agrawal, 2008).

In addressing the fourth research question,our focus group discussions revealed further insights that the mass media were not influencing all the women to the same extent because of selective exposure. Because of the different preferences to the different communication channels, there is evidence of selective exposure. Some pregnant women and new mothers had preferences for different reasons to fulfil their different gratifications. With the richness of qualitative data, there were quotes alluding to the fact that the mass media is not playing its role of sensitization as it is supposed to be the case. Instead, they noted that while some media organs were doing their best to sensitize women, others were strongly lagging behind in playing the very important role.

VI. FINDINGS AND THEORY

Communication channels especially the mass media have as role to inform and educate pregnant and immediate postpartum women so that they can adopt good practices regarding their health. Considering the Health Belief Model which has as goal to change perceptions of susceptibility in order to move towards behaviour change (Burke, 2010), our findings fall in line with adopting or maintaining positive health behaviour.

With satisfactory knowledge about maternal and neonatal health and its importance, the women could perceive the seriousness and severity of the medical conditions. It was evident that they could read the warning signs and know the intensity of the medical condition to prevent an undesirable outcome (Janz& Becker, 1984). For example the women had a preference for virginal birth (VB) compared to Caesarean section (CS) because they are very much aware of some undesirable practices with CS.

In line with Katz, Gurevitch and Haas (1973) communication channels provided a forum for pregnant and postpartum women to connect or disconnect with others. A majority of our respondents satisfied their cognitive needs by acquiring information through the different communication channels. These women acquired knowledge and understanding about maternal and neonatal healthcare from mostly interpersonal channels (doctors and nurses, family and friends). In consistence with the uses and gratifications theory, women exposed to communication channels had higher knowledge levels on maternal and neonatal healthcare. Uses and gratifications theory assumes that audiences actively seek out media in agoal-directed way that provides them with the means of gratifying a wide variety of needs(Katz, Blumler, Gurevitch, 1974; Palmgreen et al., 1985).

VII. CONCLUSION

The results garnered from this study reveal the variety of views held by pregnant and postpartum women in Buea Health District on how they use health information gotten through communication channels to take care of themselves and their children.The role of mass media was found to be marginal in comparison with the other communication channels such as interpersonal communication which is the most preferred and hugely considered as the most effective.In summary, communication channels play a fundamental role in improving reproductive health through the provision of adequate information to pregnant and postpartum women. As recommendation, the government, International agencies and donor organisations should step up training of health workers and journalists in order to better educate pregnant and postpartum women on maternal and neonatal healthcare.

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