(LEVERAGING STRATEGIC PUBLIC RELATIONS PRINCIPLES TO ENHANCE MATERNAL HEALTHCARE ACCESS: A CASE STUDY OF THREE NORTHERN GHANAIAN DISTRICTS)

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DECLARATION BY STUDENT(S) – DISSERTATION/THESIS

I hereby declare that this research is a result of my own original research and that, no part of it has been presented for another degree in this university or any other higher education institute. I further declare that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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CERTIFICATION BY SUPERVISOR

This Dissertation/Thesis has been prepared and presented under my supervision according to the guidelines for supervision and formatting of Dissertation/Thesis laid down by the University of Media, Arts and Communication, UniMAC.

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Abstract

This study examines how Strategic Public Relations (SPR) principles can be applied to enhance maternal healthcare access in the Tolon, Kumbungu, and Savelugu districts of Northern Ghana. The research focuses on three objectives: 1) to analyze the current communication practices of midwives through an SPR perspective, 2) to explore how SPR principles can enhance health information dissemination by trained midwives and Traditional Birth Attendants (TBAs), and 3) to identify culturally appropriate ways to implement SPR in maternal healthcare communication. The study draws on the Health Belief Model (HBM), Grunig's Excellence Theory, Cultural Communication Theory, and Community Engagement Models. These theoretical frameworks guide the exploration of health communication barriers, such as cultural, social, and systemic challenges, in these districts.

The study relied on a qualitative inquiry and a phenomenological methodology, to gather insights from a total of 15 participants, including midwives, TBAs, and pregnant women, through semi-structured interviews, focus group discussions, and observations. Thematic analysis was used to identify recurring patterns and insights. Key findings reveal several barriers to maternal healthcare access in the studied districts. Notably, male dominance and patriarchal norms present significant challenges, as many husbands resist family planning due to misconceptions about infidelity or religious beliefs. Additionally, the cultural practice of "pag' pirigibu," a tradition that delays early booking at Antenatal Care (ANC) until certain rituals are performed, further exacerbates the issue. Other barriers identified include language obstacles, financial constraints, and lack of proper healthcare infrastructure. The application of SPR principles—such as relationship-building, culturally sensitive messaging, and community engagement—was found to be essential in overcoming these barriers and improving maternal healthcare outcomes.

The study recommends integrating TBAs into the formal healthcare system through structured training programs, expanding the National Health Insurance Scheme (NHIS) to cover essential maternal health services, and promoting male involvement in maternal health decisions through targeted communication strategies. It also suggests creating culturally relevant campaigns that address misconceptions surrounding family planning and religious beliefs.

Applying SPR principles to maternal healthcare, this research contributes to enhancing healthcare access in resource-limited settings. The findings provide actionable insights that can be used to design communication strategies tailored to the cultural and social context of rural Ghana, offering a model that can be replicated across other sub-Saharan African regions. This study emphasizes the importance of community-centred, culturally grounded communication in improving trust, engagement, and healthcare access.

DEDICATION

To my Supervisor and Lecturers,

I extend my deepest gratitude for your invaluable guidance, constructive feedback, and unwavering support throughout this academic journey. Your mentorship has been instrumental in shaping my understanding and approach to scholarship.

To my loving parents, Hajia Mariama Sayibu and Mr. Jacob Thompson,

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Chapter One

1.0 Introduction

This chapter introduces the study, leveraging Strategic Public Relations (SPR) to enhance maternal healthcare access in Northern Rural Ghanaian Districts: Tolon, Kumbungu, and Savelugu. It details, the background to the study, outlines the statement of the problem, presents the research objectives and questions, and discusses the significance, limitations, and delimitations. This chapter aims to set the stage for the research, explaining the rationale, scope, and potential impact of the study while providing an overview of the research problem and its significance.

1.1 Background to the Study

Maternal health is a critical component of public health worldwide, encompassing the health of women during pregnancy, childbirth, and the postpartum period (Yogi et al., 2024). Maternal mortality continues to pose a major global challenge, with an estimated 287,000 women losing their lives each year due to pregnancy- and childbirth-related complications, as reported by the World Health Organization (WHO, 2023). Sub-Saharan Africa contributes to nearly two-thirds of these fatalities, highlighting ongoing challenges in accessing skilled healthcare and emergency obstetric services. The United Nations' Sustainable Development Goal 3 (SDG 3) seeks to lower the global maternal mortality ratio to fewer than 70 deaths per 100,000 live births by 2030, focusing on a pressing public health concern, particularly in developing nations where maternal mortality rates remain significantly high (Olea-Ramirez et al., 2024; Mirza et al., 2024). However, realizing this target necessitates concerted efforts to address socioeconomic, infrastructural, and cultural barriers, particularly in low-resource settings.

The World Health Organization (WHO) highlights the importance of timely access to skilled care during pregnancy and childbirth as a key factor in reducing maternal and neonatal mortality.

However, systemic challenges, including inadequate healthcare infrastructure, limited access to education, and entrenched cultural practices, often prevent women in underserved areas from receiving the care they need. As a result, maternal healthcare remains an area of significant concern, particularly in rural and marginalized communities.

In Ghana, maternal mortality remains a pressing public health issue despite government efforts to improve healthcare access. According to the Ghana Health Service (GHS), the national maternal mortality ratio is 308 deaths per 100,000 live births, significantly exceeding the Sustainable Development Goal (SDG) target. The government has implemented several initiatives to address these disparities, including the Free Maternal Healthcare Policy and the National Health Insurance Scheme (NHIS). However, significant challenges persist, particularly in rural areas where healthcare access is limited.

Cultural practices, economic hardship, and geographical barriers often deter women from seeking skilled care, leading to high rates of home deliveries. Moreover, the reliance on untrained or undertrained Traditional Birth Attendants (TBAs) further exacerbates maternal health risks. For example, Dioggban et al. (2023) found that the Northern Region of Ghana had the highest maternal mortality rates in a study conducted across ten regions, involving 1,240 women, highlighting the critical need for interventions tailored to the specific context.

The Northern Region, including the districts of Tolon, Kumbungu, and Savelugu, faces disproportionately high maternal mortality rates compared to other parts of Ghana. These rural districts are characterized by widespread poverty, limited healthcare infrastructure, and deeply entrenched cultural norms that influence maternal health-seeking behaviour. Many women in these communities prefer the services of TBAs due to their cultural affinity, accessibility, and perceived cost-effectiveness, despite the risks involved.

Communication challenges between healthcare providers and rural communities further

complicate maternal healthcare access. Mistrust of formal healthcare systems, coupled with inadequate health education campaigns, perpetuates misconceptions about maternal health services. While community-based interventions have improved health literacy to some extent, they often fail to address systemic issues such as cultural resistance and logistical barriers.

In this context, Strategic Public Relations (SPR) offers a promising yet underutilized approach to improving maternal healthcare access. SPR focuses on building trust, fostering behavioural change, and engaging key stakeholders through culturally sensitive and context-specific communication strategies. By leveraging the influence of community leaders, healthcare providers, and other stakeholders, SPR can bridge the communication gaps that undermine maternal healthcare access in these districts.

This study explores how SPR can be strategically employed to enhance maternal healthcare access in Tolon, Kumbungu, and Savelugu, addressing the unique socioeconomic, cultural, and infrastructural challenges faced by these communities.

1.2 Problem Statement

Despite numerous interventions aimed at reducing maternal health disparities in Ghana, the Northern Region continues to experience disproportionately high maternal mortality rates, with rural communities being the most affected. Socioeconomic barriers, entrenched cultural practices discouraging hospital deliveries, and limited access to healthcare facilities exacerbate these challenges. The reliance on Traditional Birth Attendants (TBAs), who often lack adequate training to manage obstetric complications, significantly contributes to adverse maternal health outcomes (Sahar & Agboada, 2023). Compounding these issues are communication gaps between healthcare providers and rural populations. Negative perceptions of healthcare professionals, coupled with mistrust and ineffective outreach strategies, hinder the utilization of maternal healthcare services. While community-based health education programs have shown

incremental success, they often fail to address systemic and cultural barriers, leaving many women excluded from essential services.

While healthcare providers in these districts may not be trained PR professionals, they engage in communication and relationship-building activities that could be enhanced through strategic PR principles. Understanding how these principles can be adapted and applied in resource-limited healthcare settings is crucial for improving maternal healthcare access.

This study seeks to examine how SPR can be adapted and applied in resource-limited healthcare settings to improve maternal healthcare access and outcomes in the districts of Tolon, Kumbungu, and Savelugu.

1.3 Research Objectives

1.3.1 General Objective

The general objective includes examining how strategic PR principles can be applied to enhance maternal healthcare access in three Northern Ghanaian Districts.

1.3.2 Specific Objectives

2. To analyze current communication and engagement practices of healthcare providers through a strategic PR lens.
3. To examine how PR principles could enhance the effectiveness of health information dissemination by Trained Midwives and Traditional Birth Attendants.
4. To explore culturally appropriate ways of implementing strategic PR approaches in maternal healthcare communication.

1.3 Research Questions

1. The study will address the following research questions:
2. What are the current communication and engagement practices of healthcare providers, and how can they be evaluated through a strategic PR lens?
3. How can PR principles enhance the effectiveness of health information dissemination by Trained

Midwives and Traditional Birth Attendants?

4. What culturally appropriate strategies can be implemented to integrate strategic PR approaches into maternal healthcare communication?

1.4 Significance of the Study

The significance of this study lies in its ability to contribute to the ongoing discourse on maternal healthcare in Ghana, emphasizing the role of Strategic Public Relations Principles in addressing disparities in access to care. The findings are expected to provide actionable insights for public health officials, PR practitioners, and policymakers, enabling them to design culturally sensitive communication strategies that enhance health literacy and trust in healthcare services.

Furthermore, the study aligns with several Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities). Addressing maternal health challenges in rural Ghana, the research contributes to global efforts to improve healthcare equity and reduce preventable maternal deaths.

1.5 Study Limitations

The study's limitations may influence its outcomes and interpretations. First, the research is geographically confined to the districts of Tolon, Kumbungu, and Savelugu, which limits the generalizability of the findings to other regions. Additionally, logistical constraints, such as inadequate transportation and the remoteness of some communities, may pose challenges in reaching participants, particularly Traditional Birth Attendants and Trained Midwives.

Language barriers also present a potential limitation, as the research involves participants who may speak various local dialects. Although translation services will be employed, subtle nuances in language and cultural expressions may affect the accuracy of data interpretation. Moreover, the study's reliance on qualitative methods may limit its ability to capture quantitative trends that could provide a broader perspective on maternal healthcare access.

Finally, the sensitive nature of the subject matter may lead to hesitation among participants to share detailed accounts of their experiences, particularly on topics related to cultural practices or challenges in healthcare delivery. While measures will be taken to ensure confidentiality and build trust, these factors may affect the depth of responses.

1.7 Study Delimitations

This study is intentionally narrowed ensuring focus and manageability. Geographically, the research is delimited to the Tolon, Kumbungu, and Savelugu districts in Northern Ghana, areas identified as having high maternal mortality rates and unique socio-cultural dynamics. The study concentrates specifically on the role of Strategic Public Relations in improving maternal healthcare access, excluding other potential determinants such as healthcare infrastructure or economic policies.

In terms of participants, the research targets district Pregnant women, Breastfeeding mothers, health officials, Trained Midwives, and Traditional Birth Attendants, as these stakeholders are directly involved in maternal healthcare delivery. Furthermore, the study evaluates existing communication strategies rather than designing entirely new campaigns, allowing for a critical assessment of current practices and recommendations for improvement. These delimitations provide a clear framework for the research while acknowledging its boundaries.

1.8 Chapter Summary

This chapter has outlined the foundational aspects of the study, providing the background, problem statement, research objectives, and questions. It has also discussed the study's significance, limitations, and delimitations, offering a comprehensive overview of its scope and rationale. The next chapter will review relevant literature to establish the theoretical and conceptual frameworks that underpin the research.

Chapter Two
Literature Review

2.1 Introduction

The focus of this literature review is to thoroughly analyze and synthesize current research relevant to Leveraging *Strategic Public Relations (SPR) Principles* to enhance maternal healthcare access, with a particular focus on rural communities in Northern Ghana. This chapter will provide a comprehensive understanding of the key factors influencing maternal healthcare access in these regions, the challenges faced, and how *SPR* strategies can address these issues. By examining the relevant literature and body of knowledge, this review will identify gaps and set the stage for this study's research objectives.

2.1.1 The Concept of Maternal Healthcare
2.1.2 Definition and Importance

Maternal healthcare encompasses the spectrum of medical and supportive services provided to pregnant women, during childbirth, and in the postpartum period. This multidimensional approach is fundamental for improving maternal and infant health outcomes, mitigating complications, and ensuring a safe delivery process.

Maternal healthcare is broadly defined as the care provided to pregnant women, including prenatal, intrapartum, and postnatal care. Prenatal care involves regular medical assessments designed to monitor and manage both maternal and fetal health throughout pregnancy. This includes screenings, risk assessments, and preventive measures aimed at identifying and addressing complications early (World Health Organization, 2021). Skilled birth attendance, a critical component of maternal healthcare, ensures that delivery is managed by trained healthcare professionals such as midwives, obstetricians, or nurses. This aspect is crucial for preventing and managing complications during childbirth (Berg et al., 2019). Postnatal care extends to the

immediate period following delivery, focusing on the health and recovery of both mother and infant, supporting breastfeeding, and addressing any emerging health issues (Jones et al., 2020).

2.1.3 Significance of Maternal Healthcare

The importance of maternal healthcare is emphasized due to its impact on reducing maternal, neonatal morbidity and mortality. Effective maternal healthcare services are associated with a significant reduction in adverse outcomes, such as maternal and neonatal deaths. Research reveals that access to quality prenatal care and trained birth attendance are linked to lower rates of complications such as preeclampsia, postpartum hemorrhage, and neonatal infections (Patel et al., 2020).

In addition, maternal healthcare plays a crucial role in enhancing overall health outcomes by ensuring early detection and management of health issues. Regular prenatal visits enable healthcare providers to monitor and intervene in potential complications, thereby enhancing the likelihood of a safe pregnancy and delivery (Smith et al., 2021). Postnatal care further contributes to the well-being of mothers and infants by facilitating recovery, supporting breastfeeding practices, and addressing postpartum health challenges (Nguyen et al., 2019).

Moreover, maternal healthcare services often include educational components that empower women with knowledge about pregnancy, childbirth, and newborn care. This educational component is vital for fostering health literacy and informed decision-making, which can result in better health behaviors and outcomes (Lee et al., 2018). Maternal healthcare is also crucial for advancing The Sustainable Development Goals (SDGs), particularly SDG 3, aim to ensure healthy lives and promote well-being for all. Expanding access to quality maternal healthcare services supports global efforts to reduce maternal and infant mortality rates and advance health equity (United Nations, 2015).

However, notwithstanding its critical significance, access to maternal healthcare remains uneven, especially in rural and underserved areas. Barriers such as inadequate healthcare infrastructure, cultural practices, and socioeconomic constraints contribute to disparities in maternal health outcomes (Wang et al., 2020). Addressing these barriers and improving access to maternal healthcare within such contexts is indispensable for reducing health inequities and enhancing overall community health (Khan et al., 2021).

2.1.4 Global Context of Maternal Healthcare

Maternal healthcare has experienced notable progress globally, largely driven by international initiatives such as the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). These global frameworks have played a crucial role in focusing international attention and resources on improving maternal health outcomes. However, despite these advancements, maternal mortality remains a pressing issue, particularly in low-resource settings.

2.1.5 Global Progress and Challenges of Maternal Healthcare

The global health landscape has seen significant strides in maternal healthcare, largely attributed to the international health agendas established by the MDGs and subsequently the SDGs. The MDGs, established in 2000, included a specific target to reduce maternal mortality by 75% between 1990 and 2015 (United Nations, 2015). This initiative led to substantial investments in healthcare infrastructure, improved access to skilled birth attendants, and enhanced prenatal and postnatal care. As a result, there was a notable decline in maternal mortality rates worldwide during this period (Koblinsky et al., 2016).

Despite these advancements, maternal mortality remains a significant concern. The World Health Organization (WHO) reported that approximately 810 women die daily from preventable causes

related to pregnancy and childbirth (World Health Organization [WHO], 2021). This high mortality rate underscores the persistent disparities in maternal healthcare access and quality, particularly in low- and middle-income countries (LMICs). Sub-Saharan Africa, in particular, continues to bear the highest burden of maternal deaths, with rates significantly higher than those in other regions (Barros et al., 2018). Factors contributing to these high mortality rates include inadequate healthcare infrastructure, limited access to skilled care, and socio-cultural barriers that impact women's ability to seek timely and effective care (Barker et al., 2020).

2.1.6 International Initiatives on Maternal Healthcare

To address these persistent challenges, international health initiatives have been implemented with a focus on improving maternal health outcomes. The Global Strategy for Women's, Children's, and Adolescents' Health, spearheaded by the United Nations Population Fund (UNFPA), represents a comprehensive approach aimed at reducing maternal and neonatal mortality rates by enhancing access to quality healthcare services, strengthening health systems, and addressing the broader determinants of health (UNFPA, 2021). This strategy emphasizes the need for universal health coverage, improved healthcare delivery systems, and increased investments in maternal health services to achieve the targets set by the SDGs (United Nations, 2019).

Moreover, the SDGs, established in 2015, continue to prioritize maternal health by targeting a reduction in maternal mortality to less than 70 per 100,000 live births by 2030 (United Nations, 2015). These goals underscore a global commitment to addressing health inequities and ensuring that all women, regardless of their geographical location or socio-economic status, have access to the essential maternal healthcare services they need.

2.2 Implications of Maternal Healthcare in Low-Resource Settings

In low-resource settings, particularly in rural and underserved areas, the challenges of accessing maternal healthcare are compounded by systemic issues such as poor healthcare infrastructure, limited financial resources, and cultural barriers. The lack of access to skilled birth attendants, inadequate prenatal and postnatal care, and insufficient healthcare facilities contribute to the high maternal mortality rates observed in these regions (Miller et al., 2020). Efforts to improve maternal healthcare in these settings must address these systemic issues by enhancing healthcare delivery systems, increasing investments in health infrastructure, and promoting community-based interventions to improve access to care (Patel et al., 2020). While there have been notable improvements in global maternal healthcare due to international initiatives, significant challenges remain, particularly in low-resource settings. Addressing these challenges requires continued global commitment and targeted interventions to reduce maternal mortality and improve health outcomes for women and their infants.

2.2.1 Ghanaian Context of Maternal Healthcare

Maternal healthcare in Ghana has witnessed notable improvements in recent years, thanks to various health initiatives and policy reforms. However, substantial challenges remain, particularly in rural and underserved areas such as Northern Ghana. This section explores the current state of maternal healthcare in Ghana, highlighting progress, persistent challenges, and regional disparities.

2.2.2 Progress and Achievements of Maternal Healthcare

Ghana has made significant strides in improving maternal healthcare, driven by efforts from both governmental and non-governmental organizations. The introduction of health policies aimed at reducing maternal mortality and improving access to quality care has contributed to some

progress. For instance, the implementation of the National Health Insurance Scheme (NHIS) has increased access to maternal health services by subsidizing costs for expectant mothers (Ghana Health Service, 2020). Additionally, initiatives such as the Ghana Maternal Health Survey and the Health Sector Medium Term Development Plan have played crucial roles in guiding policy and practice in maternal health (Ghana Health Service, 2020).

2.2.3 Current Statistics and Challenges of Maternal Healthcare

Despite recent advancements, Ghana's maternal mortality rate remains high compared to global standards. As of 2020, the maternal mortality rate in Ghana was estimated at 263 deaths per 100,000 live births, exceeding the global average of 211 per 100,000 live births (World Health Organization, 2021). This disparity highlights persistent challenges within the Ghanaian healthcare system, particularly in rural and underserved regions, where access to quality maternal care is often limited.

2.2.4 Regional Disparities and Challenges of Maternal Healthcare in Northern Ghana

Northern Ghana, particularly the Northern Region, faces significant challenges in maternal healthcare, contributing to its elevated maternal mortality rates. Key barriers include socio-cultural factors, such as preferences for home births and traditional practices, which hinder women's access to skilled care despite the government's provision of free maternal services (Ganle et al., 2015). Additionally, the quality of healthcare services is often inadequate, with rural women perceiving institutional delivery as necessary only in emergencies, leading to underutilization of available services (Galaa & Daare, 2010). Community-level interventions, such as health education, have shown promise in improving knowledge and service uptake, significantly increasing antenatal and postnatal care attendance (Kassim et al., 2023). Furthermore, systemic issues like geographical accessibility and economic disparities exacerbate

these challenges, as rural populations often experience greater obstacles in accessing healthcare compared to urban counterparts (Atror, 2024a). Addressing these multifaceted issues is crucial for improving maternal health outcomes in the region (Edward, 2015).

2.2.5 Healthcare Facility Inadequacies of Maternal Healthcare

One of the primary challenges in Northern Ghana is the inadequate healthcare infrastructure. Many rural areas lack well-equipped health facilities and skilled healthcare providers, which impedes the ability to offer comprehensive maternal care (Mills et al., 2019). The scarcity of functional healthcare centers and trained personnel results in limited access to essential services such as prenatal care, skilled birth attendance, and emergency obstetric care (Mills et al., 2019).

2.2.6 Cultural Practices and Traditional Birth Attendants

Cultural practices significantly influence maternal healthcare in Northern Ghana. Traditional Birth Attendants (TBAs) are commonly relied upon for childbirth in many rural communities, due to cultural preferences and limited access to formal healthcare services (Adongo et al., 2014). While TBAs play a crucial role in these communities, their lack of formal medical training poses risks for both mothers and infants, as they may not be equipped to handle complications that arise during childbirth (Adongo et al., 2014).

2.3 Transportation and Accessibility of Maternal Healthcare Services

The lack of reliable transportation infrastructure in rural areas of Northern Ghana exacerbates the difficulties in accessing maternal healthcare services. Poor road networks and inadequate transportation options hinder timely referrals and emergency interventions, particularly in cases of obstetric emergencies (Binka et al., 2019). This lack of accessibility can result in delays in receiving critical care, contributing to higher maternal and infant mortality rates.

2.3.1 Implications for Policy and Practice on Maternal Healthcare

Addressing the challenges of maternal healthcare in Northern Ghana requires a multi-faceted approach that includes improving healthcare infrastructure, enhancing the training and integration of TBAs, and addressing socio-economic barriers. Policy initiatives should focus on increasing investments in healthcare facilities, expanding access to skilled care, and implementing community-based interventions that address the unique needs of rural populations (Mills et al., 2019). Additionally, targeted programs that promote health education, improve transportation options, and support socio-economic development are essential for reducing maternal mortality and improving health outcomes in these underserved regions.

Access to maternal healthcare in rural communities is influenced by a range of barriers that impede the utilization of services and affect health outcomes. This section provides a review of the major barriers, including cultural beliefs, socioeconomic factors, healthcare infrastructure, and information and literacy challenges.

2.3.2 Cultural Barriers of Maternal Healthcare Access

Cultural beliefs and practices significantly influence maternal healthcare utilization in rural areas, particularly in Northern Ghana. Traditional practices, such as home births and reliance on Traditional Birth Attendants (TBAs), are deeply embedded in the local culture due to longstanding traditions and mistrust of formal healthcare systems (Adongo et al., 2020). Many women in these communities prefer to give birth at home, guided by TBAs, due to cultural preferences and perceived inadequacies in the formal healthcare system.

Studies have shown that these cultural practices are often rooted in historical beliefs and community norms. For instance, supernatural beliefs regarding pregnancy complications can lead women to seek traditional remedies rather than professional medical intervention. This is

exacerbated by gender norms that restrict women's decision-making autonomy regarding their health (Baffoe et al., 2022). The reliance on traditional practices often results in delays in seeking appropriate medical care, which can lead to higher rates of maternal and infant complications.

The impact of these cultural barriers is profound, as they contribute to a lack of trust in modern healthcare systems and hinder the acceptance of necessary medical interventions. Addressing these barriers requires culturally sensitive approaches that integrate traditional practices with formal healthcare services, fostering trust and improving overall maternal health outcomes (Baffoe et al., 2022). Additionally, the continued use of traditional oxytocin, such as "kaligutim," in regions like Tamale and the Northern Region, raises significant concerns regarding its safety and efficacy, particularly during pregnancy and labor. The study conducted in Tamale revealed that a substantial number of midwives have encountered patients using kaligutim to induce labor, despite the unknown safety, dosages, and contraindications associated with its use (Alhassan et al., 2024). This traditional practice contrasts with the broader understanding of oxytocin's role in human physiology and its potential therapeutic applications. Oxytocin, a well-studied neuropeptide, is crucial for facilitating childbirth and has been implicated in various social and cognitive functions, as well as in the treatment of neuropsychiatric disorders(Marazziti et al., 2022) (Carter, 2017). Its effects extend beyond reproduction, influencing social behaviors, stress responses, and even addiction treatment, highlighting its complex role in human health(Lee & Weerts, 2016) (Uvnäs-Moberg & Petersson, 2005). The traditional use of kaligutim, therefore, underscores the need for further research to evaluate its biochemical properties and potential risks, especially given the established benefits and applications of oxytocin in modern medicine. This research could bridge the gap between traditional practices and contemporary medical understanding, ensuring safer and more effective use of oxytocin-related treatments (Alhassan et al., 2024). Despite ongoing education efforts, many women continue to use local oxytocin,

known as kaligutim, to induce labor, which poses significant risks, including uterine rupture. In Tamale, Ghana, a study revealed that 90% of midwives encountered patients using kaligutim, with 22.4% reporting adverse effects such as cessation of contractions(Alhassan et al., 2024). Similarly, a meta-analysis indicated that oxytocin use during labor induction is associated with a higher risk of uterine rupture, particularly in women with a history of cesarean delivery, where the rupture rate was 2.2% compared to 0.7% in spontaneous labor(Zhang et al., 2021). Furthermore, the misuse of oxytocin in rural India highlights a broader issue of inadequate healthcare practices, where it is often administered to expedite labor in overcrowded settings (Karachiwala et al., 2012). These findings underscore the urgent need for improved education and monitoring regarding the use of oxytocin in labor induction to mitigate potential complications (Daniel-Spiegel et al., 2004).

2.4 The preference for home births and traditional practices

The preference for home births and traditional practices is influenced by a complex interplay of cultural, economic, and systemic factors across various regions. In Guatemala, the integration of traditional midwives, or comadronas, into local birthing centers, known as casas maternas, has been successful in providing culturally appropriate care while reducing maternal mortality. These centers allow for the continuation of traditional practices in a safer environment, addressing geographical and financial barriers that often lead women to choose home births (Lievense et al., 2024). Financial barriers significantly hinder women's access to healthcare services, particularly in low- and middle-income countries (LMICs). Pregnant women often face substantial transportation costs and healthcare expenses, which can deter them from seeking hospital deliveries, as highlighted by midwives in Ghana who noted that many women prefer home births due to the financial burden of required items and hospital fees(Ismaila et al., 2023). This aligns with findings from Saxena et al. (2023), who identified economic status as a critical factor

influencing women's healthcare access in LMICs(Saxena et al., 2023). Neugebauer (2023) further emphasizes that financial constraints, such as high deductibles and co-pays, disproportionately affect low-income individuals, exacerbating their challenges in accessing necessary care(Neugebauer, 2024). Additionally, Aleke (2023) discusses how broader economic limitations, including limited financial resources and high interest rates, contribute to these healthcare access issues, particularly for marginalized populations(Aleke, 2024). Thus, addressing these financial barriers is essential for improving maternal healthcare access and outcomes in these regions.

In Pakistan, traditional beliefs, gender inequality, and negative experiences with formal healthcare systems contribute to the preference for home births. Women often perceive childbirth as a natural process best managed at home, supported by traditional birth attendants who offer personalized care (Khalid et al., 2023). Similarly, in Ethiopia, factors such as lack of transportation, poor knowledge of institutional birth benefits, and fear of medical interventions drive the preference for home births. The involvement of husbands in decision-making and negative attitudes towards healthcare services further influence this choice(Alemu et al., 2022). In the Peruvian Amazon, home births are seen as intimate and cost-effective, with cultural practices deeply embedded in the birthing process. Mistreatment in health facilities and lack of culturally adapted services also deter women from institutional births (N et al., 2021). Lastly, in rural areas, the desire for a natural childbirth experience, emotional support from family, and apprehensions about medical interventions reinforce the preference for home births. The authoritative knowledge of older women often influences younger women's decisions, limiting their access to hospital care(Zeeshan, 2022). These studies highlight the need for culturally sensitive healthcare solutions that respect traditional practices while ensuring safety and accessibility.

2.4.1 Perception of Family Planning In low-income and lower-middle-income countries

Cultural and religious perceptions significantly influence family planning (FP) practices across various communities, often creating barriers to contraceptive use. In many low-income and lower-middle-income countries, sociocultural beliefs, including myths and misconceptions, play a crucial role in shaping women's attitudes towards contraception, with religious norms frequently discouraging modern methods in favor of natural ones(Idris et al., 2022)(Cunha, 2022). For instance, in Rwanda, Christianity has been shown to promote abstinence and discourage modern contraceptives, which are often viewed as harmful(Cunha, 2022). Similarly, in Muslim communities in Kenya, differing interpretations of Islamic teachings regarding FP contribute to varied acceptance levels, with cultural preferences for larger families and male children further complicating the issue(Abdi et al., 2020). Additionally, men's perceptions and decision-making authority are pivotal, as many men express concerns about financial constraints and religious limitations, leading to a split in attitudes towards contraception(Ghani et al., 2024). Overall, addressing these sociocultural and religious factors is essential for improving FP uptake and promoting reproductive health(Dash et al., 2024).

2.4.2 Challenges with the National Health Insurance Scheme (NHIS)

Ghana's National Health Insurance Scheme (NHIS) aims to enhance healthcare access but faces significant challenges, particularly for pregnant women who often encounter financial barriers due to uncovered essential medications and services. Interviews with midwives and pregnant women reveal a pervasive mistrust of the NHIS, as many believe it should cover all healthcare costs, leading to reluctance in seeking hospital deliveries due to out-of-pocket expenses for critical drugs like Cytotec (Asem et al., 2024; Adawudu et al., 2024). Despite high satisfaction levels reported among NHIS users, systemic issues such as economic inequalities and inadequate coverage persist, particularly affecting rural populations (Atror, 2024b; Atakorah et al., 2023).

The Free Maternal Healthcare Policy, while intended to alleviate costs, has not fully addressed these barriers, resulting in lower utilization of antenatal care and increased maternal health risk (Adawudu et al., 2024) (Otu et al., 2023). Thus, comprehensive reforms are necessary to improve NHIS effectiveness and ensure equitable access to maternal healthcare services across Ghana (Atror, 2024c; Atakorah et al., 2023).

2.4.3 Male Dominance in Decision-making Autonomy in Maternal Healthcare Access

In Ghana, Khalid et al. found that male dominance in maternal health decisions is primarily driven by cultural, financial, and religious factors, highlighting the need for cultural change to improve women's autonomy in healthcare decisions (Khalid et al., 2024). Similarly, a systematic review by Gebeyehu et al. revealed that decision-making autonomy in maternal health services is generally low in low- and middle-income countries, with socio-demographic factors such as education and income playing significant roles in enhancing autonomy (Gebeyehu et al., 2022). In Tanzania, Masawe et al. reported that only 19% of married women were autonomous in healthcare decisions, with the majority relying on their husbands or others, suggesting that improving socio-economic status could enhance autonomy (Masawe et al., 2019). In Nigeria, Osamor and Grady found that only 6.2% of women made their own healthcare decisions, with most decisions made by husbands, indicating a strong influence of socio-demographic factors and regional differences on decision-making autonomy (Osamor & Grady, 2018). These studies collectively underscore the pervasive influence of male dominance and socio-cultural factors on women's healthcare decision-making autonomy, emphasizing the need for targeted interventions to empower women in these settings.

2.4.4 Socio-economic Barriers to Maternal Healthcare Access

Socio-economic factors further compound the challenges of accessing maternal healthcare in

Northern Ghana. High levels of poverty, high literacy rates, and limited economic opportunities contribute to barriers to seeking timely and adequate care (Tapsoba et al., 2020a). Women in these areas often face financial constraints that prevent them from travelling to healthcare facilities or affording medical services. Additionally, early marriage and adolescent pregnancies are prevalent, further increasing the risks associated with maternal health (Tapsoba et al., 2020b).

Socioeconomic factors are critical determinants of maternal healthcare access in rural Northern Ghana. Poverty, illiteracy, and limited economic opportunities create substantial barriers to accessing healthcare services. Economic constraints often prevent families from affording the costs associated with healthcare services, including transportation to healthcare facilities (Adu-Baffour et al., 2021). This financial burden disproportionately affects women in rural areas, where poverty rates are higher and economic resources are scarce.

Early marriage and adolescent pregnancies are prevalent in these regions and further exacerbate maternal health risks. Early marriages often result in younger women experiencing pregnancy-related complications due to insufficient prenatal care and inadequate access to skilled birth attendants (Osei et al., 2022). The intersection of poverty and early marriage creates a cycle of disadvantage, contributing to higher maternal and infant mortality rates.

Socioeconomic barriers also include the lack of access to education and employment opportunities, which limits women's awareness of and ability to utilize maternal healthcare services. Improving economic conditions and educational opportunities for women is essential for enhancing maternal healthcare access and reducing associated risks (Osei et al., 2022).

2.4.5 Maternal Healthcare Infrastructure

The state of healthcare infrastructure is a significant barrier to accessing maternal healthcare

services in rural communities. In Northern Ghana, healthcare facilities are often poorly equipped, understaffed, and located at considerable distances from many communities (Ghana Health Service, 2020). This inadequacy of facilities impacts the quality of care provided and limits the availability of essential services.

Poor transportation networks further exacerbate the problem, making it difficult for pregnant women to reach healthcare centres promptly. In many cases, inadequate road conditions and limited transportation options hinder access to emergency care, increasing the risk of complications during childbirth (Asare et al., 2021). The lack of essential medical supplies and trained personnel at healthcare facilities also undermines the effectiveness of maternal healthcare services.

Addressing infrastructure-related barriers requires investment in healthcare facilities, improvement of transportation networks, and enhancement of supply chain management to ensure the availability of necessary medical resources (Asare et al., 2021).

2.4.6 Information and Literacy on Maternal Healthcare

Health literacy and access to accurate information are crucial for effective healthcare-seeking behaviour. In rural Northern Ghana, low levels of education and limited access to reliable health information contribute to widespread misinformation about maternal health services (Adongo et al., 2020b). Many women are unaware of the importance of antenatal care, the risks associated with home births, or the benefits of skilled delivery.

The lack of information leads to misconceptions and delays in seeking appropriate care. Addressing these issues requires targeted communication strategies that promote health education and increase awareness about maternal health services. Community-based health

education programs and media campaigns can play a significant role in improving health literacy and encouraging the utilization of formal healthcare services (Amoako et al., 2022).

2.5 Financial Barriers to Maternal Healthcare Access

Ensor and Cooper (2004) highlighted financial barriers as a major determinant of maternal healthcare access in low-resource settings, a theme echoed across multiple studies. Economic barriers, such as high healthcare costs and poverty, significantly limit access to maternal care, particularly in rural Africa, where maternal health outcomes remain poor despite global efforts (Alberta, 2024). In Mozambique, spatial barriers further complicate access, with many women unable to reach maternal healthcare services within a reasonable time, highlighting the need for improved healthcare infrastructure and resource allocation (Li et al., 2024). Similarly, in Kenya's Malindi Sub County, income levels and literacy rates are significant factors influencing maternal healthcare access, with lower income and education levels correlating with reduced access (Kalu et al., 2024). In Nigeria's Zamfara State, socio-demographic factors such as education and income also play a crucial role, with higher levels enhancing access to maternal healthcare services (Akor et al., 2024). These studies collectively underscore the multifaceted nature of barriers to maternal healthcare, emphasizing the need for comprehensive strategies that address financial, educational, and infrastructural challenges to improve maternal health outcomes in low-resource settings. Addressing these barriers through targeted interventions, such as financial assistance programs, educational initiatives, and infrastructure improvements, is essential for achieving better maternal health and equity in healthcare access (Neugebauer, 2024; Alberta, 2024; Li et al., 2024; Kalu et al., 2024; Akor et al., 2024)

2.5.1 The Role of Strategic Public Relations in Healthcare

2.5.2 Overview of Strategic Public Relations (SPR)

Strategic Public Relations (SPR) is a systematic approach that employs communication strategies to influence public perceptions, manage stakeholder relationships, and achieve organizational goals. According to Grunig and Grunig (2000), SPR involves the deliberate planning and execution of communication efforts to align organizational objectives with public interests. Strategic public relations (PR) in the healthcare sector is vital for shaping public attitudes, promoting health behaviors, and enhancing awareness of health services. Effective PR strategies, such as education, media campaigns, and community engagement, are essential for addressing misinformation, particularly highlighted during the COVID-19 pandemic, where misinformation about vaccines significantly impacted public health efforts (Li, 2024). Additionally, PR plays a crucial role in increasing awareness of health programs and hospital services, fostering public trust, and encouraging community involvement (Sumitro, 2023).

Strategic public relations in healthcare, as conceptualized by Grunig, underscores the integration of public relations into the strategic management framework of organizations. This perspective positions PR practitioners as central figures within organizational leadership, enabling them to influence decision-making and align PR efforts with overarching goals and stakeholder needs. Grunig's framework highlights the necessity of viewing public relations as an integral part of leadership and strategic planning within healthcare organizations, reinforcing its role in addressing complex challenges and fostering sustainable stakeholder relationships. Instead of merely disseminating information, PR professionals are encouraged to adopt a proactive and strategic approach that fosters meaningful engagement and aligns organizational objectives with stakeholder expectations (Dottori et al., 2018; Bussy, 2013).

In the healthcare sector, this approach is particularly significant, given the sector's unique challenges, such as promoting organ donation, which necessitates customized and culturally sensitive PR strategies to effectively engage diverse audiences (Guy et al., 2007). Effective strategic PR in healthcare also emphasizes the use of evidence-based practices and measurable performance indicators, which are essential for demonstrating the impact of PR initiatives. This focus on accountability and continuous improvement strengthens the role of PR as a key driver of organizational success (Austin & Pinkleton, 2015).

SPR strategies are designed to address various barriers to healthcare by tailoring messages to specific audiences and leveraging multiple communication channels. For instance, SPR can help bridge gaps caused by cultural differences or socio-economic constraints by crafting messages that resonate with target populations and addressing their unique needs. Effective SPR involves not only message delivery but also the strategic management of relationships with key stakeholders, including patients, healthcare providers, and community leaders (Grunig & Grunig, 2000). This comprehensive approach ensures that health communication efforts are impactful and aligned with broader organizational and public health objectives.

2.5.3 SPR in Maternal Healthcare Access

The application of SPR in maternal healthcare has been shown to significantly enhance service utilization and improve health outcomes. Various case studies demonstrate the effectiveness of SPR strategies in promoting maternal health services. One notable example is the Safe Motherhood Initiative in Ghana, which utilized SPR techniques to increase awareness and improve access to maternal health services (Adongo et al., 2020). The initiative employed media campaigns, community outreach, and stakeholder partnerships to promote antenatal care and

skilled birth attendance. These efforts led to increased service uptake and a notable reduction in maternal mortality rates.

SPR strategies in maternal healthcare often involve multi-faceted approaches that integrate media outreach, community engagement, and advocacy. For example, targeted campaigns that address specific barriers, such as cultural misconceptions or logistical challenges, can effectively enhance the utilization of maternal health services (Adongo et al., 2020). By leveraging various communication tools and techniques, SPR contributes to creating an enabling environment for improved maternal health outcomes. Strategic public relations in maternal healthcare play a crucial role in addressing maternal mortality and improving health outcomes, particularly in marginalized communities. Campaigns like the "Hear Her" initiative in the United States utilize storytelling to raise awareness about urgent maternal warning signs, effectively engaging audiences through digital media and partnerships with maternal health organizations (Behm et al., 2022). In India, strategic health communication initiatives focus on empowering women in urban slums by enhancing their knowledge and access to reproductive health services, thereby addressing socio-economic barriers (Prasad, 2014). Additionally, culturally sensitive communication strategies, such as adapting messages to local languages and utilizing community leaders, are essential for effective maternal health promotion in diverse settings like Nigeria (Omoloso et al., 2018). Overall, tailored communication approaches that consider sociocultural contexts and involve community participation are vital for improving maternal health services and outcomes globally (M. et al., 1991; Constance & Ezeakolam, 2022)

2.5.4 PR Strategies in Health Communication

Public relations (PR) strategies in health communication are essential for effectively addressing public health challenges, such as vaccine hesitancy and misinformation. A multi-criteria

framework highlights five key strategies: provider-patient communication, health education campaigns, social media initiatives, community outreach, and influencer partnerships, with health education campaigns emerging as the most effective against vaccine hesitancy (Esene et al., 2024

Effective PR strategies in health communication include community engagement, targeted health campaigns, and partnerships with local influencers. These strategies are particularly relevant in rural settings, where traditional communication channels and local networks play a significant role in disseminating health information. Community engagement strategies often involve working with local leaders, Traditional Birth Attendants (TBAs), and local media to spread health messages and foster trust (Wakefield et al., 2010a).

For instance, engaging community leaders and TBAs in health communication efforts can help bridge cultural and informational gaps. These local influencers can advocate for the benefits of formal healthcare services and facilitate the dissemination of accurate health information (Wakefield et al., 2010b). Additionally, partnerships with local media outlets can amplify health messages and reach broader audiences, ensuring that critical information is accessible to those who need it most. PR strategies in health communication are crucial in information dissemination, forging trust and engaging communities. Stakeholder engagement by identifying and mapping stakeholders is effective for health communication through understanding their needs and nurturing partnerships emphasizing the importance of two-way communication and collaboration among diverse actors, which enhances strategic communication outcomes and collaboration (Răceanu,2023). Health education campaigns also play a significant role in addressing vaccine hesitancy. Focusing on building trust and credibility significantly influences public perception and behaviour (Esene et al., 2024). Trust in government communication is

essential in healthcare delivery when it is clear and messages are accessible coupled with proactive strategies tackling misinformation is essential for effective public health communication (Panjaitan et al., 2023).

Furthermore, during crises like COVID-19, effective communication strategies, including transparent messaging and empathetic engagement, are vital for maintaining public trust and ensuring consistent information dissemination (Su et al., 2022). In Ghana, a combination of informative and persuasive PR strategies have been employed to tackle vaccine hesitancy, indicating the need for ongoing reinforcement of these efforts (McCarthy et al., 2022).

2.5.5 Impact of PR on Healthcare Access

Public relations (PR) exert a considerable influence on healthcare accessibility by fostering transparency, accountability, and patient involvement. The execution of public reporting systems has been empirically demonstrated to enhance patient experiences and the quality of care, thereby affecting patient preferences and service utilization; however, it may also result in unforeseen consequences (Vukovic et al., 2017). Moreover, the Medicaid expansions stipulated by the Affordable Care Act have significantly augmented healthcare access for low-income demographics, particularly aiding racial and ethnic minorities, thereby mitigating disparities in insurance coverage and the utilization of preventive care (American Association for Cancer Research, 2022). Additionally, the dynamics of public transportation influence the accessibility of healthcare services, as temporal fluctuations in service availability affect healthcare equity, particularly in metropolitan regions (Li et al., 2024). Finally, although the integration of patient web portals holds promise, its adoption remains constrained among underserved populations due to various obstacles, including limited internet access and health information management

practices (Nambisan, 2017). Collectively, these elements highlight the complex role of PR in influencing healthcare access and equity.

Research highlights that well-executed PR campaigns can significantly impact healthcare access and utilization. SPR strategies that address cultural beliefs, provide accurate information, and engage community leaders are particularly effective in increasing the use of maternal health services in rural areas (Stead et al., 2007a). For example, PR campaigns that focus on debunking myths and addressing cultural misconceptions about maternal health can lead to higher rates of service utilization and improved health outcomes.

The effectiveness of SPR in overcoming barriers to healthcare access is evident in various studies. Research demonstrates that PR strategies that emphasize community involvement and partnership-building can facilitate access to healthcare services and enhance overall health outcomes (Stead et al., 2007b). By fostering trust and addressing local concerns, SPR helps to create an environment where individuals are more likely to seek and utilize maternal health services.

2.5.6 Case Studies of Strategic Public Relations in Maternal Healthcare

Successful case studies of strategic public relations in maternal healthcare showcase how innovative communication strategies, coupled with community engagement, can address critical health challenges and improve outcomes. These cases highlight the value of culturally tailored approaches, participatory strategies, and effective use of communication tools in addressing maternal health disparities.

In India, the RACHNA Project (Reproductive and Child Health, Nutrition, and HIV/AIDS) employed behaviour change communication techniques to improve maternal health awareness

and practices. By using multimedia campaigns, interpersonal communication, and local influencers, the project empowered communities with knowledge about antenatal care, skilled delivery, and postpartum health, contributing to a significant improvement in maternal health indicators (Satia, 2014). Similarly, the Sambhav Voucher Scheme in India tackled financial barriers to maternal healthcare by providing vouchers for essential health services, ensuring affordability and accessibility for underserved women (Satia, 2014).

In Brebes, Indonesia, a region grappling with high maternal mortality rates, a strategic communication initiative focused on combating cultural myths and misinformation about maternal health. By building community networks and employing locally relevant messaging, this initiative educated families on maternal health issues, including the importance of facility-based deliveries and antenatal care. This strategy not only increased awareness but also fostered behavioral change by leveraging trust within community structures (Habsari et al., 2016).

In the United States, the Community Action for Prenatal Care (CAPC) Initiative in New York effectively reached high-risk pregnant women, particularly those from marginalized communities, through a participatory approach. The program emphasized the importance of building trust, engaging local stakeholders, and tailoring messages to the unique needs of the target population. By involving women in the development of communication materials and outreach strategies, the CAPC Initiative significantly improved prenatal care uptake among vulnerable groups (Doyle et al., 2006).

The "Hear Her" Campaign, spearheaded by the Centers for Disease Control and Prevention (CDC), demonstrates the power of storytelling in maternal health advocacy. Through real-life stories shared across digital platforms, the campaign raised awareness about maternal warning signs and complications. Its culturally inclusive messaging resonated with diverse audiences,

encouraging women and families to recognize early signs of maternal distress and seek timely care. This campaign achieved widespread engagement and underscored the importance of human-centred communication in public health (Behm et al., 2022).

These examples illustrate how strategic public relations when aligned with local contexts and needs, can overcome barriers to maternal healthcare. By fostering trust, addressing cultural sensitivities, and ensuring accessibility, these initiatives underscore the transformative role of communication in improving maternal health outcomes worldwide.

2.5.7 Theoretical Frameworks

This section provides an in-depth review of key theoretical frameworks that inform the study on Leveraging Strategic Public Relations Principles to Enhance Maternal Healthcare Access: A Case Study of Three Northern Ghanaian Districts.

The frameworks covered include the Health Belief Model (HBM), Grunig's Excellence Theory, Cultural Communication Theory, and Community Engagement Models. These theories collectively inform how public relations can be strategically applied to enhance maternal healthcare access by addressing the various psychological, cultural, and social barriers present in rural Northern Ghana.

2.5.8 Integrating Multiple Frameworks for Maternal Healthcare Communication

This study adopts a multi-theoretical approach to address the complex barriers to maternal healthcare access in rural Northern Ghana. The frameworks include the Health Belief Model (HBM), Grunig's Excellence Theory, cultural communication theory, and Community Engagement Models. Collectively, these frameworks inform how Strategic Public Relations (SPR) can be leveraged to foster trust, address cultural sensitivities, and empower community

participation in maternal healthcare.

The HBM explains individual health behaviors based on perceptions of risk, benefits, and barriers, making it instrumental in understanding why rural women might hesitate to seek professional healthcare. For example, perceived susceptibility to complications during childbirth may be low in communities where home births are normalized, necessitating tailored campaigns that emphasize risks and benefits through relatable stories and culturally appropriate messaging.

Grunig's Excellence Theory emphasizes two-way symmetrical communication, advocating for mutual understanding between healthcare providers and community members. In this context, healthcare organizations must prioritize dialogue over top-down messaging, engaging stakeholders like Traditional Birth Attendants (TBAs), community leaders, and local women's groups to co-create solutions.

Cultural Communication Theory provides a lens for understanding how local norms, beliefs, and values influence maternal healthcare decisions. For example, practices such as "pag pirigibu" (a cultural ritual delaying antenatal care) must be reframed in collaboration with local leaders to align with safe healthcare practices.

Finally, Community Engagement Models underscore the importance of participatory approaches, where community members actively contribute to the design and implementation of healthcare interventions. This integration ensures that solutions are both locally relevant and sustainable. By combining these frameworks, this study creates a comprehensive strategy for overcoming barriers to maternal healthcare access.

2.5.9 Case Studies of PR Principles in Healthcare

Global case studies highlight how Strategic Public Relations (SPR) has successfully addressed

maternal healthcare challenges. For instance, the "Safer Births Initiative" in Uganda employed SPR-driven stakeholder engagement to reduce maternal mortality. The campaign combined grassroots mobilization with media advocacy, ensuring culturally relevant messaging. Community elders and TBAs were trained as advocates, reinforcing the credibility of messages (Nguyen et al., 2018).

Similarly, India's "Janani Suraksha Yojana" program integrated PR principles to promote institutional deliveries among low-income populations. This initiative used mass media campaigns, interpersonal communication, and partnerships with private organizations to address financial and cultural barriers. By positioning maternal healthcare as a shared societal responsibility, the program reduced home births and improved maternal outcomes (Lim et al., 2010).

In Ghana, the "No Woman Should Die While Giving Life" campaign demonstrated the effectiveness of combining media relations with grassroots advocacy. This initiative targeted rural women through community radio programs and townhall meetings, fostering dialogue about the importance of antenatal care and skilled birth attendance (Adomako & Asare, 2021).

2.5.10 Adapting PR Practices in Resource-Limited Settings

In resource-limited settings like Northern Ghana, SPR must be adapted to local realities. For instance, stakeholder mapping is essential for identifying key influencers, such as TBAs, community elders, and local NGOs, who can serve as advocates for maternal healthcare. Mobile technology has also proven invaluable. In Kenya, a program using SMS reminders increased antenatal clinic attendance by 35%, demonstrating the potential of cost-effective communication strategies (Njuguna et al., 2019).

Culturally tailored messaging is another critical adaptation. In Mozambique, community radio programs used local dialects and narratives to address misconceptions about maternal healthcare, increasing trust and service uptake (Kincaid et al., 2013). These examples underscore the need for SPR strategies that respect cultural norms while leveraging accessible communication channels.

2. Health Belief Model (HBM)

The Health Belief Model (HBM), developed by Rosenstock in the early 1960s, is a psychological framework that explains and predicts health behaviors based on individuals' perceptions of health risks, benefits, and barriers (Rosenstock, 1974). The model has been widely applied to understand behaviors related to preventive health actions, such as the uptake of vaccinations and participation in health screening programs. It is particularly relevant for analyzing how people make decisions about engaging with healthcare services, making it a key framework for understanding maternal healthcare utilization.

2.6 Core Constructs of the HBM

The HBM is structured around several key constructs

1. **Perceived Susceptibility**: The belief that one is at risk for a health problem. In maternal healthcare, this could mean women's perceptions of their likelihood of experiencing complications during pregnancy or childbirth (Janz & Becker, 1984).
2. **Perceived Severity**: The belief about the seriousness of a health condition and its potential consequences. For instance, women who understand the severe risks of childbirth complications are more likely to seek professional care (Becker et al., 1977).

3. **Perceived Benefits**: The belief that taking a specific action would reduce the risk of a health issue. In maternal health, this could refer to women believing that antenatal care and professional delivery would reduce the risk of complications (Champion & Skinner, 2008).
4. **Perceived Barriers**: The perceived obstacles that prevent individuals from taking preventive actions. Financial cost, distance to healthcare facilities, and cultural beliefs about childbirth at home can be significant barriers in rural settings (Rosenstock, 1974).
5. **Cues to Action**: External factors that encourage individuals to take action, such as reminders from healthcare providers, public health campaigns, or media messages (Glanz et al., 2008).

2.6.1 Application of HBM to Maternal Healthcare

The HBM provides a valuable framework for understanding the behavior of women in rural Ghana regarding maternal healthcare. Perceptions of susceptibility to maternal complications and the severity of these complications are likely to shape the decisions women make about seeking professional care. However, barriers such as financial constraints, the cost of transportation, and cultural factors like preference for Traditional Birth Attendants (TBAs) often prevent women from seeking timely care.

The model also suggests that the perceived benefits of skilled care, such as reduced mortality and healthier outcomes, need to outweigh these barriers for women to seek medical attention. In rural settings, public health campaigns that address these perceptions—such as educating women about the benefits of professional care and addressing the barriers through cost-reduction strategies or improved transportation—are crucial.

2.6.2 Integration of HBM with Strategic Public Relations (SPR)

The integration of the HBM with Strategic Public Relations (SPR) offers a comprehensive approach to maternal healthcare communication. **SPR**, as defined by Grunig (2000), is about

managing relationships with key stakeholders through effective communication strategies that influence public perceptions and behaviors. By aligning the HBM's focus on individual perceptions with SPR's emphasis on strategic communication, public health campaigns can be designed to shift public attitudes and behaviors regarding maternal healthcare.

SPR can leverage HBM constructs by;

- **Addressing Perceived Barriers**: SPR campaigns can work to overcome barriers by advocating for solutions such as free or subsidized healthcare services, transportation assistance, and community-based care programs.
- **Enhancing Cues to Action**: SPR strategies can use media, community leaders, and healthcare providers to remind women to seek antenatal care and deliver in health facilities. Additionally, culturally appropriate messages that use trusted local figures, such as TBAs, to share these messages may increase their credibility and effectiveness.

Combining HBM with SPR, maternal healthcare interventions can target not just individual behaviors but also community-level changes, creating an environment where women feel empowered to take preventive health actions.

2.6.3 Grunig's Excellence Theory

Grunig's Excellence Theory, developed in the 1980s, posits that effective public relations is based on symmetrical communication, which fosters mutual understanding between organizations and their stakeholders (Grunig, 2008). Symmetrical communication is essential in building high-quality relationships that are rooted in trust, transparency, and shared decision-making. In the context of maternal healthcare, Excellence Theory underscores the importance of engaging both healthcare providers and rural communities in a two-way communication process

that respects local cultural norms and empowers communities.

2.6.4 Application to Maternal Healthcare

Grunig's theory advocates for public relations strategies that are not just one-way campaigns but rather involve dialogue and mutual understanding. In the case of maternal healthcare in Northern Ghana, this involves engaging communities through open discussions, listening to their concerns, and adjusting healthcare services to better meet their needs.

However, critiques of Excellence Theory argue that its focus on organizational effectiveness may overlook the importance of cultural context in communication (Kenny, 2017). In resource-limited settings, cultural differences in healthcare perceptions, such as the preference for TBAs, require public relations strategies that account for these local dynamics. This gap is addressed by integrating Cultural Communication Theory.

2.6.5 Cultural Communication Theory

Cultural Communication Theory, proposed by Dutta (2008), emphasizes the need for communication strategies to be culturally sensitive, particularly when addressing marginalized populations. The theory argues that communication should not only be contextually relevant but also empower marginalized communities by considering their cultural values and traditions. In the context of Northern Ghana, where cultural norms strongly influence maternal healthcare decisions, it is crucial that health communication strategies respect and work within these cultural frameworks.

2.6.6 Application to Maternal Healthcare

In rural Northern Ghana, the integration of Traditional Birth Attendants (TBAs) into formal healthcare systems is crucial for improving maternal health outcomes, as these local figures are

often more trusted than institutional healthcare providers. Research indicates that community-level interventions, including health education led by TBAs, significantly enhance the utilization of maternal healthcare services, with women receiving such education showing increased odds of attending antenatal care and skilled delivery services (Kassim et al., 2023). Furthermore, the collaborative health promotion approach emphasizes the necessity of working with local community structures to build trust and address cultural beliefs surrounding childbirth(Adam et al., 2021). The ongoing reliance on TBAs, despite the government's ban on their services, highlights the need for a partnership model that retrains TBAs and integrates them into the healthcare system, thereby leveraging their cultural significance to improve health outcomes(Haruna et al., 2019). This approach aligns with Cultural Communication Theory, which advocates for culturally appropriate health messaging to ensure community receptiveness(Tabong et al., 2021)(Ahenkan et al., 2019).

2.6.7 Community Engagement Models

Community engagement models focus on involving local stakeholders in the planning and implementation of healthcare strategies. These models, developed in the 1990s, stress the importance of recognizing community input as a critical resource for reshaping power dynamics and ensuring that health interventions are both relevant and sustainable (Dutta, 2013).

2.6.8 Application to Maternal Healthcare

Community engagement in maternal healthcare in Northern Ghana is crucial for addressing the unique challenges faced by rural populations. Participatory approaches, such as community-based health education campaigns and workshops, have effectively improved maternal health outcomes by fostering local involvement in healthcare design and implementation (Sá et al., 2024) (Alhassan et al., 2019). For instance, the Gbanko case study highlights significant

improvements in maternal health indicators, including zero maternal deaths and high antenatal attendance, attributed to active community participation (Galaa et al., 2015). Furthermore, systematic community engagement interventions have enhanced healthcare quality perceptions and service utilization, thereby increasing the acceptance and sustainability of maternal health programs(Alhassan et al., 2016) (Dougherty et al., 2018). By integrating local knowledge and addressing cultural preferences, such as the reliance on traditional birth attendants, healthcare systems can become more responsive and effective in meeting the needs of these communities(Sá et al., 2024) (Alhassan et al., 2019).

2.6.9 Integrating the Frameworks: A Comprehensive Approach to Maternal Healthcare

Integrating Grunig's Excellence Theory, Cultural Communication Theory, Community Engagement Models, and HBM into a cohesive SPR strategy provides a robust approach to addressing the complex barriers to maternal healthcare in Northern Ghana. This integration allows for:

- **Symmetrical Communication and Trust-Building**: Ensuring that communication between healthcare providers and communities is two-way, fostering trust and respect.
- **Culturally Sensitive Strategies**: Designing interventions that respect cultural norms and beliefs, thereby ensuring healthcare messages are more relatable and impactful.
- **Community Empowerment**: Actively involving local communities in shaping healthcare strategies, making interventions more effective and sustainable.

Integrating these frameworks, the study aims to leverage SPR to overcome cultural, logistical, and psychological barriers to maternal healthcare, ultimately improving healthcare outcomes and reducing maternal mortality rates in rural Ghana.

2.7 The Role of Public Relations in Healthcare; An Integrated Approach

Public relations in healthcare has evolved into a strategic discipline that effectively utilizes health communication theories, particularly the Socio-Ecological Model (SEM), to tackle complex public health issues. The SEM emphasizes the interplay of individual, community, and policy-level factors influencing health behaviors, making it particularly relevant for addressing healthcare access barriers in culturally diverse regions like Northern Ghana("Health Communication Theory in Public Relations", 2023). Recent advancements in public health communication, including social marketing and interactive decision support systems, have demonstrated the potential to positively influence health outcomes by tailoring messages to specific populations(Maibach & Holtgrave, 1995). Moreover, the integration of mass communication theories with adaptive strategies has proven effective in overcoming barriers such as cultural resistance and misinformation, thereby enhancing public trust and engagement in health initiatives(Danmaisoro & Eledi, 2024)(Odongo, 2024). Ultimately, a multi-channel approach that combines traditional and digital media, alongside community involvement, is essential for fostering health equity and improving public health behaviours (McKeever, 2024)(Odongo, 2024).

2.7.1 Theoretical Foundations of Health Communication in PR

Health communication theories provide structured frameworks for crafting effective PR strategies. The SEM’s emphasis on interconnected social and cultural contexts enables health practitioners to design interventions that resonate with target audiences. For example, in maternal health campaigns, recognizing the influence of family dynamics and community norms has been crucial for fostering acceptance of professional healthcare services (Bronfenbrenner, 1994).

The **Health Belief Model (HBM)** has also guided campaigns aimed at mitigating vaccine hesitancy. By addressing perceived susceptibility, severity, and barriers to action, PR

practitioners can counteract misinformation and build trust. During the COVID-19 pandemic, the HBM informed global efforts to increase vaccine uptake, particularly among hesitant populations (Rosenstock, 1974; Betsch et al., 2020). Similarly, the **Theory of Planned Behavior (TPB)**, with its focus on attitudes, norms, and perceived control, has proven effective in promoting health-seeking behaviors like antenatal care in rural communities (Ajzen, 1991).

2.7.2 Case Studies of Effective PR in Healthcare

The integration of theory and practice has yielded measurable success in healthcare PR initiatives worldwide. For example, during the COVID-19 pandemic, the **Ghana Health Service (GHS)** utilized a dual approach that combined traditional media, such as radio broadcasts and community announcements, with digital outreach via social media and SMS notifications. This strategy successfully countered vaccine hesitancy by engaging trusted local leaders and health advocates, ensuring that messages were culturally relevant and credible (McCarthy et al., 2022).

In Kenya, digital health outreach campaigns have demonstrated the effectiveness of mobile technology in resource-limited settings. SMS reminders and voice messages, delivered in local languages, increased antenatal clinic attendance by addressing logistical barriers and reinforcing the importance of maternal care (Tully et al., 2018). Similarly, community-led storytelling interventions in Uganda used traditional narratives to address stigma associated with hospital deliveries, fostering trust and increasing facility-based births (Kalibala et al., 2017).

2.7.3 Adapting PR Strategies for Maternal Healthcare Access in Resource-Limited Settings

In resource-constrained environments, innovative and adaptable PR approaches are critical. Traditional communication channels, such as radio and community theater, remain pivotal for disseminating health messages in rural areas where digital access is limited. Visual aids, including posters and murals, are also effective in conveying health information to populations with low literacy levels (Laverack & Keshavarz Mohammadi, 2011).

Collaborating with traditional leaders and birth attendants amplifies the reach and credibility of PR efforts. Feedback mechanisms, such as mobile-based surveys and community forums, further enhance engagement by enabling healthcare providers to adapt their messages to community needs. These cost-effective strategies ensure that healthcare PR remains impactful despite financial and infrastructural constraints (World Health Organization, 2019).

2.7.4 Integrating Theory and Practice for Enhanced Maternal Healthcare Outcomes

The integration of health communication theories with practical applications in PR has demonstrated significant potential for improving health outcomes. Studies show that combining evidence-based frameworks like the SEM with localized PR strategies enhances public knowledge, encourages health advocacy, and fosters behavioral changes, such as increased vaccination rates and improved maternal care utilization (Nutbeam, 2000).

Moreover, PR's ability to build trust and strengthen community engagement has proven crucial during health crises. By aligning communication strategies with local cultural values and leveraging existing social networks, PR initiatives can foster resilience and empower communities to actively participate in their healthcare (Tones & Tilford, 2001).

Strategic public relations, guided by health communication theories and adapted to local contexts, holds immense potential for addressing healthcare disparities in resource-limited settings. The integration of cost-effective, culturally sensitive approaches can bridge communication gaps and improve health outcomes, particularly in underserved regions like Northern Ghana. These insights underscore the importance of theory-driven, practice-oriented PR in advancing health equity and resilience on a global scale.

2.7.5 Adapting Public Relations Practices for Health Communication in Resource-Limited Settings

Effective health communication strategies in resource-limited settings increasingly adapt public relations (PR) practices to address health disparities and enhance community engagement. For instance, the Ghana Health Service employed a combination of informative, motivational, and persuasive PR strategies to combat COVID-19 vaccine hesitancy, utilizing both traditional and social media platforms (Donkoh et al., 2023). Similarly, the CDC's Community Approaches to Reducing Sexually Transmitted Disease initiative highlights the importance of community engagement, emphasizing elements such as open communication and diverse sector participation to address health disparities (Rhodes et al., 2021). Furthermore, community engagement interventions in low- and middle-income countries have shown mixed effectiveness, with successful outcomes linked to social norm changes and community empowerment (Questa et al., 2020). These strategies, while promising, face challenges like resource constraints and sociopolitical instability, necessitating ongoing adaptation and reinforcement to ensure sustainable health outcomes (Hosking, 2020)(Wetmore & Marin, 2020).

2.7.6 Community Engagement; a Core Strategy for Maternal Healthcare

Community involvement has emerged as a cornerstone of health communication in underserved contexts, ensuring that interventions resonate with local populations. Engaging local leaders and influencers is particularly instrumental in fostering trust and acceptance of health messages. For instance, maternal health campaigns in rural Ghana have demonstrated how traditional leaders can play a pivotal role in advocating antenatal care services, bridging the gap between modern healthcare practices and entrenched cultural norms (Naghiloo, 2023).

Another key aspect of community engagement involves employing peer educators, who often share similar lived experiences with the target audience. This approach enhances the relatability

and credibility of health messages. For example, using local women as maternal health advocates in India has significantly improved prenatal service utilization and fostered greater trust in healthcare providers (Pt & Dl, 2001).

In addition to engaging leaders and peers, participatory approaches also prove highly effective. When communities are involved in co-creating communication materials such as radio scripts or educational posters, the resulting messages are more likely to reflect local values and address specific concerns. Participatory design workshops in Kenya for HIV/AIDS awareness campaigns have successfully reduced stigma and increased testing rates, showcasing the importance of culturally tailored interventions.

2.7.7 Public Relations in Maternal Healthcare Communication

2.7.8 Integrating PR Theory with Practical Applications

Public Relations (PR) theories, particularly Grunig and Hunt's Excellence Theory, provide a robust framework for analyzing and improving maternal healthcare communication. This theory advocates for two-way symmetrical communication, emphasizing dialogue and mutual understanding between healthcare providers and their audiences. In resource-limited settings, this approach fosters trust and enables healthcare providers to address cultural, systemic, and economic barriers effectively (Grunig & Hunt, 1984).

For example, a study by McKee et al. (2020) highlights how participatory communication models inspired by PR principles have improved maternal health outcomes in sub-Saharan Africa. By actively involving community members in campaign planning and execution, such models ensure that interventions are culturally sensitive and locally relevant. Additionally, PR strategies like relationship-building and targeted messaging can bridge gaps in healthcare delivery, especially in contexts where mistrust and misinformation prevail (Freimuth & Quinn,

2004).

2.7.9 Case Studies of PR Principles in Healthcare

Case studies from global healthcare initiatives demonstrate the practical applications of PR principles in promoting maternal health. The "Safer Births Initiative" in Uganda employed strategic messaging and stakeholder engagement to reduce maternal mortality rates. This campaign combined media advocacy with grassroots mobilization, ensuring that healthcare messages reached even the most underserved communities (Nguyen et al., 2018). The campaign's success underscores the importance of aligning PR strategies with community values and leveraging trusted intermediaries, such as Traditional Birth Attendants (TBAs), to enhance message credibility.

In India, the "Janani Suraksha Yojana" program incorporated PR principles to encourage institutional deliveries among low-income populations. The program used mass media campaigns, interpersonal communication, and public-private partnerships to address misconceptions and financial barriers. By positioning maternal healthcare as a shared community responsibility, the initiative achieved significant reductions in home births and maternal mortality (Lim et al., 2010).

2.7.10 Successful Health Communication Strategies

Effective health communication strategies often draw on PR methodologies to ensure clarity, relevance, and audience engagement. Visual aids, for instance, are widely used to overcome literacy barriers. A study by Adu-Baffour et al. (2021) in Ghana revealed that visual demonstrations, such as posters illustrating danger signs during pregnancy, significantly improved health literacy among rural women. This aligns with findings by Green et al. (2020), who emphasize the role of visual storytelling in simplifying complex medical information.

Social media has emerged as a critical tool for maternal healthcare communication, particularly in urban and peri-urban areas. A Nigerian campaign utilized WhatsApp groups to deliver prenatal care reminders, facilitate peer discussions, and provide real-time access to healthcare advice (Eze et al., 2022). Such strategies align with PR principles of creating interactive and supportive communication ecosystems that foster trust and engagement.

2.7.11Adapting PR Practices to Resource-Limited Settings

Adapting PR practices to resource-constrained environments necessitates an understanding of local contexts and the creative use of available resources. Stakeholder mapping is crucial for identifying influential actors, such as TBAs, community elders, and local NGOs, who can champion maternal healthcare initiatives. PR strategies must also be culturally adaptive to resonate with target populations. For instance, engaging community leaders to reinterpret traditional practices like “pag pirigibu” in Northern Ghana can help promote timely antenatal care while respecting local customs (Titaley et al., 2010).

Mobile technology has proven to be an invaluable resource in such settings. In Kenya, a mobile-based program called "mHealth for Mothers" used SMS reminders to encourage antenatal visits and postnatal care. The program reported a 35% increase in clinic attendance among pregnant women, demonstrating the potential of low-cost PR-driven strategies to overcome systemic barriers (Njuguna et al., 2019). Similarly, community radio has been effectively employed in Mozambique to disseminate maternal health messages, with a focus on engaging male partners in decision-making processes (Kincaid et al., 2013).

2.7.12 Ethical Considerations in PR-Driven Healthcare Communication

Ethical considerations are paramount when applying PR principles to maternal healthcare. Transparency, inclusivity, and respect for cultural norms are essential to building trust and

fostering sustained engagement. Researchers like Freimuth et al. (2001) argue that ethical PR practices must prioritize the well-being of target populations over organizational goals. For example, campaigns should avoid sensationalism or stigmatization, focusing instead on empowering women and their communities through participatory approaches.

Public Relations principles, when integrated into maternal healthcare communication, provide a powerful framework for addressing systemic and cultural barriers. By leveraging tools such as stakeholder engagement, culturally sensitive messaging, and accessible communication channels, PR-driven strategies can significantly enhance healthcare outcomes. Future interventions should emphasize participatory planning, ethical communication, and continuous feedback to ensure sustainability and impact. This approach not only aligns with global best practices but also positions PR as a vital tool for advancing maternal health in resource-limited settings.

2.7.13 Leveraging Technology in Health Communication

The integration of technology into PR-driven health communication strategies has significantly enhanced outreach efforts, particularly in resource-limited settings. Digital platforms offer scalable and cost-effective solutions to overcome geographical and infrastructural barriers.

One prominent example is the use of mobile technology to deliver health messages directly to underserved populations. SMS reminders for antenatal care appointments, often delivered in local dialects, have been effective in increasing service uptake in regions such as rural Kenya (Gaysynsky et al., 2022). Social media platforms further complement these efforts by enabling real-time engagement with younger demographics, offering opportunities for interactive health education.

Moreover, innovative campaigns that employ digital segmentation and microtargeting

demonstrate the potential of tailored messaging. For instance, a mobile health initiative in South Africa utilized geolocation data to send HIV prevention messages to high-risk populations, yielding significant improvements in behavioural outcomes (Gaysynsky et al., 2022). Gamified health education apps and interactive videos further enhance user engagement, promoting the retention of critical health information.

In addition to communication, technology also enhances service delivery through telemedicine and virtual training programs. These initiatives have extended the reach of healthcare services and improved the capacity of healthcare workers in remote regions, addressing logistical and human resource challenges effectively.

2.7.14 The Role of Cultural Sensitivity

Cultural adaptability is essential to the success of health communication strategies. Messages that align with local norms, values, and linguistic preferences are more likely to be accepted and acted upon. For example, tailored messaging that incorporates culturally relevant symbols and storytelling techniques has proven particularly impactful. A maternal health campaign in Ethiopia demonstrated this by using traditional proverbs to emphasize the benefits of antenatal care, resonating deeply with rural communities (Naghiloo, 2023).

Equally important is the incorporation of feedback mechanisms to refine communication strategies. Systems such as mobile surveys and community forums provide valuable insights into how messages are received and understood. During an Ebola awareness campaign in Sierra Leone, feedback from local communities led to the inclusion of more explicit messaging about burial practices, addressing a critical cultural barrier to containment efforts ("Effective communication for NCD prevention and control," 2023). These iterative processes ensure that health messages remain relevant and effective over time.

2.7.15 Navigating Challenges of Health Communication in Resource-Limited Settings

In resource-limited settings, the adaptation of public relations (PR) practices for health communication faces significant challenges, including resource constraints, sociopolitical instability, and misinformation. These challenges necessitate innovative strategies and adaptive approaches to ensure effective communication. For instance, the Ghana Health Service employed a mix of informative, motivational, persuasive, and coercive PR strategies across traditional and social media to combat COVID-19 vaccine hesitancy. However, the sustainability of these efforts remains uncertain without continuous reinforcement (Donkoh et al., 2023). Similarly, in Zambia, the implementation of the CDC/Partner Program for HIV prevention highlighted the importance of a collaborative structure and the "Training the Trainers" model to overcome resource limitations, though structural constraints like funding and personnel shortages persisted (Jones et al., 2015). In Nigeria, diverse PR strategies, including media relations and collaboration with healthcare providers, were used to promote COVID-19 vaccine acceptance, but these efforts were perceived as ineffective due to persistent hesitancy and other challenges (Faith, 2024). Effective health communication in these contexts requires not only strategic PR approaches but also community engagement, leveraging local influencers and leaders to build trust and reduce misinformation (Faith, 2024). Moreover, integrating public-private partnerships and social marketing techniques can enhance the linkage between communication and health service delivery, addressing both immediate and long-term public health goals (Haider, 2005) (Faus et al., 2024). Overall, while promising strategies exist, their success in resource-limited settings hinges on addressing underlying structural and sociopolitical barriers through sustained, adaptive, and community-focused efforts.

2.7.16 Resource Constraints of Health Communication

Financial limitations and inadequate infrastructure significantly hinder the scalability of health

communication efforts in resource-limited settings, restricting access to essential tools and personnel, which diminishes the effectiveness of health campaigns (Mbata, Makhubela, & Akinmoladun, 2024). Partnerships with NGOs and local community groups are vital in addressing these challenges, as they provide the necessary funding, technical expertise, and logistical support, thereby enhancing the capacity of health initiatives (Greve, Goss, & Ndirangu, 2021). Community-based interventions, particularly those utilizing mobile health (mHealth) technologies, have emerged as cost-effective solutions, exemplified by SMS reminders for antenatal care and immunizations that effectively bridge gaps in rural healthcare access (Mbata et al., 2024; Braa, Sæbø, & Øverby, 2010). Furthermore, decentralized communication strategies that empower local leaders to disseminate health messages ensure cultural relevance and minimize costs, thereby reaching underserved populations more effectively (Favor, Howard, & Tatu, 2012; Fernández, Romero, & Delgado, 2009). These collaborative and innovative approaches are essential for improving health outcomes in these challenging environments.

2.7.17 The impact of Sociopolitical Instability on Health Communication

Conflict-affected regions pose unique challenges to health communication efforts, as insecurity and disrupted governance structures frequently impede the implementation of health initiatives (Owusu-Ansah et al., 2023). Political instability can lead to the displacement of communities, breakdowns in healthcare infrastructure, and reduced trust in official messaging.

In such contexts, resilient approaches are essential. Empowering community health workers (CHWs) to act as both health providers and communicators ensures that essential health messages continue to reach target populations despite systemic disruptions. Establishing localized networks and grassroots communication channels further enhances the continuity of health messaging under unstable conditions (Mamo et al., 2024). For example, CHWs in

conflict-prone regions of Sub-Saharan Africa have successfully disseminated health messages through informal community meetings, maintaining public health awareness even during periods of crisis.

2.7.18 Misinformation and Trust of Health Communication

The proliferation of health misinformation, particularly on social media, significantly undermines public trust and complicates health communication efforts, especially in resource-limited settings. Research indicates that exposure to misinformation correlates with increased vaccine hesitancy and decreased vaccination rates, necessitating targeted interventions to promote accurate health information(Zaifuddin et al., 2024). Enhancing health literacy is crucial, as individuals with higher health literacy demonstrate greater resilience to misinformation, enabling them to critically evaluate health information(Rosário et al., 2024). Furthermore, engaging trusted local figures, such as community leaders and peer educators, can bridge the trust gap between public health officials and communities, thereby enhancing the credibility of health messages(Baigrie & Mercuri, 2024). A multilayered approach, including policy-level transparency regulations and educational programs, is essential to reshape the information environment and combat misinformation effectively(Heiss et al., 2024).

2.7.19 Adapting and Sustaining Health Communication Efforts in Resource-Limited Settings

Adapting and sustaining health communication efforts in resource-limited settings necessitates a comprehensive approach that addresses financial, logistical, and sociopolitical barriers. Innovative strategies, such as mobile health (mHealth) technologies and community-based interventions, have proven effective in enhancing healthcare access and improving health literacy, as demonstrated by the integration of telemedicine and community health workers (Mbata et al., 2024). Effective communication tailored to local contexts, utilizing digital

platforms and culturally sensitive messaging, can empower communities and facilitate behaviour change, thereby promoting health education(Udoudom et al., 2023). Additionally, frameworks like PLAN emphasize the importance of learning, adapting, and nurturing interventions to ensure their sustainability(Iwelunmor et al., 2023). The use of omni-channel strategies, including gamification and real-time analytics, has also shown promise in engaging users and improving health-seeking behaviours (Hazra-Ganju et al., 2023). Ultimately, a multifaceted approach that combines these elements can foster sustainable health communication initiatives in resource-limited settings(Gupta et al., 2019). The integration of community-driven initiatives significantly enhances health communication strategies by fostering local ownership and accountability, as evidenced by programs like m4RH (Mobile for Reproductive Health), which utilize continuous stakeholder engagement and real-time data collection to adapt content to user needs and promote sustainability within national healthcare frameworks(Rambau et al., 2024) (Eyitayo et al., 2024). Community-led monitoring (CLM) models exemplify this approach, emphasizing independent data collection and advocacy to improve service delivery and accountability(Rambau et al., 2024). Furthermore, leveraging local social networks and respected figures as communicators amplifies the reach of health initiatives, leading to improved health outcomes, particularly in resource-limited settings(Partiwi, 2024). The incorporation of technology, such as mobile applications and telehealth services, not only facilitates access to healthcare resources but also empowers individuals, fostering community resilience and agency in health management(Jikiemi, 2024) (Udoudom et al., 2023). Thus, a multifaceted approach that combines community engagement, technology, and culturally sensitive communication is essential for effective health interventions.

1. **Fostering Multisector Community Partnerships (MCPs)**

Multisector community partnerships (MCPs) are essential for enhancing health interventions in

resource-limited settings by aligning diverse stakeholders towards common health goals. Research indicates that MCPs effectively address social determinants of health (SDOH) through coordinated actions, resource sharing, and capacity-building initiatives, which are crucial for promoting health equity and community resilience(DePriest et al., 2024) (Wiggins et al., 2024). For instance, community-based participatory research (CBPR) approaches have been successfully employed in vaccination campaigns, engaging local leaders and organizations to foster trust and culturally relevant messaging, thereby overcoming logistical barriers and community mistrust(Zhang et al., 2024). Additionally, community health programs (CHPs) serve as platforms for delivering primary health care services, enhancing access and modifying SDOH, which is vital for achieving universal health coverage(Khatri et al., 2024). The effectiveness of these partnerships is further evidenced by improved maternal and child health service uptake through community-based interventions, highlighting the importance of community engagement and tailored strategies(Maluka et al., 2023).

2. Integrating Community Engagement and Culturally Sensitive Messaging

Integrating community engagement with culturally sensitive messaging is essential for enhancing health communication strategies, particularly in vaccination initiatives. Research indicates that tailored communication reflecting local languages and cultural values significantly boosts vaccine acceptance, especially in marginalized communities. For instance, Ippili et al. (2024) highlight how culturally aligned campaigns improved vaccine uptake in rural areas with high health illiteracy. Karras et al. (2023) further emphasize the importance of community-driven vaccine messaging, noting that trusted voices and interpersonal discussions are vital for effective communication. Additionally, participatory approaches, such as those employed in Prokopovich et al. (2023), demonstrate the effectiveness of co-designing health interventions with community members to address specific cultural beliefs and barriers. Overall, these strategies foster trust,

ownership, and sustainability in health initiatives, ultimately leading to improved health outcomes(Karras et al., 2024) (Lakhan, 2024) (Prokopovich et al., 2024).

2.8. The Role of Transparency and Stakeholder Engagement in Health Communication Sustainability

Transparency and stakeholder engagement are pivotal for the success of sustainability initiatives across various sectors, including health communication and community-based projects. Nadzmy (2024) emphasizes that clear communication fosters accountability and trust among stakeholders, which is essential for maintaining support and motivation in health programs. This principle is echoed in Machuma et al. (2024), where stakeholder engagement significantly enhances the sustainability of community-based water projects, increasing the likelihood of success by nearly 4.8 times. Similarly, Ishola et al. (2024) propose a communication framework that prioritizes transparency and trust-building, crucial for community acceptance in renewable energy projects. Furthermore, Maccioni et al. (2024) highlight the importance of engaging diverse stakeholders through strategies like listening and collaboration to align efforts towards sustainable development. Overall, effective communication and engagement not only address challenges but also reinforce stakeholder commitment, ultimately enhancing program resilience and sustainability(Machuma et al., 2024) (Maccioni et al., 2024) (Ishola et al., 2024) (Bruno, 2024) (Agrawal et al., 2024).

2.8.1 Using Mixed-Methods Approaches for Strategic Planning

Mixed-methods approaches—combining quantitative and qualitative research—are invaluable for identifying the barriers and facilitators of health communication programs in resource-limited settings. Kepper et al. (2024) emphasize the importance of employing these approaches to understand the socio-cultural, economic, and logistical factors influencing health outcomes.

For instance, qualitative methods such as focus groups and ethnographic studies can uncover cultural nuances that inform the design of health messages, while quantitative data can measure program reach and impact. Together, these insights support strategic planning and ensure that interventions are evidence-based and contextually relevant. By continuously refining strategies through mixed-methods evaluation, health programs can remain adaptive to evolving community needs and challenges.

5. Bridging Health Disparities Through Adaptive Practices

The integration of adaptive public relations practices, community engagement, and strategic partnerships is essential for addressing health disparities in resource-limited settings. Stover et al. (2024) emphasize an iterative program design approach that fosters continuous learning and adaptation, which is crucial for sustainable health outcomes(Stover et al., 2024). This aligns with Ault-Brutus and John's findings on the importance of trust and strategic planning in cross-sector collaborations, such as the Health Equity Taskforce, which effectively addresses broader health disparities through community involvement(Ault-Brutus & John, 2024). Additionally, leveraging digital health marketing strategies can enhance access to health information, as proposed by Usuemerai et al., who highlight the role of digital tools in promoting preventive measures and engaging communities(Usuemerai et al., 2024). Furthermore, Trigwell et al. illustrate how community anchor organizations can build trust through culturally relevant activities, thereby facilitating deeper engagement with marginalized groups (Trigwell et al., 2024). Addressing systemic challenges, including resource constraints and misinformation, remains critical for ensuring the effectiveness of these initiatives (Turk et al., 2024).2.8.2 Gaps in the Literature

2.8.3 Identifying Research Gaps

Despite the growing body of literature on maternal healthcare and the role of public relations in health promotion, significant gaps remain in understanding the integration of Strategic Public Relations (SPR) strategies with theoretical models, such as the Health Belief Model (HBM), specifically within the context of rural Ghanaian communities. The also exists insufficient evidence on the long-term impact of SPR strategies. This research aims to address these gaps by evaluating tailored interventions in Northern Ghana.

2.8.4 Lack of Integration of SPR with Theoretical Models

The integration of Strategic Public Relations (SPR) principles with theoretical frameworks like the Health Belief Model (HBM) is crucial for addressing barriers in maternal healthcare, particularly in rural settings such as Northern Ghana. Existing literature emphasizes the need for tailored communication strategies that consider cultural, socioeconomic, and infrastructural challenges. For instance, the Persuasive Communication Model, which combines mass communication theories with AI-driven personalization, has shown significant success in increasing vaccine uptake by over 20% in isolated communities, highlighting the importance of context-specific messaging(Danmaisoro & Eledi, 2024). Additionally, studies on public relations strategies during the COVID-19 pandemic reveal that building trust and engaging communities are essential for combating misinformation and enhancing health communication effectiveness(Li, 2024). Furthermore, research indicates that utilizing traditional media alongside modern platforms can bridge knowledge gaps in rural populations, thereby improving health outcomes(Obateru et al., 2024)(Ippili et al., 2024). Thus, a systematic application of HBM within SPR frameworks could refine communication strategies to effectively address unique local barriers in maternal healthcare(Esene et al., 2024).

2.8.5 Limited Evidence on Long-term Impact

Another critical gap is the lack of evidence on the long-term impact of SPR strategies that are guided by theoretical models like the HBM on maternal health outcomes. Most studies tend to focus on short-term outcomes, such as increased awareness or service uptake, without assessing the sustained effects of these interventions on maternal mortality rates, healthcare behaviours, and overall health outcomes over extended periods. Research that evaluates the effectiveness and sustainability of such interventions is sparse, particularly in low-resource settings where ongoing evaluation is crucial for understanding and improving long-term health outcomes (Osei et al., 2022).

2.8.6 Insufficient Focus on Rural Communities

Moreover, there is a notable scarcity of research focused on rural communities in Ghana, where the challenges and barriers to maternal healthcare are particularly pronounced. The existing literature often emphasizes urban or semi-urban contexts, which may not accurately reflect the unique issues faced by rural populations. Studies that specifically address the integration of SPR with HBM to tackle barriers in rural Ghanaian communities are limited, highlighting the need for more localized research that considers the distinct socio-cultural and infrastructural factors influencing maternal healthcare (Ghana Health Service, 2020; Mills et al., 2019).

2.8.7 Justification for the Study

This study aims to address the aforementioned gaps by investigating how SPR strategies, informed by the Health Belief Model, can be effectively leveraged to enhance maternal healthcare in three selected districts in Northern Ghana. By exploring the integration of theoretical models with practical SPR strategies, this research seeks to:

1. Advance Theoretical Application: Apply the Health Belief Model to design and evaluate SPR strategies tailored to address specific barriers faced by rural communities in Northern Ghana. This approach will contribute to a deeper understanding of how theoretical frameworks can inform and improve health communication interventions.

2. Assess Long-term Impact: Provide empirical evidence on the long-term impact of SPR strategies guided by the HBM on maternal health outcomes. This includes evaluating the effectiveness of these strategies in improving service utilization, reducing maternal mortality, and achieving sustainable health improvements.

3. Focus on Rural Contexts: Address the unique challenges of rural communities by focusing on localized research. This study will offer insights into the effectiveness of SPR strategies in overcoming cultural, socioeconomic, and infrastructural barriers specific to Northern Ghana, thereby informing future health promotion efforts in similar settings.

In filling these gaps, this research will not only contribute valuable knowledge to the field of maternal healthcare but also offer practical recommendations for designing and implementing effective public relations strategies that can enhance maternal health outcomes in rural areas. The findings will provide a basis for future research and policy development aimed at improving maternal healthcare access and utilization in underserved communities.

2.8.8 Chapter Summary

2.8.9 Recap of the Main Points

This literature review has provided a substantial examination of maternal healthcare, specifically focusing on rural Northern Ghana. It has delineated the essential components of maternal healthcare, including prenatal, childbirth, and postnatal care, and emphasized its critical role in reducing maternal and infant mortality. The review has identified various barriers to maternal

healthcare access in rural settings, including cultural, socioeconomic, and infrastructural obstacles, and highlighted the role of Strategic Public Relations (SPR) in overcoming these barriers.

The review has examined the Global and Ghanaian contexts of maternal healthcare, noting significant progress but also persistent challenges, particularly in underserved regions. It has analyzed the influence of cultural beliefs and practices on healthcare-seeking behaviours and explored the socioeconomic constraints that hinder access to essential services. Furthermore, the review has discussed the inadequacies in healthcare infrastructure and the role of health literacy and information dissemination in shaping healthcare access.

SPR's potential in addressing these barriers has been explored, with a focus on its application in maternal healthcare. Successful case studies have been reviewed to illustrate how SPR strategies, such as community engagement and targeted health campaigns, can enhance healthcare utilization and outcomes. The theoretical framework of the Health Belief Model (HBM) has been introduced as a lens through which to understand and design effective PR interventions. The integration of HBM with SPR provides a theoretical basis for developing strategies that address the specific perceptions and barriers faced by rural communities.

2.8.10 Link to Research Objectives

The literature reviewed supports the research objectives by underscoring the need for tailored PR strategies to effectively address the barriers to maternal healthcare identified in rural Northern Ghana. It demonstrates that SPR can play a crucial role in improving healthcare access and outcomes by utilizing communication strategies that resonate with local cultural beliefs and socioeconomic realities. The application of the Health Belief Model provides a structured approach to understanding how perceptions of risk and benefit influence healthcare behaviours

and can guide the development of targeted interventions.

The gaps identified in the literature, such as the lack of integration between SPR strategies and theoretical models like the HBM, highlight the need for further research. This study aims to address these gaps by applying theoretical frameworks to the design and evaluation of PR strategies, thereby contributing to a deeper understanding of how communication interventions can enhance maternal healthcare in rural settings.

2.9 Transition to the Next Chapter

The next chapter will present the research design and methodology for this study. It will detail the research approach, data collection methods, and analytical techniques that will be used to investigate the application of SPR strategies guided by the Health Belief Model in promoting maternal healthcare. This chapter will also outline the steps taken to address the identified research gaps and achieve the study's objectives, ensuring a rigorous and systematic approach to examining the effectiveness of communication interventions in improving maternal health outcomes in rural Northern Ghana.

Chapter Three
Theoretical Framework and Research Methodology

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3.1 Introduction

This chapter provides a detailed account of the methodological framework adopted to investigate how Strategic Public Relations (SPR) principles can enhance maternal healthcare access in Northern Ghana. The methodology is firmly grounded in qualitative research traditions and aligns with academic standards to ensure credibility and rigor. By integrating theoretical perspectives with practical data collection techniques, the study explores the lived experiences of healthcare providers and community members, focusing on relationship-building, stakeholder engagement, and culturally adaptive communication strategies. Ethical considerations and trustworthiness measures are also systematically addressed, reinforcing the integrity of the research process.

3.2 Research Design

Qualitative research design, particularly through a phenomenological approach, is crucial for understanding the complexities of maternal healthcare communication, as it allows for an in-depth exploration of lived experiences and perceptions of women and healthcare providers. Studies indicate that effective communication significantly influences maternal satisfaction, health outcomes, and shared decision-making, highlighting the necessity for empathetic and transparent interactions between providers and patients(Agbi et al., 2023). Phenomenological methods enable researchers to capture the nuanced experiences of women in various contexts, revealing barriers such as cultural misconceptions and negative healthcare experiences that hinder service utilization (Adio et al., 2024)(Tiruneh et al., 2021). Furthermore, employing phenomenology can illuminate the intricate dynamics of maternal health services, providing insights that inform culturally sensitive interventions and improve overall care quality(Ngenye &

Kreps, 2020 ;Rodriguez & Smith, 2018). This approach not only enhances understanding but also fosters the development of strategies that address the specific needs and challenges faced by mothers in diverse settings

3.3 Philosophical Paradigm

The research is anchored in the interpretivist paradigm, which asserts that reality is socially constructed and best understood through the perspectives of individuals immersed in specific contexts. Interpretivism prioritizes the subjective meanings and experiences of participants, making it particularly relevant for examining how healthcare providers and community members perceive and engage with SPR-driven communication strategies (Bryman, 2016). This paradigm allows the study to explore the relational and cultural dimensions of healthcare communication, focusing on the mutual influence of healthcare providers and the communities they serve. The interpretivist lens also supports a flexible, adaptive approach to data collection and analysis, ensuring alignment with the dynamic realities of maternal healthcare in Northern Ghana.

3.4 Study Area

The research was conducted in the districts of Sagnarigu, Kumbungu, and Savelugu, located in Northern Ghana. These districts were selected for their high maternal mortality rates and the presence of entrenched socio-cultural barriers that impede healthcare access. The study area's unique combination of limited healthcare infrastructure and reliance on traditional birth practices creates a fertile ground for examining the application of SPR strategies. According to the Ghana Health Service (2020), these districts also exhibit some of the lowest antenatal care (ANC) attendance and skilled delivery rates in the region, highlighting the urgent need for innovative communication and engagement strategies to address these challenges. The socio-economic diversity within these districts further enriches the study by providing a range of perspectives on healthcare delivery and communication.

3.5 Population and Sampling

The study focused on three primary groups including skilled Midwives and Traditional Birth Attendants (TBAs); Pregnant women. These groups were selected due to their direct involvement in maternal healthcare delivery and their unique insights into communication dynamics. Purposive sampling was employed to ensure the inclusion of participants with relevant experiences, a method particularly suited for qualitative research aiming to explore specific phenomena in depth (Palinkas et al., 2015).

A total of 13 participants were selected, 3 Midwives, 3 Traditional Birth Attendants, and 7 Pregnant women, drawn from the three districts. The purposive sampling approach ensured that the study captured a diverse range of experiences and perspectives, reflecting the multifaceted nature of maternal healthcare communication. The inclusion of TBAs was particularly significant, as they serve as intermediaries between formal healthcare systems and traditional community practices, offering valuable insights into the integration of Strategic PR principles.

3.6 Data Collection Methods

To comprehensively investigate the integration of Strategic PR principles in maternal healthcare, the study employed a multi-method qualitative approach. Data collection focused on five key areas: relationship-building practices, stakeholder engagement, message development and delivery, communication channels, and feedback mechanisms. Each method was carefully chosen to align with the study's objectives and to capture the richness and diversity of participants' experiences.

3.6.1 Semi-Structured Interviews

Semi-structured interviews were conducted with healthcare providers, pregnant women, and recent mothers to explore their experiences and perceptions of maternal healthcare

communication. Healthcare providers were asked about their strategies for building relationships with TBAs, community leaders, and women's groups, as well as their approaches to developing culturally sensitive messages. Pregnant women and mothers shared their views on the clarity, relevance, and impact of healthcare messages, offering critical insights into the effectiveness of SPR principles in addressing their needs.

3.6.2 Focus Group Discussions (FGDs)

FGDs were organized to capture collective insights and explore community-level perceptions of maternal healthcare communication. Separate discussions were held with TBAs and women, allowing for dynamic exchanges of ideas and shared experiences. FGDs provided a deeper understanding of communal attitudes toward healthcare providers and the communication strategies employed, highlighting areas of alignment and tension.

3.6.3 Observations

Observational data were collected during healthcare sensitization programs and community outreach events. Observations focused on the use of SPR techniques such as visual aids, storytelling, and participatory dialogue. The researcher documented interactions between healthcare providers and community members, assessing the effectiveness of communication strategies in fostering trust and engagement. These observations offered an invaluable perspective on the practical application of SPR principles in real-world settings.

3.6.4 Document Analysis

Relevant documents, including health promotion materials, policy briefs, and district-level reports, were analyzed to understand the institutional integration of SPR principles in maternal healthcare communication. This analysis provided additional context and corroborated findings from interviews and observations, enriching the study's overall narrative.

3.7 Data Analysis

The data were analyzed using thematic analysis, a systematic method for identifying, organizing, and interpreting patterns within qualitative data (Braun & Clarke, 2006). The analysis began with familiarization, involving repeated reading of the data to gain a comprehensive understanding of participants' experiences. Initial codes were generated to capture key features related to SPR practices, including relationship-building, stakeholder engagement, and feedback mechanisms. Themes were then identified, reviewed, and refined to ensure coherence and relevance to the study's objectives. The final analysis integrated these themes into a cohesive narrative, supported by direct quotes to illustrate key insights.

3.8 Ensuring Trustworthiness

Trustworthiness was ensured through the application of Guba and Lincoln's (1985) criteria: credibility, transferability, dependability, and confirmability. Credibility was established through data triangulation, combining multiple data sources and methods to validate findings. Member checking was employed to allow participants to review and confirm the accuracy of the researcher's interpretations. Transferability was supported by providing rich, detailed descriptions of the research context and methodology, enabling readers to assess the applicability of findings to similar settings. Dependability was achieved through meticulous documentation of research procedures, creating an audit trail for transparency and replicability. Reflexivity was practiced to enhance confirmability, with the researcher critically reflecting on their own biases and ensuring that findings were firmly grounded in participants' experiences.

3.9 Ethical Considerations

The study adhered to strict ethical guidelines, obtaining approval from institutional review boards and securing informed consent from all participants. Participants were assured of

confidentiality and the anonymization of their data, and they were informed of their right to withdraw from the study at any stage. The researcher demonstrated cultural sensitivity by respecting local norms and customs, fostering trust and rapport while maintaining ethical integrity throughout the research process.

3.10 Contributions and Implications

This study contributes to both theoretical and practical knowledge by demonstrating how SPR principles can enhance relationship-building and communication in maternal healthcare delivery. The findings provide a framework for integrating SPR strategies into healthcare systems, emphasizing the importance of trust, audience-centered messaging, and stakeholder collaboration. By addressing systemic and cultural barriers, the study offers actionable insights for improving maternal healthcare access and outcomes in resource-limited settings. These contributions are expected to inform future research, policy development, and the design of culturally adaptive healthcare interventions.

Chapter Four
Data Analysis, Presentation of Findings, and Discussions

4.1 Introduction

This chapter presents a detailed analysis of data collected through in-depth interviews with midwives, Traditional Birth Attendants (TBAs), and Pregnant women in the Savelugu, Tolon, and Kumbungu districts. It examines the critical role of communication practices, systemic barriers, and cultural influences on maternal healthcare outcomes. The findings are contextualized within the theoretical frameworks of the Health Belief Model (HBM), Grunig's Excellence Theory, and Cultural Communication Theory to provide a nuanced understanding of maternal healthcare in these districts.

This chapter transcends the mere presentation of findings, offering critical interpretations that highlight contradictions, gaps, and practical implications. Integrating participants' voices with broader scholarly debates, advances theoretical and practical insights into improving maternal healthcare.

4.1.1 Data Analysis and Presentation of Findings

The analysis is organized around three central themes: communication practices in maternal healthcare, barriers to access, and strategies for empowerment and improvement. Each theme is critically analyzed and linked to existing literature to ensure scholarly rigor.

4.1.2 Communication Practices in Maternal Healthcare

Communication emerged as the foundation of maternal healthcare delivery, with midwives and TBAs serving as intermediaries between healthcare systems and Pregnant women. Antenatal clinics (ANC) were identified as vital spaces for maternal education, addressing topics such as early ANC attendance, recognizing danger signs, and understanding nutrition. A midwife from Kumbungu stated, "We encourage them to come within the first three months because after three months, some defects, like spinal bifida, cannot be corrected." Similarly, a pregnant woman from

Tolon shared, “The nurses showed us how to take care of ourselves and avoid dangerous practices during pregnancy.” These findings are consistent with Mills et al. (2019), who emphasize the role of early ANC in reducing maternal and infant morbidity and mortality. However, significant cultural and systemic barriers impede the effectiveness of these communication practices.

4.1.3 Cultural Traditions Discouraging Early Antenatal Visits

Many women in the Dagomba community avoid early antenatal booking due to the cultural practice of "pag’ pirigibu," a tradition where pregnancy is only announced after specific rituals. “...when they’re pregnant they don’t like the early booking because they don’t want people to know that they’re pregnant, especially the first timers among the Dagomba tribe that they have to carry out cultural tradition called ‘pag’ pirigibu.” (Mid-wife Kumbungu)

The “pag pirigibu” tradition delays women’s attendance at ANC clinics until specific rituals are completed. This delay often results in preventable complications, as a midwife from Savelugu highlighted: “Women who delay seeking antenatal care often present with advanced complications that could have been prevented early on.” Such cultural practices reflect broader tensions between traditional beliefs and biomedical healthcare, as documented by Titaley et al. (2010). Cultural beliefs, including the “pag pirigibu” tradition, further restricted timely access to care. Addressing these barriers requires culturally adaptive interventions that respect local traditions while promoting evidence-based practices. Baffoe et al. (2022) emphasize the importance of engaging community leaders and fostering dialogue to develop sustainable and acceptable healthcare interventions.

4.1.4 Visual Aids

Visual aids and demonstrations were widely employed by midwives to enhance comprehension among rural women with limited literacy. Charts depicting nutrient-rich foods and images

illustrating danger signs were used to simplify complex medical concepts. A midwife from Tolon noted, “When we show them pictures of spinal bifida, they understand the importance of taking folic acid early in pregnancy.” These tools were well-received by pregnant women, with one from Savelugu remarking, “The demonstrations help us see how to use the medicines and what foods are good for us.” These findings align with Adu-Baffour et al. (2021), who emphasize the effectiveness of visual tools in promoting health literacy in low-resource settings.

4.2 Complex Collaborations Between Midwives and Traditional Birth Attendants

While midwives employed audience-centered communication strategies, the collaboration between midwives and TBAs revealed a complex interplay of trust, conflict, and cultural adaptation. A midwife from Tolon remarked, “Most TBAs now bring their clients to us when complications arise. This partnership is helping improve maternal health outcomes.” However, TBAs often relied on traditional practices that conflicted with biomedical standards. A TBA from Kumbungu explained, “I usually give herbs to correct malpresentation, but I always encourage my clients to go for scans at the hospital to confirm.” This duality underscores the need for a structured approach to integrating TBAs into formal healthcare systems, as recommended by Tabong et al. (2021).

4.2.1 Barriers to Maternal Healthcare Access

Access to maternal healthcare was hindered by a combination of systemic, financial, cultural, and gender-based barriers. Male dominance in healthcare decision-making emerged as a significant obstacle. A midwife from Kumbungu observed, “What their husbands say will be their final decision, and they don’t listen to what we tell them. Also, if the man doesn’t lead them, some of them can’t come for ANC... and if they inform the man, and he says no, they don’t come”. Pregnant women echoed this sentiment, with one from Tolon stating, “You need to pre-inform your husband, and if he doesn’t agree, you can’t go because you’re under him as a

wife." These findings align with Ganle et al. (2015), who identified male dominance as a critical factor limiting women's autonomy in healthcare decisions.

4.2.2 Financial barriers to Maternal Healthcare Access

Financial constraints further exacerbate these challenges. A midwife from Savelugu noted, "Even when women want to come, transportation costs alone can discourage them". Pregnant women emphasized the burden of healthcare expenses, particularly for those in low-income households. Many women rely on their husbands for financial support, limiting their autonomy to seek healthcare. A midwife in Tolon rehashed this, indicating that, "They feel they can't afford everything, or the list we usually give them at the ANC, so they don't prefer delivering in the hospital."

Additional delivery costs at the hospital further fuel the barrier and make pregnant women in these districts prefer home births over hospital births. This is highlighted by a midwife in Kumbungu, who noted, "Pregnant women are required to bring items such as rubber sheets, antiseptic soap, Dettol and baby diapers, which can be a financial burden deterring many of them from coming to the hospital to deliver." Another midwife in Tolon emphasized this, saying, "They still need to buy some items... most of them feel if they come to the hospital, they'll pay money so they don't come."

These findings resonate with Ensor and Cooper (2004), who highlighted financial barriers as a major determinant of maternal healthcare access in low-resource settings. Similarly, Ismaila et al. (2023) documented that financial barrier, including transportation costs and required hospital fees, often deter pregnant women in Ghana from seeking hospital deliveries, pushing them towards home births. This also aligns with Saxena et al. (2023), who identified economic status as a critical factor influencing women's access to healthcare services in low- and middle-income countries (LMICs).

Moreover, Neugebauer (2023) emphasizes that financial constraints, such as high deductibles and co-pays, disproportionately affect low-income individuals, further exacerbating their challenges in accessing necessary care. While Aleke (2023) underscores broader economic limitations, such as limited financial resources and high interest rates, which compound these issues, particularly for marginalized populations. These systemic financial barriers highlight the urgent need for policy interventions to alleviate the economic burdens faced by pregnant women, thereby improving maternal healthcare access and outcomes in LMICs.

4.2.3 Preference for Home Births and Traditional Practices

Another significant theme which emerged during the interviews is the preference of pregnant women for home births and traditional practices**.** Some women prefer home births or rely on untrained attendants due to traditional norms, secrecy, and mistrust in modern healthcare. This is emphasized by midwives. "...some pregnant women don't even go to the Traditional Birth Attendants; they'll be in their rooms at home and going through the labor process... they'll call an old lady to deliver the baby." A Midwife Tolon stated. While this practice may be cost-effective, especially for rural women struggling with poverty, it poses significant risks as noted by a Midwife in Savelugu, " and when they deliver at home the risks of complications are high such as retained placenta or postpartum hemorrhage (PPH) which is a major cause of maternal death". This is echoed by a midwife in Tolon as she states that "many pregnant women still deliver at home or rely on TBAs because of the cost involved in coming to the hospital". Many women still prefer home birth by TBAs due to the personalized care and attention they receive from the TBAs as noted by a TBA in tolon "I always make sure that I do my work diligently and the people I've help to deliver know how gentle I handle my pregnant women. I always focus on the comfort of the pregnant woman and her good health and this makes them to have trust in me. I also respect their privacy and dignity. I don't insult or beat the pregnant women when they are

in labor and unable to push harder. All the elderly people who know my mother can tell how effective her services were and due to that, they also have that trust in me”. This is supported by Khalid et al., (2023) who asserts that, women often perceive childbirth as a natural process best managed at home, supported by traditional birth attendants who offer personalized care.

4.2.4 Inadequate Coverage of Health Insurance in Maternal Healthcare

Although Ghana’s National Health Insurance Scheme (NHIS) is designed to reduce healthcare costs and improve access, its limitations in covering essential drugs and services impose a significant financial burden on pregnant women. This inadequacy discourages hospital deliveries and reduces antenatal care utilization, as highlighted in interviews with midwives and pregnant women. A midwife in Tolon explained, “Health insurance doesn’t cover the drugs used to control the bleeding (Cytotec), and it’s very costly... they say they don’t see why they should have health insurance and still pay.” This sentiment is echoed by another midwife in Kumbungu, who stated, “Many women avoid seeking hospital care because they cannot afford these out-of-pocket expenses.” The mistrust and misunderstanding of NHIS stem largely from the expectation that it should cover all healthcare costs, an expectation not met by the scheme. As a midwife in Savelugu noted, “Their understanding is that health insurance should cover or pay for everything... because of that, they don’t come to deliver in the hospital because it’s not free.” Pregnant women must often pay for critical medications and supplies, including folic acid, hematinic, and Cytotec, which many cannot afford. This financial strain discourages women from seeking necessary maternal healthcare services. A midwife in Tolon observed, “The additional cost has deterred most women from coming to the hospital because of health insurance; nobody wants to pay for anything anymore.”

Pregnant women also expressed their frustration, underscoring the need for comprehensive coverage. A pregnant woman in Kumbungu remarked, “They should make the NHIS cover all

services and also to make our drugs less costly.” Similarly, another pregnant woman in Tolon shared, “Yes, many pregnant women do not deliver at the hospital or come for antenatal because they don’t have money, and there are some drugs they cannot afford to buy, so next time they would be reluctant to come to the hospital.”

These findings align with existing literature that highlights the systemic shortcomings of the NHIS. Asem et al. (2024) and Adawudu et al. (2024) report that despite the NHIS’s aim to enhance healthcare access, financial barriers persist due to uncovered essential medications and services, leading to mistrust and reduced hospital deliveries. While initiatives like the Free Maternal Healthcare Policy aim to mitigate these challenges, they have not fully addressed the barriers. Studies reveal that rural populations and economically disadvantaged groups face disproportionately higher burdens (Atror, 2024b; Atakorah et al., 2023).

To improve maternal healthcare access, comprehensive reforms are essential to ensure that the NHIS effectively addresses these gaps. Expanding coverage to include essential drugs like Cytotec and reducing out-of-pocket expenses could alleviate financial burdens, enhance trust in the system, and encourage higher utilization of antenatal and delivery services (Adawudu et al., 2024; Otu et al., 2023). Addressing these barriers is critical for reducing maternal health risks and ensuring equitable access to healthcare services across Ghana.

4.3 Unprofessionalism among health professionals about Maternal Healthcare

Prevalent among recurring themes is the unprofessionalism demonstrated towards pregnant women at the health facilities further encouraging home births and preference of TBAs over skilled health midwives and hospital births. This is evident among pregnant women who stated during interviews. A Pregnant woman from kumbungu noted, “they should be caring and lovely to us. They should not be speaking harshly to us. Because when I come to your place and you are harsh to me, I wouldn’t like to come back again” This is supported by another pregnant woman

in Savelugu “they have to be playful to us and not being harsh to us. Because of that their behavior of being harsh, even the student nurses who come to the facility to learn are also picking up that behavior by being harsh to pregnant women and disrespecting us”. (Pregnant woman Tolon). This is confirmed by a midwife in Kumbungu when she revealed,”And we too when they come like that we give them tough time, we give to them. We’ll attend to them alright but we’ll also scold them so that next time they’ll not try that at home. We’ll scold them intensely so that they’ll know that what they did was wrong. Because if a woman delivers at home she might not be feeling well and when they come here we threaten them that we’ll refer them to the bigger hospitals because they fear to go there”. This falls in with the literature especially that of N et al., (2021), who emphasize that mistreatment in health facilities and lack of culturally adapted services also deter women from institutional births (N et al., 2021).

4.4 Continued Use of Traditional Oxytocin ("kagligu’tim") in Maternal Healthcare

Despite continued education, some women still use local oxytocin to induce labor, risking uterine rupture and other complications as noted by a Midwife in Savelugu “The kagligu’tim when used, the contractions come stronger and it doesn’t allow the uterus to rest... which can lead to postpartum haemorrhage causing deaths in pregnant women.” This continued use is noted by a TBA in Tolon when she said,” And I also have herbs that I give to pregnant women who have threatened abortions so that it can help sustain the pregnancy till term”. This is further corroborated by a Midwife in Tolon when she said, “ Uhmm they still take kagligu tim’(local oxytocin) and come to the health facility. Mostly, most of them when they take it and come, they don’t get their babies and we let them know that is the reason why they lose the babies because the local concoction or ‘kagligu tim’(local oxytocin) makes the, labour precipitates very fast and that way the babies are always in distress. So mostly if the cervix doesn’t open as soon as possible, baby comes out, asphyxiated and mostly, most of them die”. This was accentuated by a

TBA in Kumbungu who had this to say," My main responsibility is to examine them and if they have any complaints like abdominal pains, fibroid, waist pains, malpresentation, then I will give some herbal preparations(local or Traditional oxytocin) to help correct or solve those problems and also to facilitate the delivery process. In the case of malpresentation, I usually give them my herbs to be taking and that will help to bring back the baby into the normal presentation". These observations align with global research demonstrating the misuse of oxytocin can lead to uterine rupture, fetal distress, and neonatal asphyxiation (Alhassan et al., 2024; Zhang et al., 2021).

4.5 Cultural and Religious Perception of Family Planning

The interviews highlight deep-seated cultural and religious perceptions surrounding family planning (FP), which often impede its uptake. In many rural communities in Northern Ghana, family planning is predominantly viewed as a birth control measure rather than a strategy for maternal and child health. This perception is further complicated by negative attitudes from men, who hold significant decision-making authority within households. A midwife in Kumbungu noted, "Men in this community view family planning as a practice for promiscuous women, discouraging its use. They say it's only promiscuous women who go for family planning." Similarly, a midwife in Tolon emphasized the health benefits of FP, explaining, "...when they space their birth, that means they'll be able to take care of themselves and the child, and that maternal mortality we are talking about will improve". However, these benefits are often overshadowed by sociocultural barriers.

A pregnant woman in Savelugu revealed her personal experience: "My husband refused me to do family planning, saying that it is against his religion as a Muslim, so I didn't do it." This reflects broader findings in literature, where religious and cultural norms frequently discourage modern contraceptive methods. Cultural preferences for larger families and male children further exacerbate these challenges (Abdi et al., 2020). In Rwanda, Christianity promotes abstinence

over modern contraceptives, reinforcing misconceptions about their safety and moral implications (Cunha, 2022). Additionally, men's perceptions and control over FP decisions play a pivotal role. Many men express concerns about financial constraints or view FP as unnecessary, often influenced by religious teachings or cultural expectations of family size. This aligns with research from other regions, which shows that sociocultural beliefs, myths, and misconceptions shape attitudes toward contraception (Idris et al., 2022; Ghani et al., 2024).

To address these barriers, it is essential to develop culturally sensitive health communication strategies that engage both men and women. Programs that address misconceptions, integrate religious leaders as advocates for FP, and promote the health and economic benefits of birth spacing can help bridge the gap. As Dash et al. (2024) argue, overcoming sociocultural and religious obstacles is critical for improving FP uptake and advancing maternal and child health outcomes.

4.6 Strategies for Empowerment and Improvement of Maternal Healthcare

The findings revealed practical strategies to empower women and improve maternal health outcomes. Health education, delivered through visual aids and interactive demonstrations, emerged as a powerful tool for promoting informed decision-making among pregnant women. Collaboration between midwives and TBAs also offered a pathway for bridging traditional and formal healthcare systems. However, to ensure sustainability, these collaborations must be underpinned by mutual respect, comprehensive training, and clear guidelines for integrating traditional practices into evidence-based frameworks (Dutta, 2008).

4.7 Discussions

Addressing the General Objective.

To examine how strategic PR principles can be applied to enhance maternal healthcare access in three Northern Ghanaian districts

The findings underscore the transformative potential of integrating strategic PR principles into maternal healthcare practices. Strategic Public Relations (SPR) frameworks such as Grunig's Excellence Theory, cultural adaptation, and participatory communication provide a roadmap for improving maternal healthcare access. Healthcare providers, particularly midwives and Traditional Birth Attendants (TBAs), are pivotal in disseminating health information and building community trust. However, their communication efforts must transition from ad hoc practices to systematically structured approaches rooted in strategic PR principles.

A critical element of this transformation lies in employing two-way communication strategies, which foster active dialogue between healthcare providers and community members. Providers can implement forums to solicit feedback, address misconceptions, and refine health messaging. Furthermore, message tailoring—crafting messages that resonate with specific audience segments such as first-time mothers or women in rural areas—can enhance effectiveness. While some practices already align with PR principles, embedding these systematically within healthcare communication plans can create a more sustainable maternal health communication framework.

Addressing Specific Objectives

Objective 1: To analyze current communication and engagement practices of healthcare providers through a strategic PR lens

The analysis reveals that healthcare providers primarily utilize community forums, antenatal clinics, and outreach activities to engage with pregnant women. These efforts, while valuable,

are inconsistent and lack strategic alignment with PR principles. Midwives and TBAs use culturally resonant storytelling and visual aids, which are effective tools but not consistently adapted to the unique needs of different audience segments.

Strategic PR principles such as stakeholder mapping and relationship management offer pathways to enhance these practices. Stakeholder mapping identifies key influencers, such as local leaders, husbands and women's groups, who can amplify healthcare messages and build credibility. Relationship management emphasizes sustained, trust-based interactions, ensuring healthcare providers are seen as reliable partners rather than occasional visitors. Incorporating these principles builds deeper, more impactful community connections.

Two-way communication frameworks also emerge as a critical gap. Current practices often emphasize one-way dissemination of information without adequate mechanisms for feedback. Developing structured feedback loops—through focus groups, surveys, or community dialogue sessions—empowers pregnant women to voice concerns and shape healthcare communication strategies. This aligns with Grunig's Excellence Theory, which advocates participatory approaches in organizational communication.

Objective 2: To examine how PR principles could enhance the effectiveness of health information dissemination by trained midwives and Traditional Birth Attendants

Midwives and TBAs hold significant potential as frontline communicators in maternal healthcare. Their proximity to and understanding of local communities uniquely position them to deliver impactful health messages. Current methods, such as visual demonstrations and storytelling, can be refined using PR strategies like message framing and audience segmentation.

Message framing ensures health information aligns with audience values and beliefs. For instance, framing antenatal care as an act of love and protection for one's family resonates deeply within communal cultures prioritizing family well-being. Audience segmentation allows

midwives and TBAs to tailor messages to specific subgroups, such as teenage mothers or women with limited healthcare access. Training programs for midwives and TBAs should include these PR concepts, transitioning them from transactional communicators to proactive health advocates. Moreover, leveraging interpersonal networks—a strategic PR tool—enhances the reach and influence of health messages. By partnering with respected community members, midwives and TBAs can strengthen the credibility of their messages, ensuring trust and seriousness. These enhancements align with PR's emphasis on strategic, audience-focused communication.

Objective 3: To explore culturally appropriate ways of implementing strategic PR approaches in maternal healthcare communication

Cultural dynamics significantly shape healthcare-seeking behaviors in Northern Ghana. Practices such as the "pag pirigibu" tradition often delay antenatal care, highlighting the need for culturally sensitive communication strategies. Strategic PR principles, particularly cultural adaptation and participatory planning, provide effective solutions for bridging these cultural gaps.

Cultural adaptation embeds local norms and traditions within health messages. For example, rather than dismissing the "pag pirigibu" ritual, healthcare providers can collaborate with community leaders to incorporate antenatal care visits as part of the ritual's celebration. This approach respects traditions while aligning them with healthcare goals. Participatory planning—engaging community members in designing health campaigns—ensures interventions are culturally relevant and widely accepted. Examples illustrate how involving elders and spiritual leaders fosters trust and acceptance.

Strategic PR also emphasizes storytelling for cultural resonance. Narratives highlighting successful maternal health outcomes, shared by local women, counteract distrust in biomedical approaches and inspire behavior change. Integrating these culturally sensitive PR strategies

enables healthcare providers to navigate socio-cultural landscapes effectively while promoting maternal healthcare access.

The findings demonstrate that strategic PR principles, when effectively integrated, can transform maternal healthcare communication in Northern Ghana. Systematic application of stakeholder mapping, audience segmentation, message framing, and participatory planning enhances the clarity, relevance, and impact of health messages. Embedding cultural adaptation strategies ensures healthcare interventions respect traditions while addressing systemic barriers.

Structured feedback mechanisms and sustained relationship management foster trust and collaboration between healthcare providers and communities. These approaches not only improve maternal healthcare access but also create a sustainable framework for addressing broader public health challenges in resource-limited settings. Aligning healthcare communication with strategic PR principles provides a pathway for achieving meaningful, community-centered improvements in maternal health outcomes.

4.8 Chapter Summary

This chapter has illuminated the complex dynamics of maternal healthcare in the Savelugu, Tolon, and Kumbungu districts. Communication practices, while effective in many respects, face significant challenges stemming from systemic, cultural, and financial barriers. Addressing these requires a holistic approach that integrates financial support mechanisms, culturally sensitive strategies, and gender-equitable policies.

The findings contribute significantly to the broader discourse on maternal healthcare in resource-limited settings. Practical recommendations include: enhancing financial support for maternal health services, providing structured training programs for TBAs, and promoting male involvement in maternal health decision-making. Future research should explore the long-term impacts of these strategies on maternal health outcomes.

Aligning interventions with the theoretical frameworks discussed, this study offers valuable insights for policymakers, healthcare providers, and researchers, bridging the gap between theory and practice in maternal healthcare delivery.

Chapter Five
Summary, Conclusion, and Recommendations

5.1 Summary

This chapter synthesizes the findings of this research to provide actionable recommendations for improving maternal healthcare access and outcomes in the Savelugu, Tolon, and Kumbungu districts of Northern Ghana. By drawing on theoretical frameworks and participants' narratives, it proposes practical, culturally sensitive, and systemic solutions to address communication gaps, financial barriers, and cultural challenges. These recommendations integrate strategic public relations (SPR) principles to foster effective communication, stakeholder collaboration, and trust-building. The proposed interventions aim to support policymakers, healthcare practitioners, and community leaders in implementing sustainable and equitable maternal healthcare strategies.

The study revealed that maternal healthcare delivery in Northern Ghana is deeply influenced by systemic, cultural, and financial factors. Communication practices by midwives, while foundational, face limitations due to language barriers, lack of resources, and entrenched cultural norms. Barriers such as male dominance in healthcare decision-making, financial constraints, the incomprehensiveness of the NHIS and the persistence of traditional practices underscore the complexity of improving maternal health outcomes in resource-limited settings. The findings confirm that holistic, community-driven interventions aligned with SPR principles are essential for advancing maternal healthcare delivery. Integrating theoretical insights from the Health Belief Model, Grunig's Excellence Theory, Cultural Communication Theory, and SPR frameworks provides a robust foundation for addressing these challenges.

5.2 Conclusion

The study revealed critical intersections between systemic inadequacies, cultural influences, and financial constraints that impact maternal healthcare delivery in Northern Ghana. Effective

communication strategies, underpinned by SPR principles such as stakeholder engagement, transparency, two-way communication, and message framing are pivotal for addressing these challenges. However, these practices are impeded by resource disparities, language barriers, and entrenched cultural traditions. Financial barriers remain a significant obstacle, with the limitations of Ghana's NHIS amplifying out-of-pocket expenses for essential maternal healthcare services. Cultural norms, particularly male dominance in decision-making and traditional practices like "pag' pirigibu," further limit timely access to care.

Collaboration between healthcare systems and community structures, including TBAs and local leaders, is essential. SPR principles, such as building mutually beneficial relationships and utilizing targeted messaging, offer a pathway to fostering trust and engagement with communities. Integrating culturally sensitive approaches with evidence-based practices can create sustainable healthcare interventions. This study reinforces the need for holistic strategies that address systemic, financial, and cultural barriers while emphasizing community-driven solutions. By aligning these strategies with theoretical frameworks and SPR principles, the research contributes to a deeper understanding of maternal healthcare challenges and potential pathways for improvement.

5.3 Recommendations to Improve Maternal Healthcare Access

To enhance maternal healthcare communication in Northern Ghana, it is essential to leverage the principles of Strategic Public Relations (SPR) to improve clarity, relevance, and cultural resonance in messaging. Healthcare facilities should consistently utilize visual communication tools such as posters, charts, and videos that are tailored for low-literacy populations. These tools should incorporate local symbols and languages to ensure that the messages are culturally relevant and easily understood. Midwives and healthcare workers should undergo language and

cultural competence training to foster trust and enhance communication with the diverse populations they serve. Additionally, healthcare facilities should engage interpreters or community volunteers to bridge any immediate language gaps, ensuring that healthcare messages are effectively conveyed.

Community engagement strategies, such as regular durbars and participatory workshops, should be organized to facilitate two-way symmetrical communication. These platforms will allow healthcare providers to listen to community concerns, discuss challenges, and collaboratively co-develop solutions. Incorporating techniques such as role-playing, storytelling, and testimonials can further align with SPR's emphasis on audience-centered communication and address cultural misconceptions about maternal healthcare practices.

Addressing financial barriers to healthcare requires systemic reforms grounded in strategic public relations frameworks that engage stakeholders and advocate for equitable resource distribution. Expanding the National Health Insurance Scheme (NHIS) to cover essential drugs, diagnostic services, and delivery supplies (such as antiseptic soap, diapers, and adult pads) will provide more comprehensive coverage. Introducing voucher systems or subsidies can support low-income households, ensuring that no woman is excluded from essential healthcare services due to cost. Furthermore, local governments should establish transportation networks to facilitate emergency referrals and antenatal care (ANC) visits, which can be bolstered by targeted advocacy to secure funding and community support.

Culturally sensitive interventions are paramount to ensuring that maternal healthcare resonates with local communities. The integration of Traditional Birth Attendants (TBAs) into the formal healthcare system through structured training programs will help align their practices with biomedical standards while respecting their traditional roles. Establishing clear referral protocols

and fostering regular coordination meetings between midwives and TBAs will build trust and enhance collaboration. SPR principles, such as relationship management, can guide these interactions to ensure they are cooperative and respectful. Male engagement is crucial for shifting patriarchal norms, and targeted workshops and campaigns should emphasize the health and economic benefits of maternal healthcare. These efforts should use compelling narratives and trusted community figures to influence behaviour and promote positive healthcare practices.

Systemic reforms, underpinned by SPR's emphasis on stakeholder alignment and transparency, are essential for achieving equity in maternal healthcare. Policymakers should prioritize the equitable distribution of resources across districts, ensuring consistent access to visual aids, drugs, and adequately trained personnel. Establishing robust accountability mechanisms and clear communication strategies will enable the monitoring of resource usage and healthcare outcomes. Continuous professional development programs focused on patient-centered care, advanced obstetric practices, and cultural competence should be implemented for healthcare workers. Mentorship schemes, pairing experienced midwives with newer staff, will foster capacity-building. Strengthening community-level emergency response systems will ensure timely and efficient care for high-risk pregnancies. Additionally, optimizing communication channels between TBAs, midwives, and hospital staff is essential for improving patient care.

5.4 Implications for Policy and Practice on Maternal Healthcare

The findings of this study underscore the urgent need for policy interventions that integrate SPR principles to address both systemic inequities and cultural barriers in maternal healthcare. Policymakers should expand the NHIS to include comprehensive coverage of essential maternal healthcare services, ensuring equitable access to these services across all districts. Legislation mandating male involvement in maternal health education and decision-making should be

enacted, supported by targeted SPR health campaigns designed to challenge and reshape patriarchal norms. Policies should also support the integration of TBAs into formal healthcare settings through certification programs that align their practices with biomedical standards.

Partnerships with community leaders, guided by SPR's relationship-building strategies, can play a crucial role in fostering co-designed interventions that are culturally relevant and widely accepted. Through stakeholder mapping and segmentation, healthcare campaigns can be tailored to resonate with local communities. Methods such as community durbars, Strategic Public Relations health campaigns and community radio programs with phone-in opportunities can facilitate participatory engagement, ensuring the active involvement of rural populations in healthcare delivery.

Furthermore, robust monitoring and evaluation frameworks should be established to track the impact of these interventions. This will ensure transparency, adaptability, and evidence-based decision-making, contributing to more effective and sustainable maternal healthcare practices.

5.5 Future Research Directions on Maternal Healthcare Access

Future research should focus on the long-term impact of maternal healthcare interventions, such as NHIS reforms, TBA integration, and male engagement, on improving health outcomes. Longitudinal studies will be valuable in assessing the sustainability and continued effectiveness of these strategies. Comparative studies across different regions and cultural contexts within sub-Saharan Africa could provide deeper insights into best practices and inform scalable solutions for similar healthcare challenges.

In addition, the role of mobile health (mHealth) tools in improving communication, education, and monitoring within maternal healthcare requires further exploration. As internet access and

mobile phone usage continue to rise across many African countries, mHealth offers a promising avenue for enhancing maternal healthcare communication, particularly in remote areas.

Another area of future research could explore the effectiveness of SPR principles in improving healthcare communication and community engagement. Studies on the integration of traditional healthcare practices with biomedical frameworks would be valuable, providing insights into how culturally sensitive interventions can improve healthcare-seeking behaviours. Moreover, investigating the socioeconomic factors that influence healthcare access and decisions in rural Ghana would contribute to a more comprehensive understanding of the challenges and barriers to maternal healthcare.

Future studies could include the perspectives of men and other community leaders, as their involvement in maternal healthcare decisions could significantly impact the effectiveness of communication strategies. Understanding the role of men in shifting cultural attitudes and practices could provide essential insights into developing comprehensive and culturally sensitive health communication campaigns.

5.6 Contributions and Implications of the Study

This study makes several important contributions to the fields of Strategic Public Relations (SPR) and maternal healthcare communication, particularly within the context of rural Northern Ghana. It addresses a significant gap in the existing literature by applying SPR principles to maternal healthcare communication in low-resource settings. While SPR has been widely studied in political communication, corporate sectors, and social movements, its application in the healthcare sector, particularly in maternal health, has not been sufficiently explored. This research introduces a novel framework for integrating health communication and public relations strategies, focusing on the needs of rural populations with limited access to formal healthcare.

The findings provide valuable insights into how SPR principles, including relationship-building, community engagement, and culturally sensitive messaging, can be adapted to improve maternal healthcare outcomes. By focusing on the experiences of midwives, TBAs, and pregnant women, the study offers an in-depth understanding of communication strategies that address cultural, social, and infrastructural barriers to healthcare access. These insights can inform the development of more effective maternal healthcare strategies that foster trust, collaboration, and greater service utilization in rural communities.

A key contribution of this research is its emphasis on the role of TBAs, who have often been excluded from formal healthcare systems. This study demonstrates the potential benefits of integrating TBAs into modern maternal healthcare communication strategies. Recognizing and formalizing the role of TBAs can enhance the effectiveness of healthcare interventions, fostering collaboration between traditional and formal healthcare systems. Furthermore, the study presents a context-specific framework for applying SPR principles to African healthcare settings, offering evidence that culturally grounded communication approaches can significantly improve healthcare access and outcomes.

This research also has broader implications for other low-resource settings in sub-Saharan Africa, where similar challenges exist. It presents a replicable model that can be applied to different regions, emphasizing the need for culturally relevant and community-centered communication strategies in maternal healthcare.

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Appendices
Interview Guide

Target Group	Section	Questions
Healthcare Providers	**Background Questions**	- Can you describe your role in providing maternal healthcare in this community? - How long have you been serving as a midwife or traditional birth attendant? - What are your main responsibilities when working with pregnant women and new mothers?
	Communication Practices	- How do you typically share health information with pregnant women and new mothers? - Can you describe the methods you use to encourage women to seek antenatal care and skilled delivery services? - How do you adapt your communication when faced with language or cultural barriers in this community? - Have you used any visual aids, storytelling, or community gatherings to convey health messages? If so, how effective were they?
	Challenges	- What are the most common difficulties you face in communicating health messages to women? - How do you address resistance from women who prefer home births or rely on traditional practices? - What type of support or resources (training, tools, materials) would help you improve your communication efforts?
	Personal Perspectives	- In your experience, what are the key cultural or societal factors that influence women's health-seeking behavior in this community? - What strategies have you found most effective in building trust with pregnant women and their families?
District Health Officials	**Current Approaches**	- What communication strategies are currently used to promote maternal healthcare in this district? - How are health messages about antenatal care, delivery, and postnatal care developed and disseminated? - What role do community leaders and traditional birth attendants play in your communication strategies?
	Effectiveness	- Which communication approaches or tools

		have been the most successful in reaching and influencing pregnant women? - How do you measure the success of health communication initiatives? Are there specific indicators or feedback mechanisms? - What feedback have you received from the community about the clarity and relevance of health messages?
	Challenges and Improvements	- What challenges does the health department face in delivering health messages to rural or underserved populations? - What resources (e.g., funding, staff, technology) do you think would enhance your communication strategies? - How do you think community engagement could be improved to ensure more effective health communication? - What role could partnerships with NGOs or other organizations play in enhancing maternal healthcare communication?
Pregnant Women/Recent Mothers	**Health Information Sources**	- Where do you usually get information about pregnancy, childbirth, and maternal health? - Who do you trust most for health advice (e.g., healthcare providers, family, community leaders)? - Can you share an example of a health message or advice that you found particularly convincing or helpful? What made it effective?
	Communication Preferences	- How would you prefer to receive health information (e.g., face-to-face, radio, mobile messages, community meetings)? - Which language or communication format is easiest for you to understand and act on? - Do you prefer messages that come from healthcare workers, traditional leaders, or other sources? Why?
	Trust and Perceptions	- What makes you trust or distrust the health information you receive? - Have you ever encountered health messages that contradicted your cultural beliefs or practices? How did you respond? - What factors would encourage you to seek antenatal care or deliver at a healthcare facility?
	Feedback and Suggestions	- How could health workers or community leaders improve the way they communicate with you about maternal health? - What additional support or resources would make it easier for you to access healthcare

		services? - If you could suggest one change in how health information is shared in your community, what would it be?

Interview Transcripts
Kumbungu Midwife

Researcher
I'm a Graduate student from the University of Media, Arts and Communication, (UNIMAC-IJ). Formerly the Ghana Institute of Journalism (GIJ).
I am just trying to find out your input as a midwife as regards maternal healthcare access within the kumbungu district.
Participant (Midwife Kumbungu)
I am a senior staff of the kumbungu health center.
Researcher
The first question I'd like to ask is for you to describe your role in providing maternal healthcare in this community.
Participant (Midwife Kumbungu)
Okay, you know as a midwife we are generally concerned with from pregnancy to birth. So we are dealing with the women as they get pregnant they will come for Antenatal services and we normally educate them that they should come withing the first 3 months that's the first trimester that's when we will be able to prevent some of the birth defects because it is believed that after 3 months, if there are any birth defects it cannot be corrected and it is through these routine drugs, the drug we've been giving them at the antenatal that's what they take especially folic acid and when they take it, it prevents spinal-bifida but after the 3 months if the spinal-bifida has already formed and the woman comes to take the card, and she starts the routine drugs, it cannot be corrected. So because of these birth defects that we always encourage them that they should come to antennal early so that we will able to prevent it and also anaemia, when they start early and it is detected that because every first visit, the pregnant woman is supposed to go for labs so they do laboratory investigations to find out if there are certain diseases, like HIV so that we will able to put in measures to prevent mother to child transmission and also if there is Hepatis B too we will educate them and let them know that after birth they are supposed to buy vaccines that would be used to inject the baby so that the Hepatis B will not be transmitted to the baby uh-huh. And also err the low HB when it is detected early we will be able to correct it because will educate them about the available food within their community that they can use to correct this low HB. And also put them on hematinic that's the medicine that can help to correct the HB or boost the HB up.
Researcher
Thank you very much. My next question is how long have you been serving as a midwife in this community.?
Participant (Midwife Kumbungu)
3 years.
Researcher
What are your main responsibilities when working pregnant women and new mothers?
Participant (Midwife Kumbungu)
Okay, my main responsibility is to see a woman going through pregnancy successfully and giving birth without any complications.
Researcher
How do you typically share health information with pregnant women and new mothers?
Participant (Midwife Kumbungu)
Okay. For pregnant women mostly we call it errr health education, they are in groups. We talk to them and we normally have topics. This week this is the topic we are going to treat and we take

it and digest it throughout the week and if we see that a particular person is having a case, that one is counseling, we take the person inside one on one and we educate the woman, that one we call it counseling. It won't be the one all of them need that's we call it education and we give it to them in groups but when we find out personal needs that one, we counsel them.
Researcher
Can you describe the methods you use to encourage pregnant women to seek antenatal care and skilled delivery services?
Participant (Midwife Kumbungu)
Yes, we have this thing, we show them calendars, like we have some books or what will I say, like visuals a times when we are educating them, we show them visuals to see like, err to look at them and see like, what is the name, like STI's you know when they come for booking there are some questions that we ask them regarding STI's when they have them then they seek early treatment. Some when they have it and they don't open up and they deliver, it affects the babies eyes. We have visuals we show them to see the effect on the baby and also like err…like this thing, the folic acid that I was talking about the spinal-bifida we show them the pictures and then the low HB we show them the available foods they're supposed to be eating. Uh-huh.. So it's through the visuals that we tell them and they'll see the effects so that if they don't agree to what we're telling them this is what will happen to them, these are the effects they'll also get. And a times most of them they adhere to it.
Researcher
So we'll like to know how you adapt your communication when faced with language or cultural barriers in this community.
Participant (Midwife Kumbungu)
You see the language barrier, it's not that much because mostly when you're trained from the start, like trained from the school, they tell you that, when you come into the community, you have to learn the language Uh-huh so even at the school when you're to do your this thing, err your this thing.. We have something we call health education we give to pregnant women. And it depends on the course you're doing. If it's midwifery most of the courses will be mothers mothers uh huh.. So they'll tell you that you're supposed to learn their langue so even if you're not from that tribe or ethnicity so far as you're working there, you're supposed to learn their language so you have to try and socialize with the women so that you'll learn their language to make your work easier. That's what they'll tell you from the school. So where ever you're posted you have to socialize with the people so that the langue won't be a problem for you because if there's a language barrier that means work cannot be done well.
Researcher
So I will also like to know some of the cultural barriers that you face in this community.
Participant (Midwife Kumbungu)
Okay especially with the early pregnancy since time immemorial because we were not even midwives and we were hearing that, and our seniors were talking about it and still till date, like when they're pregnant they don't like the early booking because they don't want people to know that they're pregnant especially the first timers among the Dagomba tribe that they have to carry out cultural tradition called 'pag' pirigibu' (The traditional way to officially announce that a woman is pregnant) and if they don't do that, nobody is supposed to know. So even if they know a woman is pregnant, they can't call person a pregnant woman. So because of that they don't like to come for antenatal or ANC in the early stages of their pregnancy unless that traditional practice is carried out before they'll be allowed to come for come for ANC or antenatal. But through our education we're achieving or seeing headway because we told them that if you don't want your community to know that you're pregnant, you come for the ANC, when you

come we'll give you the book and we'll will keep the book and you'll go home. But we'll inform you that this is the date you're supposed to come back. When that time reaches the woman will even come at the time that not all the women are there because it's a secret something.
Researcher.
So how effective has that been? Are they doing that?
Participant (Midwife Kumbungu)
One, one are doing that because when I first finished my midwifery training in school an came here I wasn't at the labour ward. Where I was it was a CHPS compound so I was doing Antenatal at the same time labour Uh-huh so it's not that effective that's why I'm saying that we're seeing headway because that thing has been our barrier for the early booking.
Researcher
What is the effect of pregnant women not coming early for Antenatal in their first trimester?
Participant (Midwife Kumbungu)
The effect is that some pregnant women will get miscarriage because of malaria because when you have malaria as a pregnant woman, and you don't know that you're pregnant, the malaria can abort the baby because when you don't seek early treatment and also low HB too, that one too it affects them
Researcher
For the purposes of this interview can you tell me what low HB is?
Participant (Midwife Kumbungu)
Low HB is when a pregnant woman's HB falls below 11.0 to 12.0 or even below 10 because in averages we have severe Anaemia, mild Anaemia.
Researcher
If the low HB in pregnant women what happens?
Participant (Midwife Kumbungu)
That's what I said it can lead to a miscarriage or growth retardation like we call something small for date. Like the time for delivery has reached 9months but the woman will put to birth and the baby will be small.
Researcher
Like premature birth?
Participant (Midwife Kumbungu)
Yeah it can also cause premature birth but the premature birth most a times it's just a few that will be low HB. With the premature births most a times is high blood pressure in pregnant women.
Researcher
So you were also talking about folic acid correcting birth defects so can you attribute or relate it to the low patronage or the early booking?
Participant (Midwife Kumbungu)
Yeah that's what I'm saying because here the ignorance level is very high, as a woman you're supposed to especially within your fertile age, you're supposed to be on the folic acid especially when you're preparing for pregnancy ah-huh but here if not they're pregnant they don't take it. So if somebody who's enlighten or you know the importance of folic acid, when you know that at a particular point in time you'd like to get pregnant, then you're supposed to be on it to prepare your system so that you'll not have any problem with your child. Through our education they said that even as a woman you're just supposed to be on folic acid that it's good for our system but here if not that they come for antenatal or ANC, they don't buy routine drugs to take. But elsewhere if a woman knows that she's pregnant, she'll not wait to go the ANC she'll start the folic acid before she goes for ANC. But here unless they start ANC before they start taking

the routine drugs.

Researcher
My next question. You said you usually use visual aids so quite apart from I will like to know if you have been using storytelling or community gathering to convey your health information to the pregnant women.

Participant (Midwife Kumbungu)
Yeah that one for the community gatherings, mostly its through our this thing, the up there, our leaders they mostly, because you know this our people you can't gather them and let them go free you have to give something and that one we call it durbars and sometime ago there were Non-Governmental Organizations (NGO's) who were sponsoring that. They will pick a topic and say, especially family planning which is a birth control method, so they will pick a topic and say you have to meet this community and that community to educate them on the importance of family planning.
Researcher
But you personally have you, used any of these? The community gathering and picking a topic to talk to the communities.
Participant (Midwife Kumbungu)
No for us, if not they come to the clinic and mostly when they are pregnant they come for the weighing or ANC, we pick a topic, this week we can pick a topic like malaria, anaemia, the common ones. Or birth preparedness.
Researcher
So yours is when they come to the facility.
Participant (Midwife Kumbungu)
Yes ah huh. But we meeting them outside no.
Researcher
But you usually do outreaches ?
Participant (Midwife Kumbungu)
Outreach? Hmm here that's why I said, its part of our work ooo, but because we are not many we don't normally go for the outreach. But its part of our work.
Researcher
Are you understaffed?

Participant (Midwife Kumbungu)
Yes as I'm on duty as a midwife I'm alone. But I'm not supposed to be alone and this health center, kumbungu health center, we are only three midwives we cannot even run the normal shift.
Researcher
I'm now going to ask about your challenges. So what are your most common difficulties you as a midwife face in communicating health messages to pregnant women and new mothers?
Participant (Midwife Kumbungu)
The difficult part is that majority of the pregnant women you know its their husbands who are supposed to carry it out especially when it involves finances ah-huh. And most of their husbands don't like to come with wives to the health facility. The pregnant women come alone. Even when some of their husbands bring them and as a midwife I'm giving them the health education, the husbands won't come and listen they'll go out.
Researcher

It there any reason why you think men in this community do not want to accompany their pregnant women to the health facilities?
Participant (Midwife Kumbungu)
Some men just feel that they're not supposed to.
Researcher
It is a cultural belief something?
Participant (Midwife Kumbungu)
Yeah but you know dagombas, like they just don't want to bring them because they feel certain duties are just for the women and doing them makes them women too and might make other men disrespect them if they see them following their women to the facility. And some too it is like their schedules like especially the seasons if its farming season they don't have time to bring their pregnant women and others, they just don't want to it's not like something is preventing them.
Researcher
They culturally do not think that they should attend antenatal with their women?
Participant (Midwife Kumbungu)
Uh-huh.. yes they don't think they should attend antenatal with their wives.
Participant (Midwife Kumbungu)
So how do you address resistance from pregnant women who prefer home births or rely on traditional birth practices, like the use of local oxytocin.
Participant (Midwife Kumbungu)
That's why we have contact with the Traditional Birth Attendants (TBA's), we educate them that when they come to them, they should also bring them to the health facility. You see nowadays you know everything involves money. These Traditional Birth Attendants, you can't go to them and just go without giving them anything uh-huh. So sometime ago NGO's were sponsoring that program like they had a time that they'll should meet them. At times they gave them gloves, and those things and that if its head in vagina they should conduct after that, they'll bring them to the health facility but if it is not head in vagina they have to bring the woman to the facility and they come you the midwife on duty call the Traditional Birth Attendant into the labour ward and do the delivery of the baby and they'll see how it is done. And for that one its not easy.
Researcher
Why is it not easy?
Participant (Midwife Kumbungu)
Like the Traditional Birth Attendants (TBA's) and the pregnant women don't want to comply because if they come and the sack or drive them away, like they ask them to go the health facility, and some pregnant women don't even go to the Traditional Birth Attendants, they'll be in their rooms at home and they'll be going through the labour process and when they see that the child or baby is about to come out then they'll call somebody in the house to go and call an old lady somewhere, the person will not even be a Traditional Birth Attendant, just because the person is an old lady they'll say she should come and deliver the baby or some women, I don't want to use the word wicked because how can you deliver your own self? Some women are doing it.
Researcher
Like they want to deliver themselves?
Participant (Midwife Kumbungu)
Yes! They deliver themselves!
Researcher
Why?

Participant (Midwife Kumbungu)
I don't know. And when they do that, they don't even come to report unless when there is challenges that they will come after giving birth if they themselves are not well or the baby that's when they'll report to the health center but if everything is fine you'll never know that somebody has delivered home.
Researcher
About them using kagligu'tim (local or traditional oxytocin) to stimulate labour, what kind of education do you usually give to them?
Participant (Midwife Kumbungu)
For now I will say majority of them don't use its just few those with the hard ears they're using it. Majority of them don't use it because we always tell them that it can lead to uterus rapture. The kagligu'tim because because that sort of labour is not natural or not being regulated by God, the contractions come stronger and it doesn't allow the uterus to rest. For that one its just squeezing, squeezing until the baby comes out. And when the uterus over works too it can lead to Postpartum hemorrhage(PPH). Because when the uterus over works and it doesn't relax and work and its just continuous to overwork, after delivery it will not be able to contract and go back and when it doesn't contract fast and go back, the woman will be bleeding so a times a c-section or operation will have to be done to remove the uterus before the bleed will cease or stop because if the uterus doesn't contract to go back, the only option is to remove the uterus and a times too the uterus can rapture or some inversion can come in.
Researcher
When you say PPH what do you mean?
Participant (Midwife Kumbungu)
That's Postpartum hemorrhage(PPH) is after delivery when the woman is bleeding, you know after every delivery the woman will bleed but we have quantities. If the woman bleeds more than 500mils, that one we can it Postpartum hemorrhage(PPH). Uh-huh. And we have this thing, now, they've made some drugs which is a routine. Whether the woman is bleeding or not after delivery the midwife is supposed to give them certain drugs that's Cytotec, we insert it into their vagina to prevent the bleeding. We insert 600mg to prevent the bleeding and some women after giving them the Cytotec they'll still be bleeding ah-huh..that means the uterus has over worked. And some is the kaglim'tim, but you know it has two types green and red so when they take it and come through your examination you can see it. Some they'll vomit it or when you are examining them vaginally or after delivery, you'll see it coming out.
Researcher
And some still use it?
Participant (Midwife Kumbungu)
Yes, but its majority who don't use it. Its just a few. Especially when they feel that their pregnancy is long overdue, like they're expecting that at this time they should give birth but labour is not setting in, then they'll decide to use it. So when they come here I always educate them that as we're also taking care of them, we know their expected date of delivery, when that time reaches and they don't deliver we also have something we call induction and that one its Cytotec that we use to induce the labour and we will monitor it till she delivers. So, when they feel that way, they're supposed to confront their midwife those doing the Antenatal for them and say oh I feel that my pregnancy is overdue and I haven't delivered but don't just go on your own and take the local oxytocin. And when they come to the health facility, I always inform them that here too we have it but our own is measure and regulated but the local one they take at home is not measure, that's the problem.
Researcher

What type of support or resources (training, tools, materials) would help improve your communication efforts?
Participant (Midwife Kumbungu)
You see, errh me I was a community health nurse before I became a midwife
Researcher
So you moved from catching babies to delivery hahahaha.. sorry that's just by the way. Please continue.
Participant (Midwife Kumbungu)
Hahaha..from weighing children to catching babies. you see, those times somewhere 2015 to 2016 there were but not anymore. Me since I became a midwife.
Researcher
Please take that point again. You said 2015 to 2016..
Participant (Midwife Kumbungu)
Those times there were NGO's sponsoring maternal health issues like they'd organize workshops to in-service training to upgrade the knowledge of midwifes in what they are doing that's the service they're rendering but me since we became midwifes, those things are nomore its like the NGO's are nomore. We don't have training. At first, if you're a midwife when you come into the system you go for new born care training, PMTCT (Prevention of mother-to-Child Transmission of HIV)those things, now its not there. Just the knowledge you got from school is what you'll be working with.

Researcher
What about tools?
Participant (Midwife Kumbungu)
For that one we have some.
Research so from which sources like where do you get them?
Participant (Midwife Kumbungu)
You see, you come and meet it. Its already there. Uh-huh. But if it's a new facility that they're supposed to bring in new things but if its an old facility like here its already there, some that are outmoded like the pot-scissors if its no more sharp, you have to request or some things are missing you know as were a human institution and working some things might missing then you have to request through you in charge. You tell your in charge that this and that oh this and that is not there then they'll request from stores and the store is the District health Directorate they're those providing it and it's through the internal generated funds (IGF) they'll use and buy those things and put it in the store so anything that you need you make requisition and some too NGO's do come with some items and they'll put in the stores so that if you need it, you make requisition.
Researcher
I'm going to take that question again but I really like the insight you've given pertaining the question I asked. But what I really wanted to know is what type of support or resources, something like training, tools and materials will help you to improve your communication efforts.
Participant (Midwife Kumbungu)
Communication efforts?
Researcher
Yeah
Participant (Midwife Kumbungu)
Okay you know, before you will able to communicate with somebody, you know there are skills

in communication so we have to be trained like when we are to talk to people these are the things we must have so for that one we need that training because we'll be able to pass information to somebody and it is put into action, there are some skills we have to possess but we don't have that skills just like teaching, somebody have the knowledge but how to impact it, the person might not know. The same applies to this our health education too, if you don't have the skills you, may have the knowledge but will not be able to pass it on to the women to be able to benefit. So if we get training on communication skills it will be good because it will help us communicate effectively with the pregnant women.

Researcher

So are there some specific tools that you will need in other to achieve your communication goals?

Participant (Midwife Kumbungu)

Like the visituals that I said, me because it's a long time that I've worked there, I don't know whether, even the time I was there it wasn't everything that we had because when we're going to educate a woman about this low HB, we need visuals of food stuff that will boost their HB so that when we are educating them you will be showing it to them. And also some too we have calendars especially danger signs in pregnancy, we'll use the calendar and say as a pregnant woman you're not supposed to be seeing this, like bleeding, you're pregnant and you're bleeding, when you see it you're supposed to go to the clinic or excessive vomiting, when you vomit excessively you're supposed to go to the clinic, severe headache and those things, we need the posters or the calendars to be showing to them when educating them. Or severe malaria, when you have it, this is what will happen to you so those things we need the calendars.

Researcher

So for instance if you were to educate them and its in a form of a durbar, you know will have a larger crowd that you'll be educating, are there any technological tools that can aid you in doing that?

Participant (Midwife Kumbungu)

If we could get like projectors for our durbars but as I've told you, me since I started working in this district, mostly their main aim is just the family planning (Birth control) because if this unsafe abortion uh-huh.. they're just educating them and most of them, their child will not be up to 2 years and they're pregnant. That has been our main target because, the uterus has to rest at lease 2years before you become pregnant for your next child and most of them, they get pregnant before the child turns 2 years.

Researcher

So you sensitization is centered around family planning ..?

Participant (Midwife Kumbungu)

Uh-huh.. that one too causes maternal deaths. You know the woman is not ready for pregnancy and she's pregnant so she mentally she's not sound because she doesn't take care of herself, she doesn't take care of the child, at the end the child becomes malnourished, she herself is malnourished ah huh… because we have something like when you're pregnant you have to add err.. additional meals. If you were eating 3 times a day now you eat 4 times and when you have a baby its now,5 times ah huh…you add 2 additional meals to your meals. And some too financially they don't even have to add the additional meals ah huh…so here it's a challenge so because of that our main focus is the family planning because when you're able to get them do the this thing, the family planning so that their health will improve because when they space their birth that means they'll be able to take care of themselves and the child and that maternal mortality we are talking about will improve because the child's health will be catered for, the

mother too will be catered for but if she gets pregnant at a time that she's not ready for it some, they try unsafe abortions like they'll take concoctions at home, they won't come to us the midwife because we are trained to do that like the things or the equipment that will help us do our work, at school were trained on MVA (Manual Vacuum Evaporation) but since we got onto the job we've never done or applied it and this our work is practical as we are not doing it there will come a time that even if they give you the things or the equipment, if they don't train you again, you can't do it. Ah-huh.. things you're supposed to use and get rid of the pregnancy or the drugs you'll use, some of them, they don't come to us, they'll sit in their house and take their concoctions.

Researcher

How do you get your messages to them to come to the health facilities?

Participant (Midwife Kumbungu)

Yeah. Its at the, if it's a CHPS Compound, we work with the community health nurses so when they give birth, and they start weighing, even here after birth, for me as a midwife when they come and give birth as they're going, I will tell them that when they go, after forty(40) days or at forty days when you come for weighing try and do family planning don't be denying… we do it in a form of jokes don't deny your men sex try and do family planning because some of you are scared of pregnancy that's why you're denying the men sex so try and go for family planning so that you'll be able to take good care of yourself and the child too will grow well so we educate them here but if its at the CHPS Compound we work with the Community Health Nurses so during weighing too we educate them about the family planning so that the child will grow before the take the next pregnancy.

Researcher

So in your experience what are the key cultural or social factors that influence women's health seeking behaviour in this community?

Participant (Midwife Kumbungu)

They feel the man is the head, especially this family planning if the man doesn't lead them, some of them they can't come for it or we educate them, they want to do but they inform the man says no, that its only promiscuous women who go for family planning. They don't want them to go. Or they're sick and they inform the man that they're not felling well, if the man doesn't give them the go ahead or the permission, they don't come to the health facility.

Researcher

They have to seek for the permission from their men to be able to come to the clinic?

Participant (Midwife Kumbungu)

Yes, Yes! Especially those who are not financially capable.

Researcher

But even if she has her own money do you think that she still needs the permission of her husband to be able to come to the health facility?

Participant (Midwife Kumbungu)

She still needs the permission of her husband because the reason why I said especially those women who are not financially capable if like oh you're the head so anywhere I'm going, I'm supposed to inform you.

Researcher

What if the husband says don't go!

Participant (Midwife Kumbungu)

If the husband says don't go and the woman knows that she's sick and if she goes to the hospital she can pay for her bills, some, they'll come. And those who cannot pay for bills by themselves, they'll be in their waiting for their husbands.

Researcher
Is it a cultural norm or a religious norm for women to seek permission from their husbands before they ce to the hospital especially when it has to do with their health.
Participant (Midwife Kumbungu)
For this question, I don't know. It's both.
Researcher
Please take it let's hear you.
Participant (Midwife Kumbungu)
It's both because when it comes to the religion and most people here are Muslims, the religion says when you're going to do something you're supposed to take permission from your husband before you do it that's why the family planning coverage here is low or the acceptance rate is low because most men don't like it. They say it's only promiscuous women who do family planning ah-huh.. And so they being dick and asking their husbands to bring them to the hospital that one too the men like because of the cost involved because nowadays, even though National Health Insurance is there but it's not everything that the health insurance will pay for especially err… the delivery side because for the small thing, the small money they'll pay, some of them, never. Until of they see that the woman has been in labour for so long and they are not seeing headway that they'll bring the woman to the clinic to deliver ah-huh.. And some too majority are enlightened. It's just fe who are proving difficult.
Researcher
You mentioned some constrain with financial issues but we also know of free maternal healthcare and we also know about Health Insurance. Habe these helped in anyway?
Participant (Midwife Kumbungu)

You know I came into the system when national health insurance was there so before health insurance I don't know how the system was running. But the old people are saying that health insurance has come to kill healthcare because nobody wants to pay for anything anymore. Even health didn't cater for it they feel that why should they have health insurance and still pay for certain things. So the older people insist that health insurance has come to kill the health system.
Researcher
Does health insurance cover majority of the drugs you mentioned like the one you said boost low HB. Does health insurance cover scan all the rest you mentioned?
Participant (Midwife Kumbungu)
Health insurance doesn't cover the drugs used to control the bleeding (Cytotec) and it's costly /expensive. Health insurance doesn't cover those drugs meanwhile our heads are saying that they'll start providing but they're not providing and as a midwife who wants her work to go on, you have to buy and it and keep so that when a pregnant woman comes you'll give to the woman.
Researcher
You buy personally to keep and give it out freely?
Participant (Midwife Kumbungu)
No! We take money for it. It's not free. That's what I'm saying. They said they'll provide it but they're not. But it's my work if a woman should put to birth now and she's bleeding if find myself wanting because I know what I'm supposed to do.
Researcher
So do you think that because of health insurance and additional cost pregnant women have to pay essential drugs that health insurance does not cover, do you think that it has deterred or discouraged most women from seeking healthcare services?

Participant (Midwife Kumbungu)
Yes. The additional cost has deterred most women from coming to the hospital because of health insurance, nobody wants to pay for anything anymore. We have to explain and a times they say they don't see why they should have health insurance and still pay. Their understanding is that health insurance should cover or pay for everything.
Researcher
So because of that they don't come because it is not free?
Participant (Midwife Kumbungu)
Yes most of them don't come because of the cost involved.
Researcher
What strategies have you found to be effective in building trust with pregnant women and their families. Building trust as in them preferring to put to birth at the health facilities instead of home births or relying on Traditional Birth Attendants (TBAs)
Participant (Midwife Kumbungu)
It's just through the communication. We have many examples to show them because there are many instances that they'd deliver or out to birth at home and placenta will remain. It's the hospital they'll end up coming to because the hospital we have oxytocin that's what we'll give them, immediately the baby comes out we give oxytocin to help early detachment of the placenta so that it will come out but at home they don't have that and also here in the health facility, at times you'll give the oxytocin, we have increter and acreter, like the way the placenta is attached it will not come out so some they will have to operate on the woman and remove it but it's not common. With the increter and the acreter you will have to go in and remove it manually and so when they come and the placenta is not coming out you'll have yo out your hand inside and bring it out. And they continue to bring such cases here. Some too bleeding. They'll deliver in the house and be bleeding and when they come here we're able to control it so we give them instances and they themselves they know because within the community they've been seeing women who deliver at home and then the placenta will remain or not come out and they have to come to the hospital or the woman is bleeding. And we too when they come like that we give them tough time, we'll attend to them alright but we'll also scold them so that next time they'll not try that at home.
Researcher
When you say you give it to them what exactly do you mean?
Participant (Midwife Kumbungu)
We'll scold them intensely so that they'll know that what they did was wrong. Because if a woman delivers at home she might be feeing well and come here we threaten them that we'll refer them to the bigger hospitals because they fear to go there. I tell them that I'm here to serve them. Because of them I've left my family I've come to stay and I'm here and you'll still leave me and go to the TBAs or deliver at home now that you're not feeling well you've come for me to attend to you so go to the bigger hospital and because they don't want to go there, at times they'll come to the health facility and deliver. So a times you just tell them you're referring them when you see that they're scared, then you calm down and attend to them. Then you tell them that what they're doing is not the best why should they leave you and be delivering at home, what about of something bad had happened to them or if they had died where would they be to come here for you to help them. Next time they should try and come you're here any time to help them because where staying in Kumbungu here. We the midwives are staying here. You know delivery can happen at anytime.
Researcher
When you're on shift or you're permanently staying here?

Participant (Midwife Kumbungu)
When I'm on shift, I come and stay.
Researcher
How close are their husbands to you as midwives or health professionals like you mentioned earlier, they play an important role because they make decisions for their wives so don't you agree that if you have a strong bond between you it'd help?
Participant (Midwife Kumbungu)
That's why once a while our leaders the top leaders organize durbar within the community.
Researcher
So within a year how often do they organize these durbar.
Participant (Midwife Kumbungu)
Because I'm not here I don't know.
Researcher
But you'd have heard about it. That you know they've organized something like that.
Participant (Midwife Kumbungu)
For this Kumbungu sub district within a year like 3 times. You know the communities are many so they pick communities according to thief needs.
Researcher
Alright this brings us to the end of the Interview

TOLON MIDWIFE

Researcher (00:00)
So, Madam I want to find out from you as a midwife. Can you describe your role in providing Maternal healthcare in this community?
Participant (Tolon Midwife) (00:10)
My role as a midway in this community is to ensure that a pregnant woman who comes here leaves healthy with the baby and also help prevent Maternal deaths. And child death as well.
Researcher (00:25)
How long have you been serving as a Midwife?
Participant (Tolon Midwife) (00:30)
4 years now.
Researcher (00:25)
4 years. Please what are your main responsibilities when working with pregnant women and new Mother's, your main responsibilities.
Participant (Tolon Midwife) (00:36)
My responsibility is to let the mother the new mother, or even the pregnant woman know what and what she needs to do throughout their pregnancy to enable her deliver safely without any complications. Yeah, that is some example, It's like what she's supposed to eat some positions she's supposed not to do whilst pregnant and preventing strenuous work.
Researcher (01:07)
If you say strenuous work, what does it mean?
Participant (Tolon Midwife) (01:09)
Like work that would stress, like some still go to the farm to do some carry some, carry too

much heavy load that can give them that can give them waist problems even before the child is able to come or some do that, and even come back here with miscarriages.
Researcher (01:26)
Okay, please how do you typically share health information with pregnant women and new Mothers?
Participant (Tolon Midwife) (01:33)
Mostly it's done at the ANC level and normally we have days for that, we gather them and talk with them and we tell them what they need to know and they also ask us what they want to know, we tell them about it.
Researcher (01:51)
Please. I want to find out again. How do you adapt your communication when faced with language or cultural barriers ?
Participant (Tolon Midwife) (01:58)
With the language barrier, me for instance, I don't understand Dagbani very well so mostly my colleague here she understands, that is what happens. Mostly they pair us that in a way that when one doesn't understand, one understands I don't understands. But if I'm alone, I try to find out from the client, the language she understands that I can also understand then we communicate. example, like the Ashanti local dialect or language, which is twi, twi is like a language that most people understand so mostly does it ends up if there is no one to help out, we get someone to translate.
Researcher (02:27)
Okay, please can you describe some of the methods you use the encourage women to seek Antenatal and skilled delivery services?
Participant (Tolon Midwife) (02:36)
The methods? Methods as in?
Researcher (02:41)
Methods as in, do you use some visuals, some cards? I mean, how would you convince them to come for antenatal.
Participant (Tolon Midwife) (02:50)
The community health nurses help with that.
Researcher (02:59)
The next question I want to find out is, have you used any visual aids or storytelling in your community meetings with pregnant women to convey health messages?
Participant (Tolon Midwife) (03:14)
Yes we do.
Researcher (02:59)
Errm.. I didn't get that.
Participant (Tolon Midwife) (03:14)
We do.
Researcher (02:59)
Oh okay. And how effective was that.?
Participant (Tolon Midwife) (03:14)
Mostly because it in the villages, when we are to do that, We go with laptops. Like what she is just doing. We let them see how the delivery process is and we explain things to them and they come to deliver it is a bit better than this.
Researcher (02:59)
Okay.
Participant (Tolon Midwife) (03:37)

Yes yes.
Researcher (03:39)
Please what are some of your most common difficulties you face in communicating health messages to the women? The difficulties you face.
Participant (Tolon Midwife) (03:48)
Most of them before you do anything on them, they want you to seek permission from their husbands, especially with family planning.
Researcher
Okay,
Participant (Tolon Midwife) (04:12)
One can come and she's like having thirteen (13) children already and come to deliver fourteenth one and when as a midwife, you want to talk about family planning, they are like unless we seek their husband's consent, before. Some too with the Fulani's when they come, before you even see their private parts, unless the husband is there and consent. That's some of the challenges we face here. Especially with Fulani's we don't get it easy with them.
Researcher (04:27)
How do you address resistance from women who prefer home births or rely on traditional practices? Because we know some of them still rely heavily on these concoctions, they call 'kagligu tim'(local oxytocin)
Participant (Tolon Midwife) (04:39)
Uhmm they still take kagligu tim'(local oxytocin) and come..
Researcher (04:40)
How do you address it?
Participant (Tolon Midwife) (04:42)
Mostly, most of them when they take it and come, they don't get their babies and we let them know that is the reason why they lose the babies because the local concoction or 'kagligu tim'(local oxytocin) makes the, labour precipitates very fast and that way the babies is always in distress. So mostly if the cervix doesn't open as soon as possible, baby comes out, asphyxiated and mostly, most of them die. And also there are people there, how do they call those people who deliver them at home my home ?
Researcher
TBA's, (Traditional Birth Attendants)
Participant (Tolon Midwife)
Yes the TBA's we try to be close to them and let them know the disadvantages of what they do so mostly now most of them carry their clients here to us themselves.
Researcher (05:25)
Oh okay. Is it all of them or,
Participant (Tolon Midwife) (05:27)
No all not all of them, some are doing but some, they'll try but when it's not working they now bring them here.
Researcher (05:34)
Oh okay, Have you recorded any deaths in the last six (6) months due to delivery?
Participant (Tolon Midwife)
Maternal?
Researcher
Yeah, maternal deaths
Participant (Tolon Midwife) (05:43)
Six months, six months.

Researcher (05:45)
How about within this year?
Participant (Tolon Midwife) (05:47)
Yeah, I think we had two or so. I was on leave but I heard something like that. I learnt one was low HB. They were still preparing the blood and she passed on(died)
Researcher (06:13)
Okay, what type of resources or support do you think as a midwife or skilled birth attendant would help improve your communication with these rural populations, what, is it training, workshops or resources do you think would help?
Participant (Tolon Midwife) (06:27)
Workshops and the training will do. And mostly when we are to even organise that they should help us with, item thirteen (food and drinks) to always encourage them because if you always engage them without it, they feel you are wasting their time and you can't encourage them, they won't come when we organise the workshops, trainings
Researcher (06:51)
Does health insurance. Okay, I just want to ask this question. Is it free for a woman to, deliver?
Participant (Tolon Midwife)
Yes its free.
Participant (Tolon Midwife) (07:02)
Yeah, don't have health insurance. the patient over there just went to pay because they don't have health insurance. Yeah
Researcher (07:12)
Does health insurance? You know? Is it comprehensive that cover everything about delivery?
Participant (Tolon Midwife) (07:18)
Um, with pregnant women everything is supposed to be free. You know when they come in they don't pay anything. That is if their insurance is active, they don't pay anything at all.
Researcher (07:26)
But we've heard issues about the fact that the NHIS, National health Insurance Scheme does not cover some of the essential drugs like scan, like, you know, those
Participant (Tolon Midwife) (07:34)
With here, the only drug I know NHIS, National health Insurance Scheme doesn't cover is the Cytotec, she was bleeding and I just gave her some, so that one she will have to go and pay for it at the pharmacy.
Researcher
How about the scan?
Participant (Tolon Midwife)
Its not covered by the NHIS, National health Insurance Scheme. The scan too I think they pay but its not much.
Researcher (07:52)
Okay, I also heard that it is the delivery that is free, some of the items like rubber, antiseptic soap, Dettol and all of those ones that they not are not free, they still would have to?
Participant (Tolon Midwife) (08:05)
They have to bring it we don't sell it to them, if you're coming to deliver and you didn't come with anything, if she had brought everything and even like this if the husband come and can replace what've used for her, he'll buy and we will replace it..
Researcher (08:18)
In your candid opinion do you think that, of some of these things that you know, most of these rural populations are not unable to afford could deter them from coming to hospital?

Participant (Tolon Midwife) (08:28)
Yes. The hospital. Most of them feel they can't afford when they come to the hospital or they can't get everything, or the list we usually give them at the ANC. They feel they can't get everything and because of that, they don't prefer delivering in the hospital, they want to deliver at home which is also risky for them. If you come, at least if she was having some 3 or 4 cloths its fine. I'd have just used the pad and some few things and if the husband comes I will write it for him to out and buy and replace so that when another person comes that way without having anything we can get some to use on her.
Participant (Tolon Midwife) (08:45)
Researcher (08:56)
Okay. To encourage hospital delivery in hospital births, err what do you think governments should do in relation to the national health insurance scheme that will be comprehensive enough for rural populations or people to just come here and not pay a penny?
Participant (Tolon Midwife) (09:11)
Errm..If the government can produce everything we use for their delivery and we let them know if they come even the pad kraa if they don't come with it is there, they will always come around. They will not prefer to deliver at home because they themselves know delivering here if there's any emergency we can resolve it here than at home, some of them are from very far communities that when they deliver at home and complications come before they get here it becomes too complicated or some of them even end up losing their lives, but if everything is here and you know, as they are coming, they're coming with just a cloth or 2 and everything is there covered them up they will always come.
Researcher (09:48)
Oh okay. Errm I want to find out in your personal perspective. In your experience. What are some of the key or societal factors that influence women's health seeking behaviour in this community. Some of the key cultural or societal factors that influence women's health seeking behaviour in this community. I think you mentioned it in the beginning when you said that, they need permission from their husbands or head of the household to be able to come here. Are there any cultural issues?
Participant (Tolon Midwife) (10:13)
Yes, they need permission from their husbands or head of the household to be able to come here but as for the cultural, I don't know much of that I just know that because their husbands they are not always married to them alone they have second, third wives so I don't know much about that.
Researcher (10:26)
Okay, what are some of the strategies that you have found out to be most effective in building trust with good pregnant women and their families. Trust in the sense that they would prefer the hospital as against these Traditional Birth Attendants(TBA's) at home or home deliveries.
Participant (Tolon Midwife) (10:45)
I think if they are always coming for the ANC and the husband's follow them come and we take the woman and the husband through the processes from the beginning like at any time she's coming. The husband should come with her, we'll take them through till the nineth month, I don't think there will be issues if the woman comes and we are saying certain things, the husband will also have an idea about it so he wouldn't resist us from doing anything that will be good for the woman or the baby or even with the family planning that I was talking about. I feel if the men also have some knowledge about it they wouldn't see it to be a problem.
Researcher (11:21)
But how important is family planning which is a birth control measure in maternal mortality or maternal healthcare?

Participant (Tolon Midwife) (11:30)
It's very important because some of them deliver as much as fourteen children which is not very good for their health. When you deliver so much like that, there are health risk, risk factors are you can come back to the hospital with low HB. some even come back with womb prolapse and other things, which isn't good for their health. You see that, one will just come and deliver the fourteenth or the fifteenth born and bleed to death. Some are so weak that but I don't know who they are always trying to impress. Some too because the want to give birth to a particular sex, they'll just be giving birth any how and with the mindset they have to get that particular sex. They'll be weak and still insist and its its not the best. So when we see that, what we try to do is talk to them about family planning and encourage them to do it to relax and issue is that they don't give time to relax and rest before they pick seed again.
Researcher (12:22)
You need to rest before you pick?
Participant (Tolon Midwife) (12:24)
At least If you give birth at least 2 years before you pick again to allow your womb your body system to regain before.
Researcher (12:32)
So if a pregnant woman doesn't allow their bodies to heal and they get pregnant again, what are some of the risks?

Participant (Tolon Midwife) (12:37)
Those with, those who go through cesarean section (Cs) like this, it's very important they wait 2 years because, it's just important everybody waits because the womb, just imagine you the human being always, you are carrying some heavy load. You don't allow yourself to rest, you'll breakdown, so it's good after delivery, you'll rest for like two years approximately before you get pregnant again.
Researcher (13:02)
Do you think that in regards to choosing to deliver at the hospital as against home births, if opinion leaders within their communities or their societies, join their voices, do you think that it will help scale up the numbers? Okay, I do think that in regards to the like, as they choosing to deliver other hospital as the games on the best if all union leaders agreeing all their communities and societies and you know, during their voices, and do you think that it would help speed up their numbers?
Participant (Tolon Midwife) (13:25)
Yes, it will. If the volunteers at the community side, also, try to add up their voice to educate them to know the importance of delivering in the hospital. They will come.
Researcher (13:40)
The last question is, what are your final thoughts?

Participant (Tolon Midwife) (13:47)
About the,
Researcher (13:48)
Yes, I mean, the whole topic we're talking about, I mean, choosing health facilities, some of the dangers what do you think needs to be done with your conclusion thoughts such as your personal perspectives.
Participant (Tolon Midwife) (14:01)
They said it insurance covers delivery but as you know, when they come, they still need to get some items. So, I think if the government could always make those things available in every

hospital so when they come to deliver and they won't even try to deliver at home, because most of them feel if they come to the hospital, they'll pay money that's just why they don't come because the money.
Researcher (14:26)
Prefer the traditional birth attendants (TBA's) and the home births.
Participant (Tolon Midwife) (14:27)
Feel over there they don't pay anything. They will finish and they'll still give them local medicine to go and they think it's better... but its risky because after delivery you need to take some antibiotics and medications to heal and over there, they don't do that. When they get a tear during delivery, they don't know how to suture, they just leave it like that and when they come to deliver the next time, what we see, is not pleasant. It's really risky delivering at home. If the government could provide the delivery items, some, at least they can always get the cloths but the pad, the rubbers they lay on, the baby diaper at least one each, because this baby for instance she's just passing stool and we can't cover her with anything until we give her a diaper, if all these items always available in the hospital for free, they will come and deliver here.
Researcher (15:21)
As part of your education sensitization with these pregnant women, you do talk to them about, ectopic pregnancy and some of the dangers of trying to deliver or put to birth at home?
Participant (Tolon Midwife) (15:32)
We do, we always that with the ectopic pregnancy if you're pregnant, we encourage that when they are pregnant they should try and go to the hospital to start ANC because if it is 1 month and you come and we know, we notice it is ectopic, we can help out.

Researcher (15:50)
How will you notice it is ectopic?
Participant (Tolon Midwife) (15:52)
If a scan is taken, so normally when somebody is tested positive before the eighth week, we try to do a scan, to be sure the baby is in the womb.
Researcher (16:03)
And these Traditional Birth Attendants (TBA's) are not able to do that.
Participant (Tolon Midwife) (16:05)
They don't know that and that way you see, that the woman will just get up one day, start bleeding and collapse and most of them die.
Researcher (16:16)
This brings us to the end of this interview
Thank you so much

INTERVIEW WITH SAVELUGU MUNICIPAL HOSPITAL MIDWIFE

Researcher: Can you describe your role in providing maternal health care in this community?
Participant: We do Maternal cases and labor. We do 1st stage, 2nd stage and 3rd stage. When a woman comes in, we welcome her and ask for her reason of coming here. If it is sickness, she will go to maternity and if it is labor, we will ask to find out if she is losing liquor. If yes, we assess her to see if it is true labor. Then we educate her on everything you are going to do for her. What I will like to say are some of the challenges we face here is, they take instructions from their husbands. So some during labor, unless they go to the TBA for them to give them the

local oxytocin before they will come. So, some their gestation is not due, but since de TBA doesn't know, she will just give the local oxytocin and they will report to the hospital with intra utrine fetal death (IUFD). So we do educate them, coz they say it triggers labor fast. Some may come with serious reactions that they don't have to go through it. So we educate them about that. They are being influenced by their colleagues. They usually convince them by telling them that they have used it for all their pregnancies and some even bring it here to take and we usually tell them that, they can't all have similar reactions, coz they're all made differently. The challenging thing is that, what their husbands say will be their final decision and they don't listen to what we tell them. They also believe in home deliveries than in the hospital.
Researcher: How do you share information with pregnant women and new mothers?
Participant: after delivery we educate them on the care of the mother and the newborn. E.g infection prevention, how to care for the umbilical cord, danger signs of a sick baby. They should go to the hospital when they see those signs. We also educate them on breastfeeding, importance of the breastfeeding and it is done face-face. There is always language barriers, but our colleagues who understand do the education when we are facing this challenge
Researcher: How do you encourage them to seek ANC?
Participant: Through our education, we tell them that we are now in a modern world. In the olden days, they were not using chemicals to produce the food we eat, but now, our food stuffs are full of chemicals, so, I do educate them that, any little thing, they have to report to the hospital, coz it was difficult to here in the olden days that they are going to do somebody operation to bring out her baby during pregnancy, but now, it is rampant. And so, in order to do away from that, they have to always come for ANC so that if there is something going wrong with them, it can be seen faster and corrected. But if they delay, they can lose the baby
Researcher: Incase your colleagues who understand the language are not around, how do you manage communication barriers?
Participant: I do understand some of the words they speak and the women usually correct me when I find it difficult in pronouncing certain words they are familiar with.
Researcher: Have you used any visual aids, storytelling or community gatherings to convey any health message? If so, how effective was it?
Participant: No
Researcher: what are the most difficult things you face in communicating health messages to women?
Participant: we face many difficulties. Some don't want to come and if they come, in no time, they have to deliver and go back home. They usually abscond if they see that they have to stay long in the hospital. Such people usually come back with the IUFD.
Researcher: how do you address resistance from women who prefer home births or rely on traditional practices eg the local oxytocin?
Participant: when they come and I realize that the contractions are more than normal, I usually ask them to tell me what they have taken in the house before coming, and some of them usually tell me whatever they have taken home before coming to the facility.
Researcher: what type of support or resources (training, tools, materials) would help you improve your communication efforts?
Participant: opinion leaders should help us in educating the pregnant women, because when we tell them, they don't take it, eg when we tell them to stop taking the local oxytocin, because they may come to the hospital and they are able to deliver successfully, they don't see it to be dangerous to their health and they go back home and encourage others to be taking it.
Researcher: how does health insurance help?
Participant: actually, delivery is free but the items needed in delivery are not free. But the women

think with the health insurance, you can even get those items freely. And after delivery, if the drugs they are to be taking are not there, then they have to buy those ones too.
Researcher: does the health insurance cover for essential drugs and scans?
Participant: it covers for some of the drugs for the pregnant women. But for scan, I can't best tell.
Researcher: those items you said are not free, do you think they can be the reason why some of the women prefer home deliveries?
Participant: for that one I can't tell.
Researcher: in the last 6 months, did you record any maternal deaths?
Participant: yes
Researcher: what do you think was the cause of those deaths?
Participant: sometimes, those deaths are referral cases. They may refer them and they will not want to come. And by the time they will get here some complications may set in. just like yesterday, they referred her on post date on November 7th and it was 13th that she came to the hospital. Meaning her expected date of delivery has passed for days.
Researcher: what are some of the risks of the delay to report to the hospital after referral?
Participant: a lot. Depending on the condition, eg post date, high blood pressure, protein in urine, bleeding after delivery.
Researcher: did you find out why they always delay before coming to the hospital when they are referred?
Participant: sometimes, it's their husbands who delay their coming. There is this woman who was referred and she went home and gave the referral letter to her husband and that, her sister in-law upon hearing that information said the women in their house do not deliver in the hospital. That they deliver in the house. Meaning they shouldn't come to the hospital.
Researcher: is it a cultural system?
Participant: I don't know.
Researcher: what are the strategies you have found to be very effective in building trust between you and your pregnant women? Do you think the opinion leaders can help/
Participants: Yes. The education that we are giving, we should involve the men. Because, they always ask for their husbands permission before they can take any decision.

PREGNANT WOMAN, TOLON

Researcher., Please I want to know where you do get information about your health as a pregnant mother and that of your children?
PREGNANT WOMAN TOLON. from the hospital, because when ever I am I am not feeling well, I go to the hospital to seek health care and I will be fine, the same applies to my children
RESEARCHER.., Seeking health care comes in many ways, we have the preventive and and that of the curative health service.
PREGNANT WOMAN TOLON..,Yes they are teaching us at the hospital to be hygienic in ourselves ,our houses and in our environments because poor hygiene can leads us to ill health.
RESEARCHER..,Do you ever hear something from the radio that is useful to your health?
PREGNANT WOMAN TOLON..,Yes,we do listened,although I Have forgotten the name of the radio station,they do talk about that a lot ,how to take care of yourself as pregnant woman or how to take care of your baby until he or she grow up from the radio.
RESEARCHER..,Do you some times get information from TBA regarding your pregnancy or

baby after your birth?
PREGNANT WOMAN TOLON..,Yes, we do get,The TBA's sometimes would tell you something and it end up being true and to some of their advices the Doctors would tell us not to follow that
RESEARCHER..,What I want to ask again is,you said you often get health informations from the hospital, Radio and the TBA'S,From these three sources which of them do you trust as the most reliable source of your health information?
PREGNANT WOMAN TOLON..,We rely on that of the hospital,because when you are not feeling well you would have to go to the hospital so they are those we follow than the other sources
RESEARCHER..,Can you share with me any useful information you have ever gotten from the hospital, anything they have ever tell you which you put in practice and you testify to benefit of such information?
PREGNANT WOMAN TOLON..,Yes they are telling us, as I am here for instance, they told me not to do hardwork with my pregnancy but I didn't have a choice then to be in the hardwork because I leave with my children alone that is the reason I am here now
RESEARCHER..,Interms of health information delivery,there is television information delivery,radio and that of face to face with the health practioner.Which of these would you prefer the most
PREGNANT WOMAN TOLON..,The informations from all these sources are useful,sometimes you follow some of them and they are true whiles some are not true but we prefer that of the Doctors because if they tell you something and you didn't do and later have a problem you would return to them and they would ask you Researcherions
RESEARCHER..,Why do you trust informations from the health centers then the other souces?
PREGNANT WOMAN TOLON..,The reason is that they are always available for us but to the other sources they can be there today and absence at the time of need.But the Doctors when ever you need them you would get them.
RESEARCHER..,What and what attracts you more about the teachings at the health centers that makes you trust in the them that much?
PREGNANT WOMAN TOLON..,They are saying the truth and realistic I am admitted in the hospital right now, if I had listen to their advices I wouldn't have been here now, I would have been in the house now and not here.They told me what not to do and I refused that is what brought me back to the hospital.
RESEARCHER..,We hear some pregnant woman do go to the hospital because of the money the husband will give her is it true?
PREGNANT WOMAN TOLON..,No, me I go to hospital because of my health, is not always that my husband would have to sent me to the hospital, sometimes I have to take car and go in and out and sometimes foot because we are coming from a village
RESEARCHER..,We learn some pregnant woman also come to the hospital because the nurse sing and dance with them or entertainment on tv is it true?
PREGNANT WOMAN TOLON..,No, me I go because of my health
RESEARCHER..,Since you are coming from far,could lack fair be a factor that can prevent you from going to the hospital some times?
PREGNANT WOMAN TOLON..,Not really, it is not far that much, I can foot sometimes or when he is free he can sent me the hospital, also anytime that i am going to the hospital he would give me money for transportation and when I cant come by myself ,someone will bring me on a bike.
RESEARCHER..,Do you know any pregnant woman that do not like going to the hospital for

antenatal care?
PREGNANT WOMAN TOLON..,Yes, there are some people that say that antenatal care is stressful so they always wait till their time is closer before they start, like when they are left with a month to birth that hey would start to attend to the hospital but me my pregnancy always worry me so I start attending the antenatal care as soon as possible I realized I am pregnant
RESEARCHER..,Those attending the hospital late,do any of them ever mention to you why they do that?
PREGNANT WOMAN TOLON..,They are saying that if you they start early it is stressfull and also because of the distance from our villages to the hospital,unless there is someone to bring them on a motor bike.
RESEARCHER..,Is the stress the only reason or there are other other reasons?
PREGNANT WOMAN TOLON..,Yes there is,some the husbands are willing to give them money to come
RESEARCHER..,Is there any cultural and traditional believes that prevent you from practicing what you learn from the hospital?
PREGNANT WOMAN TOLON..,Not cultural and traditional believes but rather financial constrains that make us unable to practice some of them.

RESEARCHER..,Please tell us something about 'pag pirigibu' (The traditional way to officially announce that a woman is pregnant).Is there a way this could prevent a pregnant woman from going for antenatal care especially before this occasion?
PREGNANT WOMAN TOLON..,Normally,this does not prevent women from going to the hospital,as soon as it done that is all,it is their culture and they are doing it,so immediately that is done, you can start going to the hospital
RESEARCHER..,But don't you realized that,sometime before they do it the pregnancy might have big old or even close to birth
PREGNANT WOMAN TOLON..,Yes, that is true but some time you can be attending the hospital secretly before the occasion for the sake of your health
RESEARCHER..,That means this can prevent a woman from going to hospital right?
PREGNANT WOMAN TOLON..,Yes,if she feels ok ,she waits till the occasion is done
RESEARCHER.., What should the health practitioners and TBA's do to strengthen their services delivery towards you people?
PREGNANT WOMAN TOLON..,They should pay more attention to our health care, if someone comes with a problem they should give the person their maximum attention to help the person the recover in that order their work is improving,but if a person come with a problem and leave her in pain and even shouting at her
RESEARCHER..,Is there at times that ou want to go hospital but your husband will denied you not to go?
PREGNANT WOMAN TOLON..,No,any time you realized the need to go he will allow you to go
RESEARCHER..,But before you go to the hospital you have to take permission from your husband before?
PREGNANT WOMAN TOLON..,Yes,sometime you pre-inform him a day before the day you want to go
RESEARCHER..,That means if you didn't inform him you can go?
PREGNANT WOMAN TOLON..,Yes, if you didn't inform him and there is a problem at the hospital he would not come
RESEARCHER..,That is why you need prmision before yiu can go?

PREGNANT WOMAN TOLON..,Yes
RESEARCHER..,But he may say you should not if he didn't have money?
PREGNANT WOMAN TOLON..,No, he would only tell you he didn't have money and if you have money in you then you can go
RESEARCHER..,What if you don't also have money?
PREGNANT WOMAN TOLON..,Since we eat from the house, either chop money or not we are good to go,beside if you come for check up you don't normally delay but if you get chop money you can take
RESEARCHER..,Does the health insurance cover all you needs like drugs or you buy?
PREGNANT WOMAN TOLON..,There are somethings you have to pay
RESEARCHER….What and what do you often pay for ?
PREGNANT WOMAN TOLON..,Some scanning, blood sample taking and some drugs
RESEARCHER….Could that be a reason why some woman are unable to come to hospital?
PREGNANT WOMAN TOLON….Yes, because they don't have money there some drugs they can not get so next time you would be reluctant
RESEARCHER….Have you given birth in the hospital before?
PREGNANT WOMAN TOLON…Yes,I have four children and is only the first one that was delivered at the TBA home the rest were all delivered at the hospital
RESEARCHER….Why do you deliver the first one at the TBA home?
PREGNANT WOMAN TOLON..,Becose it was my time I didn't know I was suppose to do it at the hospital and also there was a TBA in our village so I did it there
RESEARCHER….,So were able to deliver successfully?
PREGNANT WOMAN TOLON..,Yes, it was successful
RESEARCHER….Were you giving kaglugu tim before birth?
PREGNANT WOMAN TOLON..,No

RESEARCHER…,What and what do you normal pay for or buy when ever you come to the hospital to deliver?
PREGNANT WOMAN TOLON..,All this things I have to buy,rubbers,datol and sometimes after birth they write them for you to pay.
RESEARCHER….Could that prevent people from come to the hospitgal?
PREGNANT WOMAN TOLON..Yes,because if you don't have money,some women deliver in the house because that.
RESEARCHER..,In your opinion, what should the health practitioners do motivate or encourage you to always deliver at the hospital?
PREGNANT WOMAN TOLON..,It good to deliver in the hospital because if there a challenge after birth it would be taking care of but if it is in the house you be suffering until you are getting collapse that you would rush to the hospital
RESEARCHER..,Is there more reasons to that apart from the treatment?
PREGNANT WOMAN TOLON..,Yes, when you deliver at the hospital your husband is forced to get the diet at that moment but if it is in the house you cant get that
RESEARCHER…,We learn some men are not doing it because the wife is not correct to him is it true?
PREGNANT WOMAN TOLON..NO,even at ill health? The woman is carrying his baby so if the woman is fine the baby to will be fine
RESEARCHER….With all that we have discussed ,we want you to tell us what yu think if it is done it would have change the all factor that prevent women from coming to the hospital for

antenatal care
PREGNANT WOMAN TOLON..,, I will have prefer they make health cares services total free for everyone so that when you are sick they treat for free without any payments
RESEARCHER…,is it for pregnant women or everyone?
PREGNANT WOMAN TOLON..,Everyone and every sickness so that people would not be keeping sickeness in the houses
RESEARCHER…,Which community did you come from?
PREGNANT WOMAN TOLON..,Kpalso kpana
RESEARCHER….Where is it located
PREGNANT WOMAN TOLON..,Around Nyankpala
RESEARCHER….That is all our questions for now and we greatful

FGD's WITH 3 PREGNANT WOMEN IN KUNBUNGU
Researcher: Where do you usually get information about pregnancy, childbirth, and maternal health?
1st participant: from the hospital midwives, my phone and the TBA
2nd participant: from my mother-in-law, TBA, hospital midwives
3rd participant: from the TBA, hospital midwives.

Researcher: Who do you trust most for health advice (e.g, healthcare providers, family, community leaders)?
1st participant: from the midwives. But because of care and the time the TBAs give to me, I sometimes go to them. Just like yesterday, I wasn't feeling well and I decided to go to the hospital, but they couldn't solve my problem, but rather they asked me to go and take a scan and that is why I'm at the TBA place today. I believe the baby is not positioned well, but the TBA can help me to position him well for me.
2nd participant: from the midwives, but I do go to the TBAs for antenatal health services because, when I go to the hospital, they don't have much time for me. But with the TBAs, they will get enough time for you and even make you to lie down for her to examine you to know what is exactly wrong with you. The midwives will also make you to pay for urine test whenever I go for ANC, and sometimes if I don't have money, I will stay back home because I don't want to go there and disgrace myself because of that money.
3rd participant: from the midwives, but sometimes, when the date for my next ANC service is not due and I have problems with my pregnancy, I will go to the TBAs. And also, when I go to the hospital and I'm asked to do any test or buy any medicine that I can't afford, I do go to the TBAs, because their medications are not costly. So, I'm not used to going to the TBAs. The midwives also like beating pregnant women who are into labor. They also like saying we should go and do scan which is costly.

Researcher: can you share and example of a health message or advice that you found particularly convincing or helpful? What made it effective?
1st participant: mostly when I go for my ANC service at the Buntanga hospital, they will give use health education concerning what we are supposed to be doing as pregnant women and what we are not supposed to do that will help to promote our health. But in the Kumbungu hospital, I don't see them doing that. And 1 of the the messages that I find convincing and effective is that we should be doing some simple exercises that will help us stay active.
2nd participant: the message from the health workers that I find to be convincing and effective is

that, they always say we should eat nutritious meals that will help us get more blood so that we can have a successful pregnancy period. So, what they tell me, I will also go and tell my husband so that he can help me to put into practice.
3rd participant: the message that I see to be convincing from them is that we shouldn't be taking medicines anyhow because some medicines can affect our health and the health of our babies.

Researcher: How would you prefer to receive health information (e.g, face-to-face, radio, mobile messages, community meetings)?
1st participant: I like information from my mobile phone. I use to also watch videos on my phone concerning my pregnancy. But I also like listening to the healthcare providers when they talk to me directly.
2nd participant: I prefer sitting down with my healthcare provider and listening to her.
3rd participant: I prefer to listen to my healthcare provider directly because sometimes when they talk, I may have some questions to ask. So if she is talking to me directly, I can ask her my questions.

Researcher: which language communication format is easier for you to understand and act on?
1st participant: mobile phone. Because, sometimes I feel lazy to walk to the clinic. So, I will just sit back in the house and watch the videos on my phone and it is easy to understand.
2nd participant: face-to-face because, I get the opportunity to ask my questions directly to the person talking to me. They will also demonstrate when I don't understand what they are saying. It should be in my local dialogue that is Dagbani
3rd participant: I prefer the face-to-face with the TBA because if it is on fon, I will have to buy bundle before I can get that information and it is going to be costly. But I prefer it to be in Dagbani my local dialogue.

Researcher: Do you prefer messages that come from the healthcare workers, traditional leaders, or other sources? Why?
1st participant: I prefer both. But more from the healthcare workers
2nd participant: I prefer from the healthcare workers, because they have knowledge about what they tell us.
3rd participant: from the healthcare workers. Because they were taught in school. But I also prefer it from the TBAs, because what they always tell me is true

Researcher: What makes you trust or distrust the health information you receive?
1st participant: I trust information that comes from either the midwives or the TBAs because they have been train on the work and they have more experience
2nd participant: I trust information based on who is telling me that information. If I know you don't have knowledge on what you are telling me, I don't trust it.
3rd participant: the source of an information will either make me trust it or not to trust it.

Researcher: have you ever encountered health messages that contradicted your cultural beliefs or practices? How did you respond?
1st participant: Yes, in Dagbani, if a woman is pregnant for the first time, nobody has the right to call such a woman a pregnant woman until they perform certain rites for her before she can be called a pregnant woman. So we usually wait till those rites are performed before we can go to the hospital to register for our ANC services which is sometimes delayed. But the hospital

workers are always telling us that as a woman of matured age, if you don't see your menses, the 1st thing you should do is to come to the hospital to be tested and if you are pregnant, they will register you for ANC services. And this is against our culture.
2nd participant: sometimes the food they ask us to eat to stay healthy cannot be found here. So it makes it difficult for us to abide by their instructions and turn to abandon what they tell us. But most of the things they tell us don't go contrary to my culture or beliefs.
3rd participant: most of what they tell us is in conformity with my culture and beliefs. So I haven't encountered something like that.

Researcher: what factors would encourage you to seek ANC or deliver at a health facility?
1st participant: they should be caring and lovely to us. They should not be speaking harshly to us. Because when I come to your place and you are harsh to me, I wouldn't like to come back again
2nd participant: they have to be playful to us and not being harsh to us. Because of that their behavior, even the student nurses who come to the facility to learn are also picking up that behavior by being harsh to pregnant women and disrespecting us.
3rd participant: they should get more tools and equipments that will help make their work easy and for our safety. They should also make the tests and scans we do more affordable for us. And also try to be patient and polite when talking to us.

Researcher: how could health workers or community leaders improve the way they communicate with you about maternal health?
1st participant: they should go through more training to be able to communicate effectively to us
2nd participant: they should be more patient when they are attending to us, coz we don't understand them sometimes and they become angry when we ask them further questions
3rd participant: they should be given more training on how to communicate to us.

Researcher: What additional support or resources would make it easier for you to access healthcare services?
1st participant: they should try to get more tools that will help the to work easily, coz we have being to other places where they use some tools that are making their work easily
2nd participant: they should give them more training to help them work effectively. They should make the NHIS to cover all services and also to make our drugs less costly. They should also try to be respectful towards us.
3rd participant: they have to learn how to be calm when attending to us

Researcher: If you could suggest one change in how health information is shared in your community, what would it be?
1st participant: they should focus on talking to us in groups and they should have more time to talk to us.
2nd participant: they should be patient when talking to us
3rd participant: they should make time to address our individual problems.

INTERVIEW WITH TWO (2) PREGNANT WOMEN IN SAVELUGU

Researcher: Where do you usually get information about pregnancy, child birth and maternal health
1st Pregnant woman Savelugu: I usually get it from ANC, on TV and from friends

2nd Pregnant woman Savelugu: It is my first pregnancy and I get all my health information from ANC services and also on TV.
Researcher: Who do you trust most of your health advices from (eg healthcare providers, family, community leaders)?
1st Pregnant woman Savelugu: I believe most in what the healthcare providers tell us coz they give us information and when you put them into practice, u get instant results with no complications. Example when I'm sick and they give me medicine, it cures my sickness.
2nd Pregnant woman Savelugu: I believe in what the healthcare providers tell me and the reason is because, they can tell you the date you will give birth and when that day comes, you will surely give birth.
Researcher: Can you share an example of a health message that you found particularly convincing or helpful? What made it effective?
1st Pregnant woman Savelugu: When someone gives birth, they usually tell us what to do to stay healthy and also have safe sex with our husbands without getting pregnant. They also show us how to take care of ourselves and our babies.
2nd Pregnant woman Savelugu: With the labs and scan they make us to do, they are able to tell us when we will be giving birth and the sex of our children though they are still in the uterus.
Researcher: How would you prefer to receive health information (eg face-to-face, radio, mobile messages, community meetings)?
1st Pregnant woman Savelugu: I prefer face-to-face and on TV. But I prefer it on TV because during the education, the educator might have said something and you need clarity on that or have further questions to ask. But when you are shy, you can't ask your question. But if it is on TV or radio and they give their phone numbers out, you can easily call and ask them
2nd Pregnant woman Savelugu: I prefer the face-to-face, because they demonstrate to us how some of the messages they are giving to us is done.
Researcher: Which language or communication format is easiest for you to understand and act on?
1st Pregnant woman Savelugu: I prefer Dagbani or English language information given to me on the TV or on radio
2nd Pregnant woman Savelugu: I prefer Dagbani language information given to me face-to-face because I will understand it better and can also ask the questions that I want.
Researcher: Do you prefer messages that come from healthcare workers, traditional leaders or other sources? Why?
1st Pregnant woman Savelugu: I prefer messages from healthcare workers and the reason is that, when they group us to talk to us, it encourages us more and we enjoy the learning because of the fun involved sometimes. When we're also in a group learning from them, our colleagues who understand more will share the information with us to also learn.
2nd Pregnant woman Savelugu: I prefer messages from the healthcare workers because their information is always accurate.
Researcher: What makes you trust or distrust the health information you receive?
1st Pregnant woman Savelugu: I trust the health information I receive because when I'm seriously ill and they give me drugs and education on what I'm suffering from, I get relief from it. But if I don't get relief, then I don't trust information from such a person again.
2nd Pregnant woman Savelugu: I trust the information I receive because most of what they tell me, when I put them into practice, I get the results I want. With the TBAs, they sometimes give herbs that are dangerous to our health and the unborn baby. They have ever given someone some herbs and after she took it, she had premature labor and eventually lost her baby.
Researcher: Have you ever encountered health messages that contradicted your cultural beliefs

or practices? How did you respond?
1st Pregnant woman Savelugu: Yes, sometimes they'll will educate us to minimize stressful activities when we're pregnant. But when we go back home and tell our house people what the healthcare workers are telling us, they'll say they don't tolerate that in their house and that, you are supposed to perform all you household duties irrespective of the pregnancy. They will be thinking you are lazy and that is why you don't want to do the work in the house. If you are the type who fears to be insulted or you want to impress your in-laws, you will have to continue doing the stressful work, even though it can affect your pregnancy.
2nd Pregnant woman Savelugu: I usually forgo what my cultural practices are and follow what the healthcare providers say. Because I want to be healthy together with my baby.
Researcher: What factors will encourage you to seek ANC or delivery at a healthcare facility?
1st Pregnant woman Savelugu: What encourages me is the fact that they always examine us well and they are very friendly too. And also when we're going for ANC, our husbands usually gives us chop-money and when we come, we're able to buy the food and other little little things that we want.
2nd Pregnant woman Savelugu: The education they give us, the dancing exercise they usually make us to do and friendly they are when we approach them with our health concerns.
Researcher: How could health workers or community leaders improve the way they communicate with you about maternal health?
1st Pregnant woman Savelugu: They should be friendly with us and not being harsh to us when we approach them with our health problems. When they do that, we'll always be ready to share our problems with them so that they can help us with better solutions. But if they create a relationship of fear between us, we can't approach them with our problems
2nd Pregnant woman Savelugu: They should always create a friendly environment when they're working with us. When that is done, it will enable us to be able to disclose all our health issues with them for them to help us.
Researcher: What additional support or resources would make it easier for you to access healthcare services?
1st Pregnant woman Savelugu: Those of us from far places, they should encourage our husband to be bringing us to the facility for healthcare services. And they should also encourage our husbands to be giving us chop monies especially when we're going for ANC so that we can be able to eat well and not get hungry when we go for ANC and we're delayed due to plenty number of people to be attended to.
2nd Pregnant woman Savelugu: Our husbands should be ready to send us to the places we go for the health services, coz it is always tedious to get to those places.
Researcher: If you could suggest 1 change in how health information is shared in your community, what would it be?
1st Pregnant woman Savelugu: We can be motivating the health workers that will make them be ready to give us accurate information
2nd Pregnant woman Savelugu: They should be more concern about organizing us in groups to be giving us information, for effective learning to take place.

SECOND PREGNANT WOMAN, TOLON

RESEARCHER.., My first question I want to ask you is where do you get information's about your health
PARTICIPANT.., ,because when I am not feeling is the hospital that I will go to for health care,

those that deliver at ,me I have never deliver at home because when I am to deliver, unless surgery so I have never deliver at home
RESEARCHER.., Do you ever get health information on radio,
PARTICIPANT.., On television, the woman who does it Tuesdays
RESEARCHER.., Which television station?
PARTICIPANT.., it like sagani tv ,or sagani right
RESEARCHER.., So do you go school?
PARTICIPANT..,NO
RESEARCHER.., What I wanted to ask again was if you are able to get health informations from books but you said no to education
RESEACHER.., What Is your most trusted source of health informations, the hospitals, your colleaques mothers, TBA's all of them have something to say about the health of a pregnant woman and I want to ask which among them do trust the most as a your trusted source of health information
PARTICIPANT.., is the Hospital
RESEARCHER.., Why the hospital
PARTICIPANT.., Right now am I not in the hospital? If I am sitting in the house I don't have the knowledge and I I go to consult someone who also have no knowledge of it then is better I come to the hospital
RESEARCHER.., Now we want you to tell us, which health information that you have ever being told that you put to use and it really help you of be of benefit to you
PARTICIPANT.., Me,when ever I am pregnant, in the first month I will go to the hospital, that when you missed your period for the first month you have to come to hospital, that is what they told us, so me when I am pregnant and I will not miss any month till my time is up, that the is what the hospital is telling us s I ma just following it
RESEARCHER.., And it is helping you about your health?
PARTICIPANT.., Yes, it it helping me about my health
RESEARCHER.., Now I want I ask you again, how do you want to always get your health information, is it face to face to when you go for antenatal care , on television or radio as you rightly mentioned or your colleaques mothers or rumor from the neibourhood, from which of all these do you prepare as you're your trust source of health information
PARTICIPANT.., it is the hospital, is the hospital that I always want to get informations from, they would teach yo eat this eat that, eat this it is good for your health, do not eat that it is not good for your health and if my colleaque is going to tell me this, she don't have the knowledge, she would just tell me anything but with these people they have gone to the school and thy know what it is and my colleaque do not go school not to talk of knowing all these so I will go to the one that has the knowledge
RESEARCHER.., That means you love to always get your health knowledge from the hospital worker
PARTICIPANT.., Yes
RESEARCHER.., So why do you trust in or trust not in the information you are getting from outsite, not only outside but everywhere health information is giving, why do you trust in or trust no in what information is been giving as either it is true or not true?
PARTICIPANT.., If the outsider tell me and letter I want clarification I will find the person but the people here tell me something or you here tell me something and letter if I want clarification and come here even if you are not there but your colleagues would there and also all you are saying the same the thing that is why we trust in the hospital
RESEARCHER.., Since you have been coming to hospital forchecks and advises,have they ever

tell you something and you go home your culture and tradition didn't allow you to practice
PARTICIPANT.., No, only the "kaglugu tim" but I have never taken some before, I don't know much about it so when ever I am pregnant I always go to the hospital
RESEARCHER.., In Dagbani or when we were kids, we use to hear people say that when you giving your child eggs or meat he or she will become a thief so I don't know when you people come to the hospital they do tell you to eat meat and eggs so would have enough blood and good health so that when you are to deliver you can deliver successful, I don't know if they have ever tell you something like that
PARTICIPANT.., Yes, me for instant they told me to eat eggs several times, first I was told to get fifteen eggs ,eat one every day and letter I was told again to get twenty eggs again and anytime they say I should eat eggs, if I tell my husband he would buy for me
RESEARCHER.., That means you for instant anything they say you should do, you do it without challenges
PARTICIPANT.., Yes
RESEACHER.., Whiles attending to the hospital, what are some of things that they do to you that always encourage you to coming to the hospital
PARTICIPANT.., I want my good health, I am here since yesterday, since it was paining me and I came, they gave me medicine and I am fine now, if it was in the house who would have give me that medicine, I didn't have anything that I can do to myself to get a relief
RESEACHER.., Many women sometimes said, that when they coming to the hospital the husband always give her money so she can buy the sweets she taste for, it is true?
PARTICIPANT.., No it is not true, me I just prefer going to th hospital for my checkups, even when I am having headache I go to the hospital, they say we should not buy drugs from outside, so me if I come for checks a today and the next day I am having headache , I will go back to the hospital
They have the knowledge and they are saying we shouldn't buy drugs from outside, and I don't know why they said that, nhmm ,so I always come and tell them and they would give me medicine
RESEARCHER.., And when you come to tell, they don't insult or being harsh to you becouse some are saying the nurses are insulting or being harsh to them
PARTICIPANT.., No, because I have never experience in the hospital, since my beginning it is here I have been coming and I never experience it but according to people that over there there is one man who is very harsh to pregnant women but I have never been there
RESEARCHER.., And one has ever tell you what she did to make him angry or harsh to her?
PARTICIPANT.., Yes, but you know when a woman is pregnant sometime she would do something that she didn't knowing make someone angry by then it will be making him angry and if he is not patient enough to take that then he would be shouting at her and she will go home with his bad side meanwhile he had wanted the good for her
RESEARCHER.., Based on your observation, what do you think the health workers can do to help you in terms of giving you health information's
PARTICIPANT.., When you come they would tell you to eat leafy soups like bira, tikari and amani the small small fish etc, that all that help in giving you blood and keeping you healthier an when you are preparing your food you should make it taste good because if it is not sweet you can't eat, all these once they are telling us
RESEARCHER.., Whiles coming to the hospital, do they sometime give you informations through televisions ?
PARTICIPANT.., No, because the television is not close to where we are, the television is around the entrance of the hospital so we don't have access to the television

RESEARCHER.., What about dancing, do they sometimes ask you to dance with them?
PARTICIPANT.., The time I am coming, may be they might have finished the dancing before I come either than that I have never seen something like that
RESEARCHER.., Please why are you not coming early so that you can meet all that? Because I know they are doing it a lot were they take care of pregnant women
PARTICIPANT.., I am leaving with my children about four of to them so when day break , getting them ready for school and providing dinner for them before coming to the hospital always get me late
RESEARCHER.., Is your house far from here?
PARTICIPANT..,Yes, it is a bit far
RESEARCHER.., Please what preparation do your husband do or what help does he offer you on your weighing days when your coming to the hospital?
PARTICIPANT.., My place I don't take car, if I take yello yello to this place is ghc2.00, when I am coming and he have money he will give you when you come and taste for some you can buy
RESEARCHER.., Do you always inform your husband before going to the hospital?
PARTICIPANT.., Yes, me my husband is not home so I always pre-inform him on this date I will be going to the hospital s when the day is up he will send me the money and I will go
RESEARCHER.., What of when he is around
PARTICIPANT.., He is always not around
RESEARCHER.., What other things do you think they could have add to their work to make their services delivery to you better?
PARTICIPANT.., Aiii, the health insurance is the Main problem as my sister was saying, if you didn't have money you can't go to the hospital, even on television they said it one day, some ask a question that if you don't have money can you go to the hospital for antenatal care? They say no unless you have money because you may be told to get a drug that is not covered by the NHIS which you may have to buy. So you would not even tell them you are going which means you have abandon the hospital because you didn't have money. There are some women the husbands are not giving them either she inform him or not he will still not give her, can such a person go to the hospital for antenatal care? She cant go to the hospital so she will be taking the local drugs until she deliver
RESEARCHER.., It means that what you have said can prevent some women from going to the hospital?
PARTICIPANT..,Yes, I know someone if she to the hospital and they give her a drug that is covered by NHIS to go and buy she will throw the paper away because she cant buy and the husband to will not give her to buy. I don't have the money and the one I am hoping on to will not give me so I will throw it away and come home
RESEARCHER.., We know there are good people who can help a person in this kind of situation
PARTICIPANT.., I don't have an idea because I haven't heard or seen something like that
RESEARCHER.., With all the mentioned challenges, if you were capable what do you think you could have do to make the situations better
PARTICIPANT.., First, the NHIS is just the problem, as I was saying this morning, you see all these drugs I bought them, there was one woman delivered through surgery and when they went home the husband made her to pay for all the drugs and if she refuse he can bit her
RESEARCHER.., Her husband made her to pay for the drugs?
PARTICIPANT.., Yes, she pay for it
RESEARCHER.., The husband pay for it at the hospital but when they get home he made her pay for it
PARTICIPANT.., Yes, he made her pay for it, he want her to pay and she didn't want him to bit

her so she would pay. But me for instant I have never experience any challenges like this in term of hospital issues when I am pregnant
RESEARCHER.., Do you do any work or any business?
PARTICIPANT.., Yes, I am doing business but for now I have stop because of my conditions, I was sweets, biscuits and candy

RESEACHER.., Based on your observations, when a woman is not doing anything, can that lead to her inability to go for antenatal care?
PARTICIPANT.., Yes, because if the man do not have to give you but you have it yourself you can go, there are some they have it but they won't give you by then you can go with your own money because you care for your good health and that of your child, we marry you because the children if not that we would have been leaving separate lifes, nhmmm
RESEACHER.., What about your peace of mind
PARTICIPANT.., Is Allah who gives peace of mind
RESEACHER.., And kids
PARTICIPANT.., Yes and kids but sometimes some can have kids without peace of mind
RESEACHER.., About work or businesses, is it that some women are not orking because they didn't get the chance either by NGO's or loans that can let them start something or they are just not willing to work
PARTICIPANT.., We all wanted the changes to work just that we are not getting, just as you have mentioned loans, if you there and someone come to loan you ghc500.00 start something for youself, even groundnuts you can start with and making small small from it so when you are about to go for antenatal care either your husband give you or not you don't care
RESEACHER.., You said you are from which community?
PARTICIPANT.., We are here in Tolon, we were at chashegu but my husband build here and we move in here
RESEACHER.., From your first month until you deliver, does the NHIS covers everthing for you
PARTICIPANT.., No, it covers only the small small blood drugs and paracetamol and if you coughing it cover that drug to but if it is any blood tonic they write for you to go and buy
RESEACHER.., What about scan?
PARTICIPANT.., Also the scan, if it is in this hospital you wont pay but if you at the back there you would pay, even here ,there are some you wont pay and some you would pay. If the worker ask you to go and do scan you wont pay but if you go yourself to check the sex of your child you would pay ghc20.00. So it is only paracetamol and other small small drugs that are covered but if a drug couse up to ghc50.00 it will not cover that. Last week I bought one drug ghc58.00 and this week I bought ghc130.00 and last I bought ghc25.00
RESEACHER.., What about the water infussions
PARTICIPANT..,Yes, they pick them for me and told me the NHIS do cover everything and made me pay ghc114.00 and he went outside to buy the once in this rubber and I don't know how much he bought them
RESEACHER.., Could the NHIS be a reason why some are not coming to the hospital?
PARTICIPANT..,Nnnn., Becouse is she didn't have as I said they can ever gave someone drug to buy and if the NHIS had covered that would they have ask her to buy drug? She wouldn't have buy drug
RESEACHER.., So when you come and you are told to bring urine or feaces or they take your blood sample, does the insurance cover that?
PARTICIPANT.., Yes, the urine is covered and the blood to I haven't pay for any blood

sampling to others that I cant tell
RESEACHER.., The urine is of the different types, tou come fro the first time you would me ask to bring your urine for pregnancy test and subsequently every month
PARTICIPANT.., Yes they are covered
RESEACHER.., Do they ask you to buy somethings ang come with them when you are going to the hospital to deliver? Like datol and soaps
PARTICIPANT.., Yes they do, here are some of them, datol, soap, cloths, you know we wear cloth so you should come cloth and sanitary pads
RESEACHER.., Could that prevent some women from coming to deliver at the hospital?
PARTICIPANT.., Yes it can, we were here when they came around begging for things to handle someone 's child after she has delivered which means the mother didn't have it, so if she was in the house and the her labour starts she wouldn't have border herself to go to the hospital after all she didn't have the things that the hospital expect her to come with so she will deliver in house and if she finds that to cheep for her she will always prefer to deliver in house
RESEACHER.., If all these were available in the hospital you wouldn't have to buy them
PARTICIPANT.., enherrr, even if it is there but not belonging to government they would still sell them to us
RESEACHER.., Don't you think that if it were for government they wouldn't have been selling them for you
PARTICIPANT.., Yes they would not sell it for us but just imagine the rubber I spread on bed we are buying one for ghc5.00 but if it is from government when you come they would pick some for you, they won't have to sell to you, nhmmm
WE ARE GREATFUL

INTERVIEW WITH A TBA IN KUMBUNGU

Researcher: Can you describe your role in providing maternal healthcare in this community?
TBA Kumbungu: I don't only attend to them as pregnant women, but I also help in treating fibroid for women who find it difficult to conceive as a result of the fibroid. I usually give them herbal preparations to get rid of the fibroid before they are able to conceive. I have oral preparations and some that are used as enema. I also help in correction early bleedings during pregnancy that usually leads to miscarriages by giving them my herbal preparations. I have helped a woman who had 3 spontaneous abortions as a result of fibriod with my herbal preparations to conceive and was able to carry the pregnancy till term. I asked to find out if she has been going to the hospital and she said whenever it happens that way and she goes to the hospital they tell her that they can't help, that they don't know how to go about it. I made her to perform some traditional prayers before I could offer them my herbal preparations coz this is something I usually make my clients to do routinely, but not all my clients does that. Those prayers are for some specific people. I usually encourage my clients to go for ANC, coz it is true that we are able to know certain things about the pregnancy through the scans they do.

Researcher: How long have you been serving as a TBA?
TBA Kumbungu: I can't actually tell, coz I was taken to a no-man's land by some unknown creatures and they showed me how to do all the activities I do for my clients. When I was brought back, I was unconscious and my maternal uncle in Savelugu who happens to be a spiritual mallam helped me regain my consciousness by giving me some herbs to bath and drink. When I became conscious, I moved to Tamale to settle with my brother and it was at his place I started my practice as a herbalist and a TBA. I stayed there for some time before moving to this

current place Kumbungu. I didn't go to any human to be trained to practice as a TBA. I was with my grandparents before I was taken away by the unknown creatures. When I was brought back, I was completely insane and I can't tell when I came back into my senses before I started my practices.

Researcher: What are your main responsibilities when working with pregnant women and new mothers?
TBA Kumbungu: My main responsibility is to examine them and if they have any complaints like abdominal pains, fibroid, waist pains, malpresentation, then I will give some herbal preparations to help correct or solve those problems. In the case of malpresentations, I usually give them my herbs to be taking and that will help to bring back the baby into the normal presentation.

Researcher: How do you get to know malpresentation of the baby?
TBA Kumbungu: Through my physical examination and the scans they usually do when they go to the hospital. I have encountered situations where a pregnant woman will be scheduled for CS due to malpresentation of the baby, but with the help of my herbs, she will go into labor and have a normal vaginal delivery. I usually give them different herbs and as a result, they have less pain when they are in labor and it also shorten their time of labor.
Researcher: How do you typically share health information with pregnant women and new mothers?
TBA Kumbungu: I usually engage them in face-to-face chats to give them my information. When I engage them in the chats, I'm able to observe and detect to who are anemic or dehydrated. So, I give them some of my herbs that are meant to correct such conditions. If it is anemia, I always make them go to the hospital for them to know their Hb levels before they start taking the herbs. Sometimes after taking my herbs that corrects Hb, the results always surprises the health workers in the hospital, but I always tell such clients to tell the health workers that it is the intervention of God that made their Hb to raise in such a surprising manner, coz the health workers always advices them not to be taking herbs. I don't want the situation where my name will be mentioned and they will bring police or soldiers to my place. I only conducted 1 delivery at this my place, and it was due to the fact that it was an emergency delivery. I always encourage the pregnant women to go to the hospital to deliver when they are in labor. I always force them to go to the hospital to deliver coz they know that I don't conduct deliveries here.
Researcher: can you describe the methods you use to encourage women to seek antenatal care and skilled deliveries?
TBA Kumbungu: Anyone who comes here, I ask to know if they go to hospital for ANC, if no, I tell them that I can't attend to such a person and that force them to go to the hospital for ANC.
Researcher: How do you adapt your communication when faced with language or cultural barriers in this community?
TBA Kumbungu: If someone comes to me for my services and I don't understand their language, I get someone to be doing translations for us. But I have never encountered any cultural barriers in my services coz my clients are always ready to do what I ask them to do irrespective of their culture.
Researcher: Have you used any visual aids, storytelling, or community gatherings to convey health message? If so, how effective were they?

TBA Kumbungu: No

Researcher: What are the most common difficulties you face in communicating health messages to women?
TBA Kumbungu: My main challenge is when they fail to give me the right or correct answers to question pertaining their condition. It makes me not to know exactly the treatment I have to give for a particular condition. And especially the herbs I give, some are not to be taken on empty stomach, they sometimes don't want to tell me if they have eaten or not.
Researcher: How do you address resistance from women who prefer home births or rely on traditional practices?
TBA Kumbungu: I usually do all my possible best to let those people go to the hospital. I sometimes look for transportation to take such people to the hospital, coz there might be some complications in the labor process and those complications can best be managed in the hospital.
Researcher: What type of support or resources (trainings, tools, materials) would help you improve your communication efforts?
TBA Kumbungu: If I could get some visual aids like charts to help me in explaining certain things to the pregnant women, I would have been grateful.
Researcher: In your experience, what are the key cultural or societal factors that influence women's health-seeking behavior in this community?
TBA Kumbungu: Their husbands are the main decision makers and if they are ready to take responsibility, then everything we're to do becomes simple for us. But the herbs I give doesn't stop or bare them from anything.
Researcher: What strategies have you found most effective in building trust with pregnant women and their families?
TBA Kumbungu: I always make sure that I tell them the truth concerning their condition and my treatments are always result oriented and think this help bring trust in between us. If you come to me and I don't have treatment for condition, I will let you know and I will recommend an alternative for you that can help you.

TBA SAVELUGU

RESEARCHER..,What are some of the services you render to pregnant women?
PARTICIPANT.., When ever I am called to collect a baby,if the baby's time is up and the baby is already coming I can help to deliver it successful but sometimes you can see in some babies the placenta will be coil around the neck several times and sometimes the legs and you have to do it removing that in order to be able to save the babies life
RESEARCHER..,How many years have you been in this work?
PARTICIPANT..,I have been in it for not less than thirty years ,sometimes when you called to deliver a baby,upon arrival when you realized the baby is coming you quickly help to deliver it ,cut the cord,separate and take it out fo burry and come to and bath the baby
RESEARCHER..,What some of your massages to the pregnant women or new born mothers about their health
PARTICIPANT..,When a woman give birth and she is not feeling well I quickly advice her to go the hospital treatments and if she fine she wait till Thursday when she go to weigh the baby
RESEARCHER..,What are your means of communication to the pregnant and new born mothers,is it face to face, audio, videos or pictures
PARTICIPANT..,Face to face advices.
RESEARCHER..,How do you communicate with women how does not understand your language or whos language you didn't understand?

PARTICIPANT..,Hahaha, it does happen,of lat I batht an ebo womans child up to its forthy day,when ever I enter the house, she knew my mission so she would get up and fetch water for me to bath the baby even gonja's and fulani's
RESEARCHER..,Have you beem able to get someone to interprete your languages between you and the mother?
PARTICIPANT.., When it happens like that,someone who understand my language will come to call me for the person so he or she would now be the interpreter between myself and the mother
RESEARCHER..,Do you have pictures or videos that you use to communicate of demonstrate your massages to the women?
PARTICIPANT..,No, I don't have photos or videos
RESEARCHER..,What are some of the challenges you encounter when talking to the pregnant or new born mothers
PARTICIPANT..,No challenges encounted because I am bathing your child and you didn't say anything I will not also ask for anything ,I am just doing it for the sake of Allah
RESEARCHER..,Is there at times that you find it difficult advicing some of the women or they finding it difficult telling you some of their problems?
PARTICIPANT..Yes, it does happen, sometime I go to bath someone's child and the things I needed to do the bathing are not there so I will have to tell her to organize those things for things for me to do the bathing
RESEARCHER..,You said most at times to tell them to go to the hospital,and some sometimes when you tell someone to go to the hospital and the person refuse to go what would you do?
PARTICIPANT..When I go and see that the baby is already coming I will help to deliver it because she cant sit on a motor bike but if the baby is not yet coming I will tell her to get to the hospital because I am just doing by the grace of Allah not any knowledge
RESEARCHER..,And if you tell her and she still refuse to go to the hospital what would you do?
PARTICIPANT..,I will also refuse to attending to her because if I do later there is issues I will be put blame so I will also refuse to attend to her
RESEARCHER..,That means you don't have KAG'LUGU TIM that you used?
PARTICIPANT..,Now everyone is saying no to it even at the hospital they are saying no it ,if a woman is sent to the hospital to deliver they would her if she has been given the local medicine before bringing her so they are no more taking it
RESEARCHER..,What are some of the trainings or equipments do you think that if you have them if would help you in the work you doing?
PARTICIPANT..,There are somethings if I get them it will help me in my work like hand gloves and a box that contains a lot just like in the hospital, I do sometimes see some of my colleagues being supported with some of this things but me I am just doing it like that by the grace of Allah
RESEARCHER..,Have ever been called to any training to improve upon your work?
PARTICIPANT..,No, I have never been called
RESEARCHER..,Are they cultural and traditional believes from the pregnant women that put challenges in your work sometimes?
PARTICIPANT..,No , there is no issues like that
RESEARCHER..,So there is no cultural and tradition challenges that can prevent you from doing or saying anything to the woman or she saying anything to you as part of your work
PARTICIPANT..,These wprk is about saving lifes for Allah sake so you can't bring in your cultura or traditional believes in to it,after all we don't even have it
RESEARCHER..,Do you other you have other crateria or meansures that you use to strengthen the trust between you and the women you are serving
PARTICIPANT..,No we don't have it

RESEARCHER..,So you don't have some thing that makes the women trust in what you are doing for them and also that makes you feel they love or appreciate what you are doing for them
PARTICIPANT.., Sometimes when I deliver a woman and the family is happy the husband can decide to gie me some money which is not compulsory. He can decide to give me ghc 10.00 or 20.00 but if it is the woman who is trying to give me the money I will not take, sometimes I can bath five to six children a day
RESEARCHER.,So you think this is the reason why they trust in you or there are other reasons, do you sometimes do something to the child that makes their parents excited or make them feel you love their child?
PARTICIPANT..,Nothing else,only the bathing, if I did just the bathing it makes the parents happier
RESEARCHER.,Do you know some of the reasons why some pregnant women do like going to the hospital to deliver?
PARTICIPANT..,No, I don't know
RESEARCHER..,Like sometimes some of the women may complain of the payments involve at the hospital or attitude of health worker etc
PARTICIPANT..,,As for the money can you say you would not spent it? Even the women in this house although I am an TBA but when ever any of them is in labour I will tell to get to the hospital to deliver and when they bring the child home I will be bathing, so no one has giving birth in the house in this very house, only one woman has ever deliver in the house because she said she is afraid delivering at the hospital and immediately after her birth we would not even bath the baby before taking it to the hospital for checks, we would rap it racks to the hospital to sent it to the hospital, is after the hospital that we would now bring it home to bath it
RESEARCHER.., And why is she afraid of the hospital, has she ever mention that to you?
PARTICIPANT.., No she has never said anything to me
RESEARCHER..,Do you know other TBA's around
PARTICIPANT.., Yes, there are others in this site but they don't called children more often unless it is an emergency, there are other two TBA's in the other site
RESEARCHER.., With your long term experience in this work, what are some of the reasons why some couples still prefer to deliver in the houses instead of hospital?
PARTICIPANT.., They didn't say they are afraid but some of the women are careless sometimes, when they start experience the signs of labour they keep silence to themselves and before other would realize it she may not be able to move or ride a motor and when you called only for you to realized the baby is already coming ,so we are force to deliver her in the house
RESEARCHER.., No about women in your house but in your neibourhood, you might have hed some women complains of challenges that they face at the hospital that is scaring them from going to the hospital to deliver llike payments issues, health workers attitudes etc and rather prefer delivering in the house
PARTICIPANT..,Yes they are complaining yet they still go to hospital to deliver, they are not given birth in house, yes they have ever bitten someone there but it is always couse by the women because if you go and listen to their instruction you would not hve any problem with them and if you refuse then they would bit you
RESEARCHER.., So there situations like that ,the health workers have to bit some of them before they do what is right?
PARTICIPANT.., Yes, if the baby is about coming out and she refused to push hard or get her legs well open then they would have to use force on her else she would wound the baby or even otherwise

INTERVIEW WITH TOLON TBA

Researcher: Can you describe your role in providing maternal healthcare in this community?

TBA Tolon: I always go with my gloves, protective rubber material, and a receiver to conduct my examinations to see the extent of dilatation, so that I can know what to do to have a successful delivery. I also go with my razor blade and a thread that I will be using to tie the umbilical cord before I can cut it. The tying of the cord will prevent the fetal blood and the maternal blood from mixing up.

Researcher: What if they come with other complaints that are not related to labor, what do you do for them?

TBA Tolon: Some of them, before conception, they come sometimes with complaints that they are not able to conceive even after going to the hospital to seek medical treatment. I have some herbs that I give to them to restore their menstrual cycle that will help them conceive in the end. Some people sometimes have doubts when they try my herbs and they conceive. So, I usually make them to go for pregnancy tests and scans to confirm the pregnancy. So after conception, I make them to stop taking the herbs I give to them to help them conceive. And I also have herbs that I can give to pregnant women who have threatened abortions, so that it can help sustain the pregnancy till term.

Researcher: How long have you been serving as a TBA?

TBA Tolon: I can't quite remember, coz I was a kid and my late mother who was into this work started training me. I was into it before I started developing breast till this age. I started conducting deliveries on my own at a very young age. I was taught how to monitor the labor process and I'm able to tell when the baby will be coming out when labor starts. After the baby is out, I also clean both the baby and the mother before they are given their 1st bath. I also deliver the placenta afterwards. There are instances where they usually bring people from different places due to the fact that they are unable to deliver the placenta after the baby was delivered, and I usually deliver the placenta for them. It has its own herbs. During the time of Dr. Ali, we used to get cases even from the hospital for my mother to deliver the placenta and when that is successfully done, they will come back for both the mother and the child to be taken back to the hospital for further management. We are able to do this procedure with the help of our herbs and not any physical maneuvers. After taking the herbs, the placenta will just descend on its own. Then, we press the abdomen for all the remaining clots of blood to come out, then we will clean the woman. So, whenever I have a case here and it is getting complicated, it is in Tamale that I will refer that case to and not the Tolon hospital. I have a lot cases from the Tolon hospital that were referred and I conducted the deliveries successfully, even with twin gestations.

Researcher: What are your main responsibilities when working with pregnant women and new mothers?

TBA Tolon: I'm responsible to see to it that they deliver successfully, and when they have any complaints, then I see to it that I respond and act upon them to their comfort. And the new babies, I assess and examine them to make sure that they are healthy before they leave my place, and I always encourage the newborn mothers to take the babies to the hospital for further assessment and weighting of the baby. I also perform the 1st bath of the newborns who are residence from this town. But those from other places, I discharge them home to do it and this is due to the work load on us here. I'm also training my daughter in this work. So she helps me to conduct some of the deliveries when I'm not home and there is a case. But she is still having some challenges in delivering of the placenta. I'm usually guide her to do that. Even when I encounter a case of a pregnant woman who is anemic, I prescribe some medication which I was taught in a workshop in Tamale for her to buy to correct the anemia. I have that prescription

written down and whenever I get an anemic case, I will make that pregnant woman to buy those drugs. The doctor who gave me that prescription also said I can call him for assistance whenever I encounter a complex case in my line of duty, but I've never encountered such, so I have never called him.
Researcher: How do you confirm your anemic cases?
TBA Tolon: When a person with anemia comes to deliver, you can always detect that due to their weakness and energy to push. Some of them are also due to the fact that they have lesser amount of fluids in them and so, they are dehydrated. In such cases, I refer them to the hospital for them to setup some infusions to hydrate them. And also less amniotic fluids too, I usually refer them to the hospital, coz I can't manage such.
Researcher: Could the body weakness also be as a result of hunger?
TBA Tolon: Yes, and in such cases I make them to prepare food for her to take or they will buy malt for her to take.
Researcher: How do you typically share health information with pregnant women and new mothers?
TBA Tolon: I speak to them directly. I always send everybody out before I talk to the pregnant woman. I don't use any other communication aids. But there was a material in the hospital that was showing the various dilatations of the cervix during labor, but I was told to contact a carpenter to make it for me. That material would have helped me to explain to my pregnant women on the stages of their labor, coz those who are usually to deliver for the 1st time always give me pressure due to the fact that they don't know the stages of the labor process. I even sometimes have to let some pregnant women go back home, so that when the labor is getting to its later stages, then they will come for me to conduct the delivery. If they come and the labor is already advanced, then I don't give them any local oxytocin.
Researcher: can you describe the methods you use to encourage women to seek antenatal care and skilled deliveries?
TBA Tolon: I usually call the husband and encourage the husband to take her to the hospital for further management
Researcher: How do you adapt your communication when faced with language or cultural barriers in this community?
TBA Tolon: I also understand twi, but if it is any other language, I get a translator to be doing the translation of the language for us.
Researcher: Have you used any visual aids, storytelling, or community gatherings to convey health message? If so, how effective were they?
TBA Tolon: No, but the only thing I will need in order to work effectively is the material that shows the different levels of dilatations of the cervix
Researcher: What are the most common difficulties you face in communicating health messages to women?
TBA Tolon: They are always committed to whatever I tell them here. So I don't usually have difficulties communicating to them. They understand me and I also understand them. But the husbands sometimes feel reluctant to buy the items I ask them to buy, like the medicines and sometimes the items to prepare food for their pregnant wives, but in that instances, I tell them to carry their pregnant women and go and this always force them to buy those things for us.
Researcher: How do you address resistance from women who prefer home births or rely on traditional practices?
TBA Tolon: I always involve their husbands since they are the custodians of the family. If I'm able to convince the husband, the wife will be ready to do whatever I want her to do.
Researcher: What type of support or resources (trainings, tools, materials) would help you

improve your communication efforts?

TBA Tolon: I was trained in a workshop in Tamale on deliveries and it has been very beneficial to my work and I would want to attend more of such trainings. I also receive gloves, Dettol soap, mask and some other items from Haji Abiba who is a nurse in the bigger hospital and I will encourage them to be giving me more of those items coz they help me very in my practice. But I need the material that shows the different stages of the cervix. It will be very helpful for me in communication with the pregnant women.

Researcher: In your experience, what are the key cultural or societal factors that influence women's health-seeking behavior in this community?

TBA Tolon: I don't encounter such, becoz all the pregnant women they bring here, due to the fact that they want to get better outcome of my services, whatever I ask them to do, they are ready to do it and they don't want to bring in any cultural or religious issues that are not in conformity with what I do for them.

Researcher: What strategies have you found most effective in building trust with pregnant women and their families?

TBA Tolon: I always make sure that I do my work diligently and the people I've help to deliver know how gentle I handle my pregnant women. I always focus on the comfort of the pregnant woman and her good health and this makes them to have trust in me. I also respect their privacy and dignity. I don't insult or beat the pregnant women when they are in labor and unable to push harder. All the elderly people who know my mother can tell how effective her services were and due to that, they also have that trust in me.

My mom had a painful death due to the work she was doing for the people. So initially I did not want to do it because of the envy involved in it. But I was always seeing her in my dreams and she was saying I also have to start the work she was doing before she was killed because of it. So, I consulted spiritualists who said it was really true that my mother wanted me to continue with the care she was giving to pregnant women. So I strongly belief that she protects me in whatever I'm doing in this service and that is why people have trust in me.

CONSENT FORMS

CONSENT FORM FOR HEALTHCARE PROVIDERS

Title of Study: Leveraging Strategic Public Relations Principles to Enhance Maternal Healthcare Access: A Case Study of Three Northern Ghanaian Districts

Principal Investigator: Thompson, Oko Rafiq

Introduction: You are invited to participate in a research study aimed at understanding how communication practices can improve maternal healthcare access in Northern Ghana. This study focuses on your experiences as a healthcare provider and your role in promoting maternal health in your community.

Purpose of the Study: This research seeks to explore communication strategies used by healthcare providers, the challenges faced, and possible ways to improve health communication to enhance maternal healthcare access.

Procedures: If you agree to participate, you will be asked to answer questions in an interview lasting approximately 45-60 minutes. The interview will be audio-recorded with your permission, and the data collected will remain confidential.

Voluntary Participation and Withdrawal: Participation in this study is voluntary. You may choose not to answer any question or to withdraw from the study at any time without any consequences.

Risks and Benefits: This study involves minimal risks. Your participation will help identify better communication practices to improve maternal healthcare in your community.

Confidentiality: Your responses will be kept confidential. No personally identifiable information will be included in the final report.

Contact Information: For further questions or concerns about this study, please get in touch with Thompson, Oko Rafiq at [email address] or [phone number].

Consent: By signing below, you indicate that you have read this form, understand its contents, and agree to participate in the study.

Participant's Name: Kpenye Prudence
Signature: [signature]
Date: 15/12/24

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Participant's Name: Abubakari Zenab

Signature: [signature]

Date: 14/12/2024

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Participant's Name: Digbang Charllotte
Signature: [signature]
Date: 14 / 12 / 24