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CULTURE IN MATERNAL HEALTH PROMOTION: INSIGHT FROM PERINATAL WOMEN IN NORTH CENTRAL NIGERIA

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Abstract

Despite global attention on the importance of culture in health promotion, studies that explicate culture in the light of maternal health from the perspectives of pregnant and post natal women in Nigeria are rarely found in health communication literatures. This study therefore explored the lived experiences of pregnant and post natal women in north central Nigeria to understand the cultural context of the women's maternal health experience as a means of bringing to fore important elements of their ethnic culture that can be utilised for maternal health promotion. In-depth phenomenological interviews were conducted with 13 women of diverse ethnicity and three themes emerged with the analysis of interview data, through the use of NVivo 10 software. The themes are cultural knowledge and affiliation, cultural description and cultural variation. These themes which reflect the informants' perceptions of their ethnic culture in relation to maternal health highlight cultural values, strong familial ties, respect for elders, and communal system of handling issues of maternal health as well as level of education as important cultural elements to be considered for maternal health promotion in the area. These findings contribute to existing knowledge on the understanding of culture and cultural sensitivity in maternal health promotion from a contextualised audience perspective. The study submits that taking cognisance of these aforementioned elements of culture in maternal health message design can serve as strategies of facilitating message relevance, comprehension and adoption by the recipients in north central Nigeria. It is recommended that future research explore lived experiences of other community members who form part of the cultural groups and identities of the perinatal women in different parts of Nigeria using both qualitative and quantitative approaches as insights from qualitative data can be complemented by quantitative data which allow for generalisations.

Keywords: *culture; maternal health promotion; cultural sensitivity; phenomenology, perinatal women*

1.0 INTRODUCTION

It is recommended that rapid reduction of maternal deaths; the death of a woman during pregnancy, delivery or within 42 days of post delivery (World Health Organisation [WHO], 2015) can be enhanced by shifting attention of intervention strategies from addressing not only medical causes of maternal death but equally focusing on other indirect causes in an innovative and dynamic manner (Butreso, Say,

Koblinsky, Pullum, Temmerman, & Pablos-Mendez, 2013). Among such areas of focus as identified by the WHO are issues bordering on information and cultural practices which pose as some of the factors hindering women in low-income countries from health care seeking during pregnancy and childbirth (WHO, 2015). Interestingly, a number of studies have highlighted the capability of culture in influencing health behaviour just as studies have emphasized the need for incorporation of culture in health promotion (Adegoke, Fife, Ogunnike, & Heemer, 2014; Ajaegbu, 2013; Jesmin, Chaudhuri, & Abdullah, 2013; Krenn, Cobb, Babalola, Odeku, & Kusemiju, 2014; Ndep, 2014; Nwadigwe, 2013; Obono, 2011; Omoera, 2010; Speizer, Corron, Calhoun, Lance, Montana, Nanda, & Guilkey, 2014).

However, there appears to be minimal scholarly attention on maternal health promotion from a cultural standpoint particularly from the perspectives and lived experiences of perinatal women in Nigeria. Considering the crucial need for sensitisation and education of women as a maternal mortality reduction strategy (Idowu, 2014; Okereke, Aradeon, Akerele, Tanko, Yisa, & Obonyo, 2013), this study therefore explored the lived experiences of perinatal women (pregnant and post natal women) in north central Nigeria in relation to ethnic culture and maternal health. The utmost aim of the research is to understand the cultural context of the women's maternal health experience as a means of bringing to fore elements of their ethnic culture that can be incorporated in maternal health promotion; interest in the north central region lies in the fact that the region is among the regions of Nigeria with high maternal mortality (Abimbola, Okoli, Olubajo, Abdullahi, & Pate, 2012). Furthermore, in spite of the global attention on culture as means of preventing culture-based health risks, a review of the literatures revealed that the focus of studies on maternal health in the north central Nigeria has been on issues of skilled healthcare provision (Mutihir & Utoo, 2011; Nyango, Mutihir, Laabes, Kigbu, & Buba, 2014; Ujah, Aisien, Mutihir, Vanderjagt, Glew, & Uguru, 2005) while limited studies exist on culture and maternal health promotion. Hence, this informed the interest of the present study in exploration of culture in relation to maternal health from the perspectives of women from the north central part of Nigeria.

Nigeria is one of the sub Saharan African countries which particularly ranks high among the world's countries with high maternal mortality rates. From an estimated Maternal Mortality Ratio (MMR) of 560 maternal deaths per 100,000 live births in 2013, Nigeria's statistics was estimated to have risen to 814 maternal deaths per 100,000 live births by 2015 (WHO, 2015). However, aimed at reducing global maternal mortality ratios to less than 70 maternal deaths per every 100,000 live births by the year 2030, the Sustainable Development Goal Number 3 expects that by 2030, no country's maternal mortality ratio should be twice the global average which currently stands at an estimated 216 maternal deaths for every 100,000 live births 2015 (WHO, 2015). Clearly, Nigeria requires concerted efforts to meet up with this target of the Sustainable Development Goals especially as Nigeria's maternal mortality profile still remains unacceptably high in spite of several efforts like government policies and medical interventions among other efforts of key players such as non government organisations, international agencies and the media in addressing issues of maternal health in the country (Abimbola et al., 2012; Kana, Doctor, Peleteiro, Lunet, & Barros, 2015; Okereke et al., 2013). Thus an exploration of cultural solutions to wards of maternal health promotion in the country as done in this study provides an alternate means of the addressing the health concern.

2.0 LITERATURE REVIEW

2.1 Culture and Maternal Health: The Nigerian Situation

Culture in one of its earliest conceptions is defined as a complex whole comprising knowledge, beliefs, art, morals, laws and customs among any other capabilities and habits acquired by members of a society (Tylor, 1871). It can also be seen as the conventional practices and behaviours of a group of individuals driven by certain customs, habits, language and geography shared by members of this group (Napier et al., 2014). As observed by Kreuter and McClure (2004), the compelling relationship between culture and

health make it expedient to understand culture as peoples' cultural characteristics tend to have a direct or indirect impact on such issues as their health decisions, priorities, behaviours as well as their acceptance or adoption of health related messages. These submissions accentuate the importance of culture in maternal health promotion in Nigeria as well. Nigeria is multi cultural nation comprising not less than 400 ethnic groups (Salawu, 2010) with a linguistic composition of between 200 and 400 local languages (Oso, 2006). Religious affiliations in Nigeria fall into Islam, Christianity and African traditional religions although affiliates of both Islam and Christianity in the different parts of the country still hold on to certain African traditional religious beliefs given their historical traditional background (Kitause & Achunike, 2013). Hence, Nigeria's cultural diversity highlights the need for in-depth knowledge about culture to facilitate health promotion.

Pregnancy, child birth and other maternal health related issues and practices across Nigeria are particularly often intertwined with the traditions and cultural practices of various communities within the country (Igberase, 2012). Ndep (2014) however argues that reduction of Nigeria's unacceptably high maternal mortality status requires a paradigm shift in maternal health related socio-cultural norms and practices. Indeed, studies have indicated that culture has implications for maternal health behaviours and practices in Nigeria (Ajaegbu, 2013; Ogunlenla, 2012; Ononokpono, & Odimegwu, 2014). These studies identify harmful cultural beliefs and practices in various parts of the country as impediments to health care seeking thus exposing women to complications in pregnancy and other causes of maternal mortality. Undoubtedly, knowledge about such harmful cultural practices helps point out areas that need to be addressed in maternal health promotion and sensitisation.

On the contrary, researchers have equally highlighted the need to explore the positive aspects of culture in relation to health practices and behaviours rather than focusing on only the negative aspects (Airhihenbuwa, 2010; Airihihenbuwa, Ford, & Iwelunmor, 2013; Napier et al., 2014). As explained by Napier et al. (2014) for instance, culture generally has both negative and positive attributes which must be acknowledged such that the negative effects or aspects can be addressed while the potentials of the positive effects or aspects can be harnessed towards enhancing better health outcomes. A key to the development of effective solutions to health problems lies in the understanding of the cultural contexts in which such health behaviours or problems exist (Airihihenbuwa et al., 2013). Hence, focus on improving maternal health from a cultural standpoint as is the interest of the present study thus provides an alternative means of addressing high incidences of maternal deaths in countries such as Nigeria where cultural values are highly regarded in virtually all endeavours including maternal health.

2.2 The Audience, Culture and Maternal Health Promotion

Health promotion is aimed at enabling people to have greater control over health as well as the improvement of their health (WHO, 2017). It involves engaging and empowering of individuals and communities towards the adoption of healthy behaviours and reduction of health risks and morbidities (Rural Health Information Hub [RHIH], 2017). Fahey and Shenassa (2013) identify three core tenets of health promotion; the first relates to health as a state of well-being which can be facilitated when individuals learn and adopt skills and traits that prevents them from being vulnerable to "disease-inducing events and situations"(p.614). The second tenet is premised on the belief that improved functionality is beneficial to everyone; hence there should be promotion of well-being for all people. Thirdly, health promotion recognises the significance of contextual factors; thus "promotion of the individual's well-being is best viewed within the context of the family and family within the context of its community" (Fahey & Shenassa, 2013, p.614). Health promotion is fundamentally comprehensive as it involves diverse players and adopts multisectoral approaches while it is set to respond to diverse global developments including cultural values and traditions which have either direct or indirect bearing on health (Kumar & Preetha, 2012; WHO, 2008).

From a communication perspective, Kreps, Bonaguro and Query (2003) however noted that scholars interested in health promotion often focus on the persuasive use of messages and the media in promoting public health. Over the years studies have noted that to achieve effective behavioural outcomes, the design, implementation and evaluation of health messages and campaigns should be guided by certain principles and practices which include but are not limited to factors like source or origin of the campaigns, audience identification and formative research, message design, programme material, message delivery and outcome evaluation (Rogers & Storey, 1987; McGuire, 1989; Dejong, 2002; Keating, Meekers & Adewuyi, 2006; Synder, 2007; Omoloso, 2009; Noar, 2012). Noar (2012) however highlights the synergy among these various principles and practices of health message/campaign design as he identifies the audience, channel, message and evaluation as core elements of the communication campaign process whose correspondence have a bearing on successful health promotion. This writer further identifies the audience as having a direct bearing on other elements of the process. Previous studies suggest that with respect to health communication and promotion, individual diseases or health issues require to be addressed differently based on the backgrounds, characteristics or peculiarities of the target populations (Kadiri, 2015; Sznitman et al., 2011). The audience thus remain crucial to the success of health promotion efforts. With regards to maternal health, women constitute an important audience group of health promotion programmes.

Researchers have specifically identified education and sensitisation of women as vital aspects which requires continual attention in order to reduce maternal mortality in Nigeria as these enable women make the right health decisions concerning pregnancy and delivery (Idowu, 2014; Okereke et al., 2013). Given the influence of culture on maternal health beliefs and practices, the present study ultimately aims at reduction of maternal mortality through maternal health promotion from a contextualised approach by exploring, from a cultural standpoint, how maternal health promotion messages in north central Nigeria can be enhanced. Connectively, Ndep (2014) submits that addressing the socio-cultural factors affecting maternal health can be achieved through in-depth understanding of women and stakeholders as well as community participation in relation to health decision making and provision of culturally acceptable and gender sensitive health care delivery. This study therefore focuses on understanding culture from the perspectives and maternal health experiences of perinatal women as such women are vulnerable to culture-based maternal health risks. Such in-depth knowledge about culture as experienced by perinatal women provides useful insight on cultural elements that can be engaged for maternal health promotion in the study area.

Furthermore, as noted by Corcoran (2013), while the success of health messages is evident upon being received or acted on by the audience, the use of theoretical concepts in campaign design remains crucial to the success of health promotion campaigns. The Culturally Sensitive Model of Communicating Health (Sharf & Kahler, 1996) is useful in understanding how culture can be utilised for maternal health promotion. The model identifies five layers of meanings which should be considered in culturally sensitive health communication (Geist-Martin, Ray & Sharf, 2003; Ahmad, 2011). These layers of meaning which represent the multiple and complex layers of meanings that influence people's interactions and communication about health and illnesses are the ideological, socio-political, institutional/professional, ethno-cultural/familial and the interpersonal layers. The ideological layer refers to a society's commonly held values and involves issues relating to the philosophy and ethics underpinning the society while the socio political layer relates to societal groupings or categorisation in terms of politics or power structure usually based on demographic factors such as religion, race, gender, class or ethnicity (Sharf & Kahler, 1996; Geist-Martin, Ray, & Sharf, 2003). The institutional/professional layer relates to the categorisation of health experts based on their distinct institutions like ministries, hospitals, and pharmaceutical industries or by their professional specialisation such as nursing and medicine and it can be viewed in terms of effective communication between experts and the lay man (Geist-Martin, Ray, & Sharf, 2003).

The ethno cultural/familial layer on its part refers to every day cultural elements like values, customs, traditions and rituals usually learned through family while the interpersonal layer reflects individual differences in style and intimacy regarding role-play in human interactions (Ahmad, 2011). However, Sharf and Kahler (1996) note that at this level, individuals will often bring into their conversations, layers of meaning from other levels. Essentially, the model points out that when all these five layers of meaning are similar in a communication context, there will be shared understanding, a functional relationship and satisfactory outcome (Ahmad, Harrison & Davies, 2008). From this standpoint, this study thus provides insight on what elements of culture can contribute to the production of culturally sensitive maternal health messages based on the lived maternal health experiences of perinatal women in north central Nigeria**.**

3.0 METHODOLOGY

The study is a qualitative phenomenological research which examines the phenomenon of culture and maternal health promotion within the lived cultural experiences of perinatal women in north central Nigeria. Phenomenology is considered appropriate because it involves meaning creation and understanding from the perspectives of those directly involved through acquisition of in depth knowledge and rich descriptions of their lived experiences (Merriam, 2002). Such understanding of people's lived experiences in phenomenological studies aid in further understanding a particular phenomenon (Merriam, 2002; Patton, 1990) in this case culture and maternal health promotion. The research however, utilizes Husserl's transcendental phenomenological approach which emphasizes freedom from preconceived ideas, theories and assumptions about the phenomenon under study (Moustakas, 1994). As such meanings are derived from emergent the data based on the experiences of the informants.

The study location is Kwara state which is considered a true representation of the north central region in terms of multi ethnic composition, origin and geographical location (Abdulbaqi, 2011; Kwara State Ministry of Health [KWSMH], 2009). The state comprises many ethnic groups but the principal ones are Yoruba, Nupe, Baruba and Fulani (KWSMH, 2009). Participants for the study were thus perinatal women of diverse ethnic groups from Kwara state selected on the assumptions that they may have relevant pregnancy and/or delivery and post delivery experiences related to their ethnic and cultural backgrounds.

In-depth interviews were used to elicit data from the informants as these enabled informants to share detailed and unconstrained response (Keyton, 2015). The interviews were particularly guided by Seidman's (2013) phenomenological three-interview approach which recommends the situation of participants' experiences within their background or contexts, reconstruction of details of such experiences and reflections of the participants' meanings of such experiences. Participants were thus asked to provide information about their backgrounds in relation to previous culture related maternal health experiences after which they were asked to provide details of specific incidents they could recall. Thereafter, they were asked to reflect on meanings they derive from such experiences in the light of their conception of culture in relation to maternal health promotion.

Snowball sampling was used for the selection of informants who met the study's criteria for the in depth interviews and the interviews came to a close with saturation of data after interviewing 13 participants comprising perinatal women of Yoruba, Nupe, Fulani and Baruba ethnic origins. This number of participants is considered sufficient based on Guest, Bunce and Johnson's (2006) recommendation that rigour can be ensured in qualitative research through a minimum of 12 informants and Creswell's (2007) suggestion of the use of minimum 8 informants once further interviews do not reveal any new information.

Table 1 Participants for in-depth interviews

Participant	Age	Ethnicity	Category	Education	Profession	Religion	No of Children
1 (P1)	25	Yoruba	Nursing	Degree	Business	Islam	1
2 (P2)	30	Nupe	Pregnant	Diploma	Civil Servant	Islam	2
3 (P3)	38	Yoruba	Nursing	Degree	Civil Servant	Islam	3
4 (P4)	40+	Yoruba	Pregnant	Masters	Civil Servant	Christian	2
5 (P5)	35	Fulani	Pregnant	Masters	Civil Servant	Islam	Nil
6 (P6)	27	Boko	Nursing	Degree	House Wife	Islam	1
7 (P7)	29	Yoruba	Nursing	Primary Education	Artisan	Islam	3
8 (P8)	28	Yoruba	Nursing	Higher National Diploma	Civil Servant	Islam	2
9 (P9)	41+	Yoruba	Nursing	Diploma	Civil Servant	Islam	5
10 (P10)	32	Yoruba	Nursing	Diploma	Civil Servant	Islam	3
11 (P11)	32	Boko	Pregnant	Degree	Civil Servant	Islam	1
12 (P12)	22	Boko	Pregnant	Diploma	Civil Servant	Islam	2
13 (P13)	28	Yoruba	Nursing	Secondary Education	Student	Islam	4

Data was analysed using a step by step phenomenological data analysis approach by Moustakas (1994) while NVivo 10 software was used to code data into themes which emerged from solely from the data. The emergent themes were then discussed in relation to previous literature on culture, cultural sensitivity and maternal health.

4.0 FINDINGS AND DISCUSSIONS

Based on the participants' reflections of their maternal health experiences, three emergent themes which describe the participants' perception of their ethnic culture in relation to maternal health promotion are cultural knowledge and attachment, cultural description and cultural variation. Each of these is described in details.

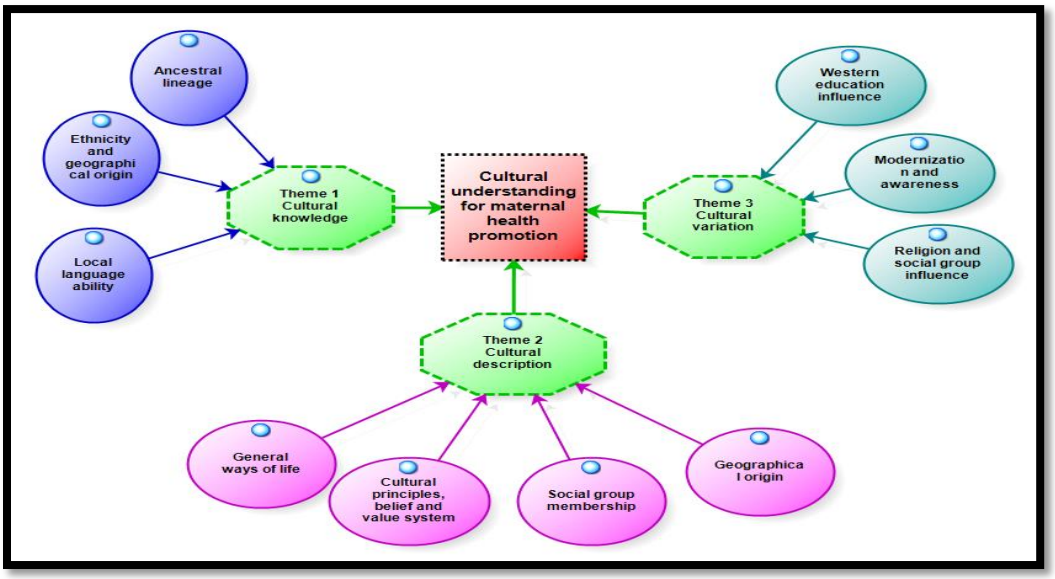

Figure 1 General model showing findings on cultural understanding for maternal health promotion

4.1 Cultural Knowledge and Attachment

This theme reflects the informants' meaning of their identification and understanding of culture. It provides insight on how the participants perceive their culture and themselves as cultural individuals.

While sharing their experiences, participants mostly described themselves in relation to elements such as their level of knowledge about culture, language ability, and their inclinations towards culture as well as their ancestral affiliation and sources of awareness about culture. For example, a Yoruba informant, Participant 1 who describes herself as not being culturally inclined views her culture in terms of knowledge level and cultural learning from family members:

> "I won't say I know a lot about my culture but I know the basic things about my culture. At least, I've learnt from family members around, my parents, my grandparents, so I know basically what's supposed to be and basic things going on around me. I won't say I know much about it but at least the basics…"

Participant 2 of Nupe origin who equally perceives her knowledge about culture as minimal however viewed cultural knowledge in terms of ancestral lineage and her childhood geographical location:

> "the little I can say…because all my entire life is Kaduna; I don't know much about the culture but the ones I know, based on Patigi people, they believe in our ancestors; what our fore fathers have done, they are still undergoing it. They have much belief in that".

Language and geographical origin also serve as important elements of cultural affiliation and knowledge as highlighted in the experiences of participant 5 who is of Fulani origin but feels more inclined to Yoruba culture because she cannot speak Fulani:

> PP5: "We're half Yoruba and half Fulani… my great grandfather was a Fulani man so we migrate from his village… we come to settle down in Ilorin… My grandfather still speaks Fulani…but… they didn't teach…I don't know how to speak Fulani".

Similarly, participant 12 whose parents originate from different local government areas even though they are of the same ethnic group affiliates herself more to the culture of her mother's geographic origin:

> "I'm from Baruten Local government, Guasoro and my mother is from Kaiama, but we're related to Kaiama than that of Baruten, even I'm speaking Kaiama language now; I understand Kaiama language than that of Baruten Language".

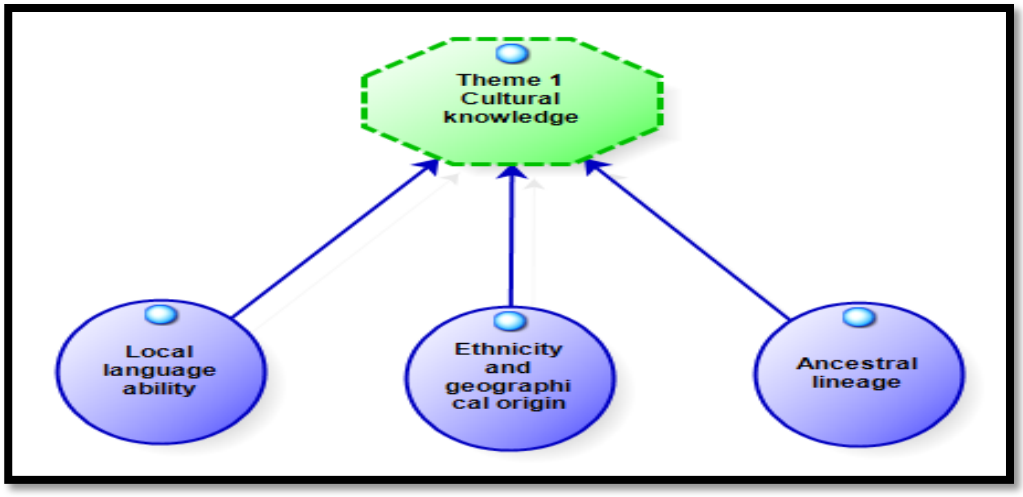

Figure 2 Cultural knowledge and attachment in maternal health

4.2 Cultural Description

When describing their ethnic culture, participants primarily related this to their moral conducts, values, characteristics, traditions and beliefs. Other elements that feature in the reflections of the participants as they described their ethnic culture have to do with their general day to day activities and festive foods. The geographical origins of informants also form a basis for description of their ethnic culture. Culture is also described by some participants within the contexts of further sub groups like individual households. Participant 6's reflections capture the Boko Baru culture in relation to the peoples' religious beliefs, values and conducts as well as traditions concerning marriage and festivities:

> "People of Boko Baru are Muslims mostly, just a very few of them that are Christians. Like every culture, they teach us to respect our elders, they encourage schooling both Islamic and western. Then when marriages are being held, they do it traditionally. In Boko kingdom, we have festivals that hold on there like the Gani festivals, there are many cultural activities; there's naming of every individual from the royal family. If you have a royal background, you'll be named during that festival. They shave their hair, they bath them and then name them. Then there's display of dance, they play…all sorts of cultural things, horses and dance…merriment…"

A Yoruba participant from Ilorin, the capital city in the study area also describes her ethnic culture in relation to religious beliefs. However another important element that equally formed the basis of the informants' description of their ethnic culture is their geographical descent. It was typical of a Nupe informant for instance to say things like our culture in Patigi, while a Yoruba informant from Ilorin might say our culture in Ilorin. This is evident in the reflections of Participant 8 (Yoruba) as she describes her ethnic culture as follows; "Generally Ilorin people, we believe in prayers; our religion comes first but I hear a lot of things, a lot of dos and don'ts". Other examples of cultural affiliation or description from geographical perspective are also contained in reflections like those of participant 2 (Nupe) as earlier indicated where she referred to "Patigi people" while describing the Nupe culture under the cultural knowledge theme of this paper. A similar example is also contained in the descriptions of Participant 7 (Yoruba) in the following paragraph.

This participant also brings into her description of the Yoruba culture, traditions relating to festivities and marriage ceremonies as experienced in Ilorin while she equally highlighted the communal nature of going about such activities:

> "In Ilorin where I come from they don't believe in idols or masquerades; they ride horses though. That's one of the cultural heritages in Ilorin…Ilorin is a fairly big town and the people are accommodating and like to do things together. We like *Amala* and draw soup as our local food. Ilorin people also like celebrations and occasions like wolimat (ceremony for completion of recitation of Quran) and weddings (which comprises a series of programmes), where people buy and wear uniform attires as well as cook different foods".

Participant 4 on her part gives an insight on her experience on the communal nature of the Yorubas as it relates to pregnancy. She observes that there is a show of concern to pregnant women but as this participant cited specific instances during her first pregnancy, she made known her standpoint that there should be a limit to such show of concern:

> "Especially the first pregnancy, everybody is usually always…both on your side and your in-law's side, everybody is always eager; they monitor, call; everybody wants to know what is happening and what is not happening, the concern *sha* (though), at least it keeps one going… but sometimes that concern is trouble. They will start asking some questions that are too… personal or too worrisome. Some things you don't even want to talk about. So, the concern is good…but at times it's burdensome, let me put it that way. It's good; it's communal."

Furthermore, the Yoruba culture still viewed from its communal nature is equally perceived as one which offers an array of guiding principles with regards to general conduct and practices of the people. Participant 3 detailed her perception of the Yoruba culture thus:

> "If I have to be sincere to myself, I would say the cultural beliefs or values or these experiences, I would describe it as a lovely and reasonable way of doing things. It's a culture that gives love, it's a culture that encourages love and affection, it's also a culture that teaches; that educates…that of course explain some culture that a lady might probably be lacking from wherever you are coming from. It's a culture that explains how things are being done in a well organised environment."

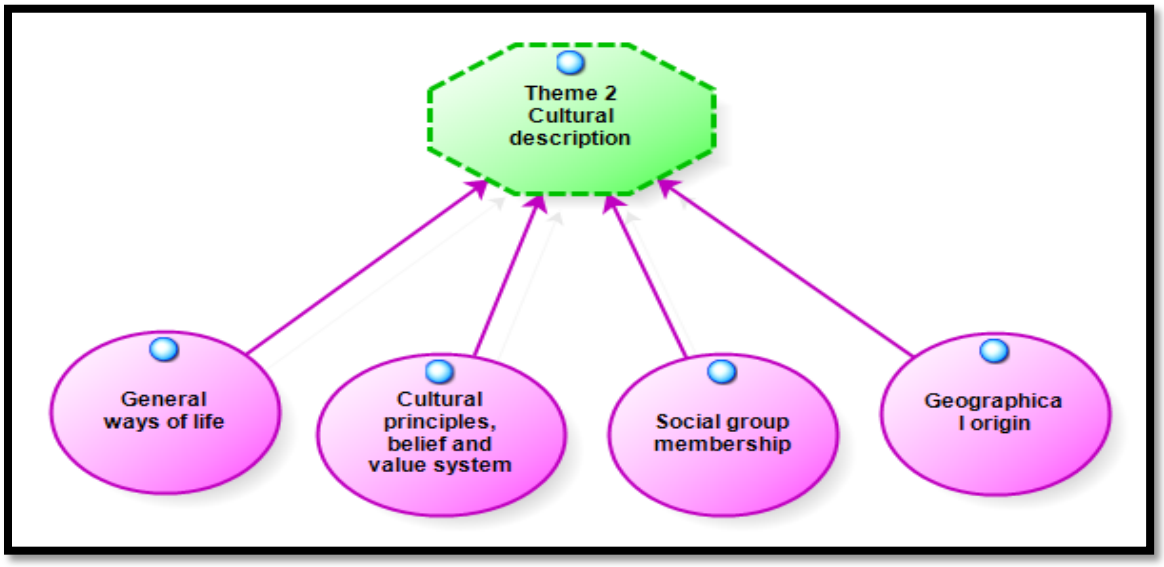

Figure 3 Theme two showing cultural description as influences on maternal health

4.3 Cultural Variations

As participants shared their experiences, some emergent thoughts indicated differences or modifications in the way things are done presently as compared with cultural beliefs and traditions of the past. Elements such as religion, western education, modernisation and general awareness as well as individual differences of sub groups emerged as foundations upon which participants perceive and are inclined to the principles of their ethnic culture as experienced in modern times.

Western education is seen to have created a new perspective from which issues of maternal health are viewed. As elaborated through the lived experiences of the participants, western education has brought about more consciousness about health matters and enabled people to be more knowledgeable such that they tend to be cautious or question certain laid down norms or cultural beliefs and procedures concerning maternal health. An example of such scenario is summed up in the words of a Nupe informant as follows:

> "All these educational people are coming for sensitisation; they would do interviews, seminars, they'll come; those that went to school, they would further more to their parents so that they would know that things have changed from the olden days; what our fore fathers have done… They didn't say what they're doing is wrong but…based on their educational experience…things are changing; we are in a modern society now, things have changed…so that we will learn what is good" (Participant 2)

In a similar vein, participant 5 (Fulani) views the cultural tradition of home delivery and avoidance of hospitals as gradually being over taken by the knowledge and awareness brought about by western education:

> "Actually, modern education and modern days has erased what they call culture mostly because then, they don't go to hospital. Now, we go to hospital; we believe going for antenatal is more preferable to save ourselves from unexpected or unforeseen circumstances.."

Closely related to western education is the aspect of modernisation and awareness. A number of informants believe that strong inclinations to cultural beliefs and practises of the past have now been cushioned as peoples' level of exposure and awareness are increasing with the advent of modernisation. Participant 13 cites an example of how modernisation has changed some communal values and norms associated with pregnancy in the Yoruba culture:

> "In those days when a woman has just taken in, the husband may meet his own parents and tell them that his wife is pregnant…they often tell them that they should stop having sexual relations with the wife … In fact, some mother in-laws would be monitoring you and asking from time to time; hope you did not meet with your wife. And they would also warn you the wife too that you should not let your husband come close to you.…but these days things have changed. The men themselves are now exposed… The mothers would just see that the wife's tummy is bulging; it's now more like a taboo to even announce that you're pregnant… In fact, the mother in-law who would come and monitor them too is busy with other things; the couple themselves are not eager for any mother in-law to come because…it eventually leads to tension and problems between the daughter and the mother in-law"

Religion equally emerged as an important element that is perceived to have overshadowed the cultural beliefs, practices and inclinations of the olden days. An example of such overriding influence of religion on culture is illuminated by Participant 2 (Nupe) as she shares her thoughts about her ethnic culture:

> "Thank God for Islam too. Islam has changed everything…Islam is more practiced in Patigi. There are Christians and there are those worshipping idols but Islam is more… Islam has embraced…it has elaborated everything so that people will understand; this is what is good, this is what is not right. So, in terms of their traditional beliefs…there are those that have that belief…but it is not as much as before when you hear them saying this, you hear them saying that…superstitious beliefs; it has reduced to my own experience…"

However, in addition to religious inclinations, some participants describe their ethnic culture from additional perspectives like within the context of their geographical origin or some particular sub groups to which they belong. Participant 10 (Yoruba) for instance views religious affiliations as preceding cultural beliefs as she relates this from the context of her household:

> "Households have individual differences…In my own husband's household; they don't give you anything o! Like giving you one soap to go and use to bath or that they'll tell you to be taking herbs; no. They believe in prayers that it is Allah who gave you the pregnancy and it is He who will see you through but in my parents' area, the mothers (elders), they believe that once you are pregnant, you must take extra precautions because so many different kinds of eyes would be on you, they'll prepare herbal concoctions, soaps; that you should take this one; use this one to bath, all those things; their own belief is that all these would make your delivery come with ease on the day you eventually deliver…"

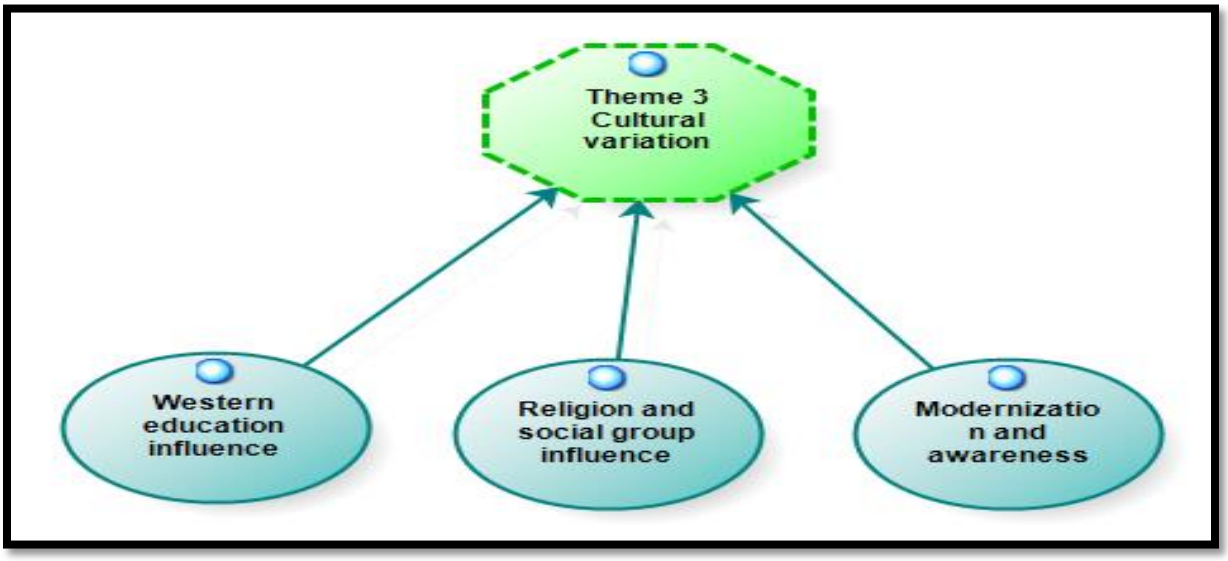

Figure 4 Theme three showing cultural variation in maternal health

5.0 DISCUSSION

Findings of this study highlight crucial elements that facilitates understanding of ethnic culture as it relates to maternal health promotion in North central Nigeria, from the perspectives of perinatal women in that region. The findings bring to fore, the women's perceptions of what constitutes their ethnic culture thereby revealing important attributes of culture and layers of meanings that shapes their maternal health behaviours. These ultimately provide insight on elements of ethnic culture that can serve as communication resources for maternal health promotion in the study area.

The finding on perceptions of the informants about their cultural knowledge and affiliation corroborates the literatures; Coast et al. (2014), Napier et al. (2014), and Tylor (1871) by offering phenomenological evidence from the perspectives of perinatal natal women in north central Nigeria that culture can be learned and shared through ancestral lineage; and that culture can be categorised based on factors such as geographical descent and location, language, ethnic composition and social groups. This finding supports in the Ideological layer of meaning under the Culturally Sensitive Model of Communicating Health (Sharf & Kahler, 1996). The finding thus identify the afore-mentioned elements as important cultural markers that can be considered in designing maternal health promotion messages for recipients in north central Nigeria from a cultural standpoint.

In addition, findings based on informants' descriptions of their ethnic cultures reveal that culture indeed serves as a set of guiding principles which governs the general conduct of members of a given cultural group; This tally with previous conception of culture in past literature (Larkey & Hecth, 2010). Further descriptions by the informants also reveal their ethnic culture as comprising obvious attributes such as type of food and dressing as well as hidden attributes which are not so observable like religious beliefs, ethnic beliefs and taboos, norms and values. According to Larkey and Hecth (2010), such attributes of culture can serve as a basis for the design of health promotion messages by adopting the culture-centred narratives from the audience. In this study, values revealed as essential among the people of north central Nigeria are respect for elders, family ties and belief in religion and education. Equally highlighted are traditions and norms which reflect the people's belief in festivities guided by unique characteristics and activities such as dressing and food among other forms of merriment. The informants' descriptions also revealed that taboos often served as rules used to direct maternal health practices within cultural groups. These findings support past studies which describe culture in terms of hidden and observable characteristics (Airihihenbuwa & Liburd, 2006; Napier et al., 2014). The finding also corroborate Resnicow, Braithwaite, Ahluwalia and Baranowski (1999)'s definition of cultural sensitivity as involving surface and deep structures of culture which should be understood in relation to how they influence health behaviours. Furthermore, the voices of the participants equally appear to converge on the communal nature of their ethnic culture which serves as part of their norms and values as well. This finding equally supports past studies which reflect the African culture as communal (Gutpa, Aborigo, Adongo, Rominski, Hodgaon, Engmann, & Moyer, 2015; Iwelunmor, Newsome & Airihihenbuwa, 2014; Sofolahan-Oladeinde & Airihihenbuwa, 2014). Overall, the findings reflect the ethno cultural/ familial layers of meanings as described by Sharf and Kahler (1996).The findings that emerged from the participants' cultural descriptions thus offer developers of maternal health promotion messages a wide range of cultural elements that can be utilised for maternal health promotion in north central Nigeria as may be suitable to given target recipients in the area.

The finding on Cultural variations in terms of differences in the ways in which informants perceive or abide by their ethnic cultures was on its part found to be driven primarily by elements relating to religion, western education and membership of further sub-cultural or social groups such individual households or associations. Judging from the informants' reflection of their experiences, findings of the study indicate that religion encourages safe maternal health practices due to its overriding influence on inclinations towards certain risky cultural beliefs such as non utilisation of skilled health services. This runs contrary to some past studies in which faith and religious beliefs were found to contribute to risky maternal health practices (Adeusi et al., 2014; Nwagwu & Ajama, 2011). However, this finding further support the literatures that highlight religion as a vital element to be incorporated in health promotion messages (Abdulraheem, Olapipo & Amodu, 2012; Ahmad, 2008; Holt, 2012; Kadiri, 2015). In addition, membership to individual sub or social groups equally tends to direct the informants' maternal health behaviours based on peculiarities of these groups.

The role of western education in inclinations towards culture is another interesting finding based on the informants' descriptions of their cultural variations. Western education is perceived to have overtaken the

influence of culture on issues of maternal health. As perceived by the informant, western education has raised peoples' consciousness such that the influence of culture is maternal health is now minimal. Such perceived consciousness however runs contrary to the high statistics on Nigeria's maternal mortality status (WHO, 2015) as well as incidents of culture based health risk behaviours highlighted in the literatures (Ajaegbu, 2013; Nwagwu & Ajama, 2011; Nwakwuo & Oshonwoh, 2013). Perhaps the influence of western education does not permeate to the non educated populace or other social groups who do not come across any religious or educational contradictions regarding their maternal health beliefs or practices. The finding on education nonetheless underscores the impact of education and importance of provision of maternal health education to suit the educational levels of varied categories of recipients. These findings on cultural variation as a whole can be related to both the institutional/professional and the individual layers of meaning as explained Sharf and Kahler (1996). Religion and group membership for instance can influence health decisions and behaviours thus facilitating or impeding shared understanding and satisfactory outcomes while educational level might inform individual differences in terms of maternal health information needs and preferences. In essence, from a communication and cultural standpoint, the core implication of the findings from the participants' account of their ethnic cultural variation is that religion, educational level and social groups (sub cultural groups) are important cultural elements that health promoters need to take into account in developing maternal health promotion messages for target recipients in north central Nigeria.

6.0 CONCLUSION AND RECOMMENDATIONS

This paper provides an understanding of the cultural context of maternal health in north central Nigeria from the lived experiences of perinatal women of diverse ethnic backgrounds in the area. The ultimate aim of the research was to provide insight on communication solution to the problem of maternal mortality through a cultural lens, from perspectives of the study informants. Given its findings, the paper affirms as noted by Airihihenbuwa (1989, 1995) that culture comprises elements that may inherently be instrumental, neutral or detrimental to safe maternal health behaviour and practices. The paper contends that maternal health promotion messages targeted at recipients in north central Nigeria should take cognisance of cultural values, strong familial ties, respect for elders and communal system of handling issues of maternal health. Messages should equally consider the level of education of target recipients in order to facilitate message relevance, comprehension and adoption by the recipients. These can serve as strategies of engaging positive aspects of culture in health promotion while subtly addressing negative aspects rather than outright dismissal of culture and its negative effects.

It is to be noted however that focus only on perinatal women in north central Nigeria is considered a limitation of the present study. Future research can explore lived experiences of other community members who form part of the cultural groups and identities of the perinatal women in different parts of Nigeria. In addition, in spite of global attention on culture and cultural sensitivity in health promotion little is known about cultural sensitivity and the development of maternal health promotion messages especially in African countries like Nigeria. Hence, this paper calls for additional qualitative studies that would reveal better understanding of these areas from the perspectives of relevant stakeholders while insights from such studies can also be complemented if future research equally adopt quantitative approaches which allow for generalisations. These would no doubt enhance message designed for maternal health promotion among the target audience.

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