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## THE INFLUENCE OF INTERCULTURAL COMMUNICATION ON MATERNAL MORTALITY IN KIBERA SLUM, NAIROBI COUNTY

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## THE INFLUENCE OF INTERCULTURAL COMMUNICATION ON MATERNAL MORTALITY IN KIBERA SLUM, NAIROBI COUNTY

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### Abstract

**Purpose:** To establish the influence of intercultural communication on maternal mortality in Kibera slum, Nairobi County, Kenya.

**Methodology:** The study utilized a correlation research design.

**Findings:** Results revealed that expectant mothers' living in Kibera slum uphold various cultural norms, which affect intercultural communication between the mothers and medical practitioners negatively. The study found that expectant mothers living in Kibera slum had various expectations about the medical practitioners' intercultural communication skills and that the medical practitioners often did not meet these expectations. As a result of the expectant mothers expectations regarding the use of intercultural communication about not being met, it affects communication of health information between expectant mothers and medical practitioners. Further, results revealed that expectant mothers have a negative attitude towards the medical practitioners mostly due to fear, which significantly contributed to maternal mortality in Kibera slum.

**Unique contribution to theory, practice and policy:** Conducting a study on the influence of intercultural communication on maternal mortality will assist to show the weight of effective intercultural communication. This study will be of great significance to various groups of people. These include; medical practitioners such as nurses and doctors, policy makers, ministry of health and scholars.

**Keywords:** *Intercultural Communication, Maternal Mortality, Cultural Norms, Expectant Mothers, Medical Practitioners*

## INTRODUCTION

### Background

Communication is intricately tied to the art of medicine and it forms the basis of all decisions and interventions proposed by medical practitioners (Beisecker & Beisecker, 1990). Intercultural communication thrives in instances where the issue of exclusive and fixed identities does not exist. Nevertheless, a worldview predicated on pluralism and multiple affiliations should be embraced. Acknowledging the cultural difference is important but it's not exclusive, rather genuine dialogue presumes a reciprocal effort to identify and inhabit a common ground on which encounter can take place (Odora-Hopper, 2007).

To a great extent, intercultural communication is dependent on intercultural competencies. Intercultural competencies are unique skills required for one to interact effectively with those who are linguistically and culturally different from one self. These skills are basically communicative in nature though they also involve interpretation of different views (Fatnini, 2007).

According to Caluser (2007), identifying with the needs of different cultures with regard to maternal health care can assist to reduce maternal mortality. The population of Kibera slums constitutes of people with different cultures. Hence, this creates a need for effective intercultural communication so as to ensure proper service delivery of maternal health care by the health practitioners (Central Intelligence Agency, 2009).

Traditionally cultural differences are viewed as possible hindrances to quality and effective health care. Various studies commonly show that the main barrier to good prenatal care is differences in language, which result to fear and cultural misunderstanding (Flores, 2006; Timmins, 2002; Wheatley, Kelley, Peacock, & Delgado, 2008). Hence, there is need for better cultural competency among medical practitioners. This creates the need for additional services in the health care context, such as medical translators who would help to decrease patients' deficiencies in receiving quality health care. However, various authors in health communication have objected to this preposition. For instance, Dutta (2008) and Down (2008) have criticized this approach, they argue that there is more to intercultural encounters in the health care context than focusing on providers' and patients' deficiencies alone.

Nevertheless, the counter-productivity of cultural differences to acquisition of quality healthcare is still prevalent in health communication research. For instance, the productivity of cultural differences and the dialogic experiences to specific types and ways of knowing among different cultural scripts are not considered. Hsieh (2011) suggests that despite the fact that there are interactional challenges; unique meanings of health and health care are collaboratively produced through bilingual health communication interactions including patients, health care providers and medical interpreters.

According to Dutta (2008), the need for embracing a cultural-sensitive approach in health communication cannot be overlooked. The assumption of the approach is that there are experts on culture and health who facilitate to convey health information in a way that is cultural sensitive. In addition, use of the cultural sensitive approach assists in locating (non-dominant) communities.

According to Davis (2007), there exist various differing logic systems, which interact with each other in each act of birth. These systems include the scientific logic, clinical logic, personal logic, cultural logic, intuitive logic, political logic, legal logic, and economic logic. Jordan (1997) also argues that some types of knowledge count and others don't and that which counts is achieved through associating all the players.

The importance of an effective health communication strategy cannot be underestimated. It supplies the public with the required tools and information, which are useful in responding appropriately to health predicaments such as flu outbreaks, maternal and child mortality (Clift & Freimuth, 2005). In order to ensure that important health information benefits people with marginal literacy it should be provided to them at their level of understanding in a bid to benefit them. Further, health communication professionals should continually educate and incorporate the right learning whereby they identify the contexts, channels, messages and reasons that will motivate individuals to value and use health information. These could include coming up with health communication programs for vulnerable populations, formulating a health policy issue for legislators or educating patients on medications (Clift & Freimuth, 2005).

Most maternal deaths are pregnancy and childbirth related. These include unsafe abortion and obstetric complications such as severe bleeding, infection, hypertensive disorders and obstructed labour. Other causes of maternal deaths include malaria, diabetes, hepatitis and anaemia, which are exasperated by pregnancy (WHO, 2010). According to WHO (2010), there are other factors that obstruct women and new-borns from getting the right kind of health care. These factors include distance to resources, adverse shortages of skilled health professionals and poor investment in public health.

### **Statement of the Problem**

Ineffective communication can result in misinformation and ignorance of doctors advice which can hinder desired results. Despite various interventions by various institutions such as the government and the private sector to reduce maternal mortality ration in Kenya, it is still a leading cause of death among expectant mothers in Kenya (GiveWell, 2007).

Failure in healthcare can result from ineffective communication between the patient and the doctor and not from insufficient technical aspects of medicine. Non-adherence either due to misunderstanding of physician's instructions or deliberate non compliance could be fatal (Butow, 2002). Strengthening the health system and improving quality of healthcare delivery is pivotal to reversing the trend of high maternal mortality (Ziraba, 2009).

Effective intercultural communication can be achieved by ensuring that the doctor encourages and gives the patients the required advice and the patient, on the other hand, should have a positive response to the advice given (Miller, Kinya, Booker, Kizito & Ngula, 2010). Hence, this study sought to establish the influence of intercultural communication on maternal mortality in Kibera slum, Nairobi, Kenya.

### **Purpose of the Study**

The purpose of this study was to establish the influence of intercultural communication on maternal mortality in Kibera slum, Nairobi County, Kenya.

## **Objectives of the Study**

In order to achieve the study purpose, the following objectives were examined:

- To find out the cultural norms that expectant mothers in Kibera slum uphold.
- To find out if medical practitioners meet the intercultural communications expectations by expectant mothers who live in Kibera slum, Nairobi.
- To examine the attitude of expectant mothers to medical practitioners' advice and its effect on maternal mortality in Kibera slum, Nairobi.

## **THEORETICAL REVIEW**

### **Social Penetration Theory**

The main proponents of this theory are Altman and Tylor (1973). Intercultural communication is an interpersonal communication encounter where participants engage on a one-on-one level. In reference to this study, the medical practitioners interact with the expectant mothers during consultation on an interpersonal level unless there is another person supporting or translating for either the medical practitioner or the mother.

According to Altman and Tylor (1973), each opinion, belief, prejudice and obsession are layered around and within an individual. The beliefs layered around an individual in this study are referred to as their culture. These layers have both depth and breadth. Breadth is the different topics that have been incorporated into an individual life while depth is the information that is available on each topic. Just like an onion, on the outer part of the shell are visible information while on the inside (in the core) are more private details. The notion that the phenomenon of culture is intimately related to the need of human beings to experience their world as meaningful has probably never been articulated with larger impact than in Geertz' famous dictum: "man is an animal suspended in webs of significance that he himself has spun, these webs represent the culture" (Geertz, 1973). Understandings of the culture concept in coherence with Geertz' definition led intercultural communication scholars to conceptualize intercultural communication situations as contact between individuals who happen to draw on divergent universes of meaning and thereby produced mutually unintelligible utterances, even in cases where a shared lingua franca was used. The theory compared people to a multi-layered onion.

In the relationship between the medical practitioners and the expectant mother, the two weigh the relationship and interaction with each other on a reward-cost scale. If the reward outweighs the costs, the experience will be good but if the interaction is unsatisfactory, the relationship will be deemed as non-beneficial and if the communication is effective, the medical outcome is positive. The SPT further explains that relationships are sustained when they are rewarding and discontinued when they are costly.

The theory states that if self-disclosure is high, then the relationship will develop. In this study, if a high level of self-disclosure characterizes the relationship between the medical practitioner and the expectant mother then the chances of the expectant mother opening up to the medical practitioner are high. By so doing the medical practitioner encourages her to share and discuss her different cultural beliefs that may prevent her from taking up the advice given. In addition,



the mother can share sensitive issues; such as her HIV status. The doctor can use the relationship formed as a basis to convince the mother to take up advice that will protect both the mother and the child even if it goes against her cultural beliefs. If the mother feels that she has a good relationship with the doctor, then she is more likely to listen to and take up advice from the medical practitioner.

In the clinic encounter, the doctor does not reciprocate the patient's self-disclosure. Though the expectant mother will not really get to know the doctor, a good medical practitioner will create a favourable context for self-disclosure. The medical practitioners' major disclosure is to reveal dire diagnosis of the patient.

### **METHODOLOGY OF THE STUDY**

The study utilized a correlation research design. Data was collected from a focus group discussions of expectant mothers, questionnaires were given to medical practitioners who work in five selected clinics that have a maternity ward and interviews of peer professionals who live in the area and give advice to expectant mothers as well as listen them. The study conducted a census for the medical practitioners and used convenience sampling for the expectant mothers who participated in the focus group discussion as well as the peer professionals who were interviewed. Twenty-eight questionnaires were administered to all 28 medical practitioners who work in the selected clinics, eight women participated in the focus group discussion and two peer professionals were interviewed. The sample size was 38 respondents. The questionnaires were self-administered with the help of two research assistants while the researcher conducted the focus group discussion with the expectant mothers and the key informant interview with the two selected peer professionals. The researcher analyzed both quantitative and qualitative data. Qualitative data was analyzed using descriptive statistics, which comprised frequencies and percentages. The study used the Statistical Package for Social Sciences (SPSS version 21) to analyze quantitative data and results were presented in form of tables and charts. On the other hand qualitative data was analyzed and presented as a report in continuous prose form.

### **RESULTS OF THE STUDY**

Data analyzed was summarized in line with the research objective.

#### **Response rate**

A total of 27 questionnaires were filled and returned. This represented an overall successful response rate of 96% as shown in Table 1.

**Table 1: Response Rate**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Returned	27	96%
Unreturned	1	4%
<b>Total</b>	<b>28</b>	<b>100%</b>

### Demographic Characteristics

The respondents were asked to describe their basic characteristics such as gender, age, level of education, position and number of years in employment of the respondents. The gender of the respondents assisted to establish whether the number of male practitioners was more than female and their representation. The level of education helped to assess the literacy level of the respondents while the years worked in their current position revealed the experience of the respondents and hence the quality of information obtained from them during data collection. Results showed that 50% medical practitioners in Kibera Slum were male while 46% were female. This implies that most of the medical practitioners in Kibera Slums are male. Results also revealed that 50% of the medical practitioners are aged between 31-40 years, 43% of the medical practitioner were aged between 41-50 years while 4% of the medical practitioners were aged between 21-30 years. This is an indicator that most of the medical practitioners were elderly. Results also revealed that the medical practitioners were educated since 61% attained education up to the university level while 36% attained education up to college level. This is an implication that the medical practitioners were well acquainted with the right skills in their profession. Further, the study established that that 46% of the medical practitioners were nurses, 25% were medical officers, 18% were clinical officers while 7% were laboratory assistants. Results also revealed that 68% had served as medical practitioners for more than 6 years, 21% had served as medical practitioners between 1 to 3 years while only 7% of the medical practitioners had served for between 4 to 6 years. Most of the medical practitioners had served for a long period of time, which indicates that they were experienced.

### Cultural Norms Upheld by Expectant Mothers

The study sought to establish the cultural norms that expectant mothers in Kibera slum uphold. The cultural norms were classified into cultural customs, cultural practices, cultural beliefs and cultural values. There exist a very thin loine between these categories. According to Axelrod (2006), cultural custom are traditional practices that have been in existence for a long period of time, cultural practices are practices that have not been in existence for a long period of time, cultural beliefs are traditional beliefs that cut across a particular tribe while cultural values are the virtues regarded by a particular tribe or a region out of influence. Results in Table 2 show the results.

**Table 2: Cultural Norms Upheld by Expectant Mothers**

<b>Statement</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Expectant mothers uphold cultural customs.	0.00%	3.70%	25.90%	70.40%	0.00%
Expectant mothers uphold cultural practices.	0.00%	0.00%	0.00%	66.70%	33.30%
Expectant mothers uphold cultural beliefs.	0.00%	0.00%	0.00%	77.80%	22.20%
Expectant mothers uphold cultural values.	0.00%	0.00%	3.70%	74.10%	22.20%

Seventy point four percent (70.4%) of the medical practitioners indicated that expectant mothers uphold cultural customs. All the 27 (100%) medical practitioners agreed that expectant mothers uphold cultural practices while all (100%) the medical practitioners agreed that expectant mothers uphold cultural beliefs. Further, results in Table 5 showed that 96.3% of the medical practitioners agreed that expectant mothers uphold cultural agreement values.

On confirming that expectant mothers in Kibera slums uphold cultural norms, the researcher sought to gather more information from the peer professions. Zam obed one of the peer professionals gave several cultural norms that women in Kibera slums uphold. She stated that “when a mother is pregnant she is not allowed to walk around which contradicts the hospitals requirement to go for antenatal visits during pregnancy; in some cultures, a woman is not allowed to or supposed to show her belly yet when they go to hospital, they are required to show their belly to the medical practitioner during examination; in some cultures, women are not allowed to expose their body parts to any other person other than their husband and/or an approved TBA (who has to be a woman); during consultations in the hospital/clinic, doctors sometimes ask women to undress and this is against their cultural norm hence they are scared; expectant mothers shy off from going back to the clinic after they have attended for the first time and they thus prefer to give birth at home; some cultures do not believe in eating or not eating some certain types of foods and drinks, during a consultation a doctor will often advise an expectant mother to take or not take some certain types of foods; a woman is not supposed to get a child out of marriage; and a young girl cannot become pregnant as she is seen as a disgrace and disappointment which leads to unsafe abortions”.

Zam Obed also indicated that in the past medical practitioners were not aware of the cultural norms that expectant mothers upheld. However, recently, a slight change is being noted whereby some of the medical practitioners have become conversant with these norms. Zam Obed also added that “their awareness has changed the attitudes of some expectant mothers for the better in that, expectant mothers are encouraging each other to go to clinics, which shows that they are slowly becoming aware and informed about the value of consulting a health expert”.

Another peer professional by the name Soila Munyi also cited various cultural customs that are upheld by mothers in Kibera slum. She stated that “expectant mothers are not supposed to work and they are required to stay at home until about 4 to 6 months after giving birth; expectant mothers should only seek advice and medical examination from a female TBA; and expectant mothers should not be seen roaming in the streets, as the pregnancy is usually a private affair.

Results from the focus group discussion with expectant mothers also confirmed that indeed expectant mothers upheld various cultural norms. Hellen Akinyi, one of the expectant mothers who participated in the FGD and was 4 months pregnant with her forth child said that they are not allowed to show their belly. According to Nelima’s, another participant “when a girl gets pregnant out of wedlock it is considered a taboo”. Akinyi stated that as per their culture a woman should rest and not work while pregnant. Nyaboke also indicated that in their culture expectant mothers are supposed to stay at home and not walk around. Banice who was 8 months pregnant asserted that in their culture a male doctor is not allowed to examine them. Scolastica also noted that in their culture they do not believe in the tetanus jab that is given to expectant

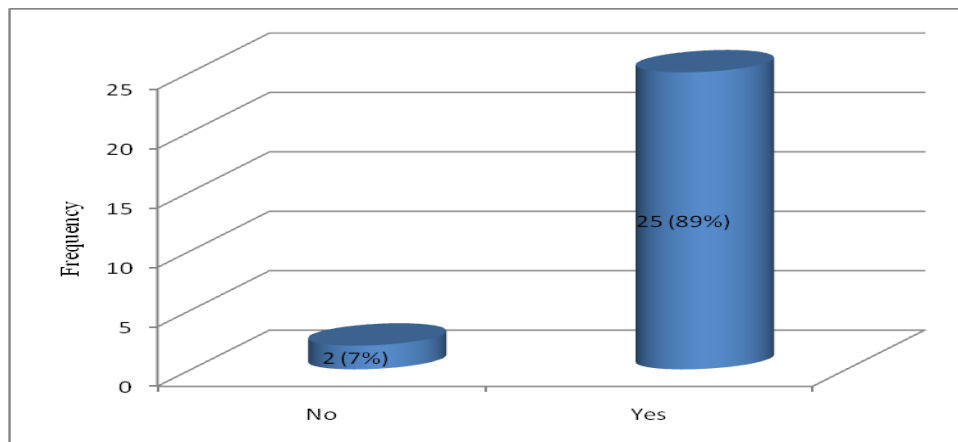


mothers during pregnancy and they are also scared of some of the immunizations that doctors give children immediately after birth. “We have a negative perception about taking contraceptives and in our culture we believe that giving birth to many children is good because at least one of them will emerge a ‘winner’ and remove their parents from poverty - hence the belief that children are an investment” Jeruto said.

In relation to these explanations, it is evident that the cultural norms upheld by the expectant mothers lead to an increase in the maternal mortality in Kibera slum. This can be explained by the fact some of the cultural norms hinder the mothers from attending clinics. Similarly, some of the norms cause the expectant mothers not to take up advice from the medical practitioners.

### Effect of Cultural Norms on Communication

Positive response that expectant mothers uphold cultural customs led the researcher to seek to establish whether upholding of the cultural norms by expectant mothers affected the communication of health information by medical practitioners with expectant mothers. Results in Figure 1 revealed that 89% of the medical practitioners agreed that upholding of cultural norms does affect communication of health information between medical practitioners and expectant mothers.



**Figure 1: Effect of Cultural Norms**

### Advice against Cultural Norms

On confirming that upholding of the cultural norms affected the communication of health information, the researcher was curious to find out whether expectant mothers can take up advice that goes against their cultural beliefs and norms. Results in Table 3 show that 88.9% of the medical practitioners agreed that mothers could take up advice that goes against their cultural beliefs and norms.

**Table 3: Advice against Cultural Norms**

Response	Frequency	Percent
No	3	11
Yes	24	86
Total	27	96

The medical practitioners agreed that expectant mothers take up advice regarding various aspects. These aspects include vaccination, giving birth in clinics, taking of drugs, going to prenatal clinics, family planning and undergoing caesarean in case of an emergency during birth. These findings agree with those of Caluser (2007) who argued that identifying with the needs of different cultures with regard to maternal health care can assist to reduce maternal mortality.

In relation to the question above, the researcher sought to find out whether many women living in Kibera slums die because of pregnancy complications. Results from the expectant mothers involved in the FGD contradicted the response of the medical practitioners. Nelima said that many women die due to pregnancy complications especially during childbirth as they lack knowledge and information about what is right or wrong and acceptable or not acceptable. Wambui added that there are campaigns geared towards informing them about different issues pertaining to pregnancy but they hardly listen or take up the advice given or shared. These findings concur with those of Ukwenya *et al.* (2008) who carried out a cross-sectional study at a teaching hospital in Kaduna, Nigeria to investigate the extent and reasons for the delay between onset of symptoms and admission for treatment of symptomatic breast cancer. The study showed that delayed treatment of symptomatic breast cancer at this centre in Nigeria is as much related to the quality of medical care as it is to local beliefs, ignorance of the disease and lack of acceptance of orthodox treatment.

Hellen said “there are many posters that give information about best practices in pregnancy (what to do and what not to do). However, we residents only look at the pictures.” To add to that Nyaboke indicated that previously, the posters were written in English, which was a barrier as a high percentage of residents living in Kibera are to some extent not literate and English is not their primary language. However, they have adopted a different approach in the recent past whereby the posters are written using Kiswahili but the readership has not improved either. Banice also stated that the busy nature of the residents caused low readership of the posters even in hospitals, clinics and chemists.

Jeruto said “the community radio that is quite popular is used to pass information about the best practices during pregnancy.” “However, we are unable to follow the advice; such as going to and giving birth in hospital, consulting a doctor at least three times during pregnancy and at least once after, as we are poor”. Scolastica also mentioned that they are struggling to get food and school fees for our children and thus, going to hospital ‘just’ to talk to a doctor is not a priority for us hence we ignore this advise”. Surprisingly, Akinyi said that if she died during childbirth, that is Gods plan and three mothers agreed with her remarks.

### **Intercultural Communication Expectations**

The study sought to find out if medical practitioners meet the intercultural communication expectations by expectant mothers during consultations. Results are as presented in Table 4.

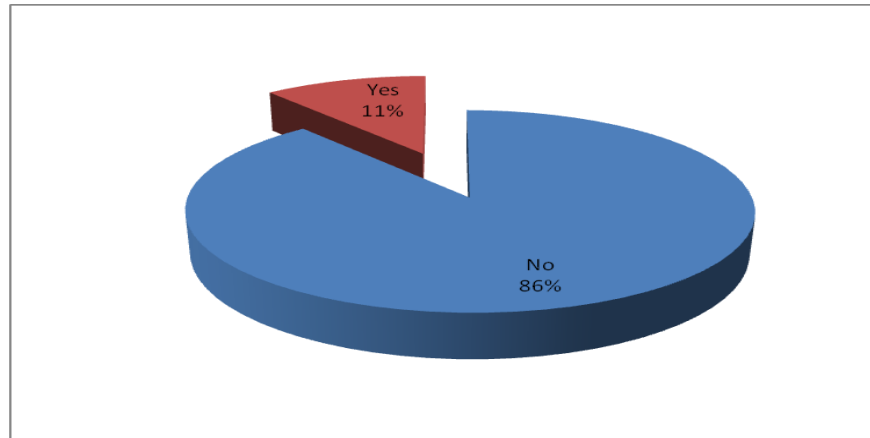
**Table 4: Intercultural Communication Expectations**

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Expectant mothers expect that I should listen carefully to their descriptions of their symptoms.	0.00%	0.00%	3.70%	63.00%	33.30%
Expectant mothers expect that I should explain what they are suffering from.	0.00%	0.00%	0.00%	59.30%	40.70%
Expectant mothers expect that I should explain what would happen if they did not get treatment.	0.00%	0.00%	0.00%	44.40%	55.60%
Expectant mothers expect that I should suggest to them several options for treatment.	0.00%	0.00%	7.40%	48.10%	44.40%
Expectant mothers expect that I should advise them on which method of treatment is suitable.	0.00%	0.00%	3.70%	51.90%	44.40%
Expectant mothers expect that I should understand her culture.	0.00%	11.10%	7.40%	33.30%	48.10%
Expectant mothers expect that I should give them advice from a 'cultural sensitive' approach.	0.00%	3.70%	18.50%	44.40%	33.30%

Result show that 96.3% medical practitioners agreed that expectant mothers expect that they should listen carefully to their descriptions of their symptoms. All the medical practitioners agreed that expectant mothers expect that they should explain what they are suffering from. Further, all the medical practitioners agreed that expectant mothers expect that they should explain what would happen if they did not get treatment. Results in Table 6 also show that 92.5% of the medical practitioners agreed that expectant mothers expect that they should suggest to them several options for treatment while 96.3% agreed that expectant mothers expect that they should advise them on which method of treatment is suitable. Results also revealed that 81.4% of the medical practitioners agreed that expectant mothers expect that they should understand their culture while 77.7% medical practitioners agreed that expectant mothers expect that they should give them advice using a 'cultural sensitive' approach.

#### **Expectations by Expectant Mothers on Intercultural Communication Skills by Medical Practitioners**

The researcher also aimed at establishing whether expectant mothers have other expectations on the medical practitioners intercultural communication skill. Results in Figure 2 show that 86% of the medical practitioners disagreed that there are other expectations by expectant mothers on their intercultural communication skill while 11% of the medical practitioners agreed.



**Figure 2: Other Expectations of Expectant Mothers**

Mrs. Obed, one of the key informants revealed that expectant mothers had various expectations towards the medical practitioners' intercultural communication skills. She stated that "they assume that medical practitioners should answer all their questions and clarify the things they don't know or understand; have a friendly and interactive conversation with the expectant mothers; and that a medical practitioner should understand their lack of knowledge regarding some general issues and not dismiss them as being ignorant". Soila Munyi the second peer professional added that a medical practitioner should be able to converse in the language of the locals (mostly in kiswahili, which is the common language in Kibera Slum) as opposed to giving them medicine and asking them to go home without communicating. These findings concur with those of various studies, which commonly show that the main barrier to good prenatal care is differences in language, which result to fear and cultural misunderstanding (Flores, 2006; Timmins, 2002; Wheatley, Kelley, Peacock, & Delgado, 2008).

Solai Munyi further indicated that medical practitioners should have a friendly interaction and conversation with the expectant mothers; expectant mothers expect that the doctors too will be able to listen to their cultural preferences and advise accordingly in a cultural sensitive manner; expectant mothers expect to be able to ask questions; medical practitioners should convince expectant mothers rather than just give them information and tell them that it is the best practice; and that medical practitioners should give expectant mothers information in such a way that they understand their culture and some of the acceptable beliefs and those that are not accepted or if not provide 'room' for the expectant mothers to explain.

Expectant mothers involved in the focus group discussion also confirmed having various expectations towards the medical practitioners regarding intercultural communication. Hellen said that expectant mothers expect that the medical practitioner will advise and give all information while being sensitive to the culture of the mother. Akinyi added that expectant mothers expect that medical practitioners should listen to them in addition to giving advice. Nyaboke in her response said "we expect that medical practitioners will understand and most importantly respect our cultural beliefs". These findings are concurrent with those of Ray (2005) who stated that doctors should be able to show respect by introducing themselves and addressing the patient by name.

Further, the expectant mothers were asked to indicate whether they think that the medical practitioners have the right intercultural communication skills and if their intercultural communication needs were satisfied. Most of the mothers response was no. Various expectant mothers (Nyaboke, Banice, Scolastica, Wambui and Jeruto) mentioned that the medical practitioners do not give advice based on their cultural beliefs, norms and practices since the medical practitioners come from different parts of the country and do not understand the expectant mothers' way of living. Hellen said "some of the medical practitioners are foreigners who are not conversant with our local language and this creates a communication barrier". Hellen added that "sometimes translators are used, other times (especially when the medical practitioners are busy) medicine will be given with no explanations".

However, Nelima agreed that the medical practitioners have the right intercultural communication skills and her intercultural communication needs are satisfied. Nelima inferred that some medical practitioners understand their culture and thus are aware of the experiences of the expectant mothers who seek advice from the TBA's. Nelima also added that women medics give advice better than men in most cases, as they understand the issues very well. Supporting Nelima, Akinyi said "when a doctor gives us advice they assume that we will automatically take it up, this is not always the case. However, when and go ahead and explain to us the benefits of taking up the advice, we are likely to listen as it opens room for negotiations". Akinyi added that they are more likely than not to take it up especially if it will help protect both the child's and mother's life even if the advise goes against our cultural beliefs. These findings confirm those of Miller, Kinya, Booker, Kizito and Ngula (2010) who inferred that effective intercultural communication can be achieved by ensuring that the doctor encourages and gives the patients the required advice and the patient, on the other hand, should have a positive response to the advice given.

Zam Obed, a peer professional indicated that the intercultural communication skills of the medical practitioners are wanting. She explained that for a long time expectant mothers have complained and continue to complain of nurses (especially those in the maternity ward) being very arrogant and do not inform the childbirth process but rather frustrate the mothers. Mrs. Obed also reiterated that expectant mothers complain that they are asked too many questions during consultations and they are not allowed to ask questions. In any case, when expectant mothers ask the nurses/doctors questions that they do not have answers to, the mothers are often rubbished off for being 'stupid'. She further went on to say that "if a mother falls into the hands of a female doctor, they are in the wrong hands." Expectant mothers have a 'phobia' for female nurses, especially during the childbirth process. During child-birth, expectant mothers mentioned that the female nurses can even beat the mothers hence sometimes the mothers prefer a male doctor as he has time to explain maternal related issues and give information that is important for the mother.

### **The Effect of Expectant Mothers Expectations on Intercultural Communication with the Medical Practitioners**

In exploring whether the expectations by expectant mothers affect intercultural communication of health information between expectant mothers and medical practitioners, it emerged that 75% of the medical practitioners agreed that the expectations of expectant mothers affect intercultural



communication of health information among expectant mothers. Results are as presented in Table 5.

**Table 5: Effect of Expectations of Expectant Mothers**

Response	Frequency	Percent
No	6	21
Yes	21	75
Total	27	96

The medical practitioners indicated that there are several effects of the expectations expectant mothers have, these effects include failure to follow doctors' instructions, expectant mother hide useful information thinking that doctors know everything, concept of taking drugs results to conflicts between doctors and expectant mothers, biased perception about drugs and resistance to change.

### Attitudes of Expectant Mothers

The researcher also sought to examine the attitude of expectant mothers to medical practitioners' advice and its effect on maternal mortality in Kibera slum, Nairobi. Results are as presented in Table 6.

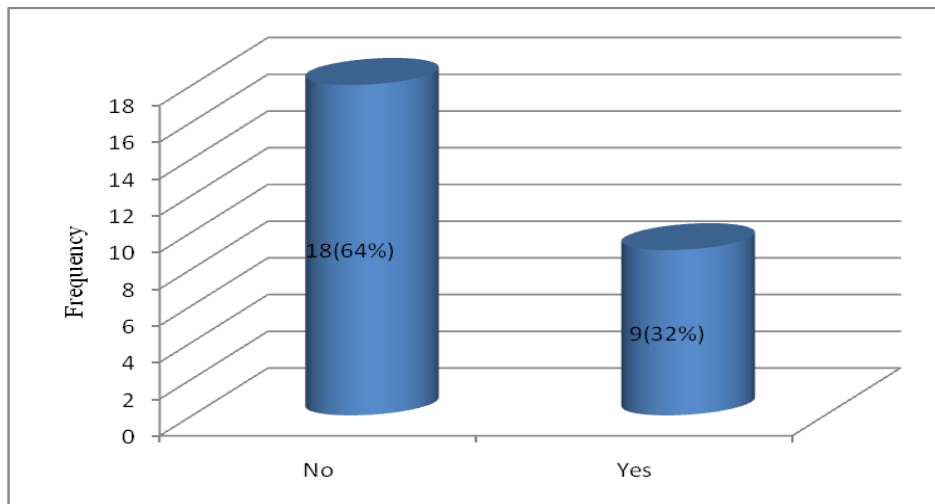
**Table 6: Attitudes of Expectant Mothers**

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Expectant mothers have different preferred styles of communicating in medical encounters.	0.00%	0.00%	22.20%	70.40%	7.40%
Expectant mothers reference different explanatory models of health and illness.	0.00%	0.00%	18.50%	51.90%	29.60%
Expectant mothers have perceptual biases regarding the Medical practitioner who will attend to them.	0.00%	3.70%	25.90%	40.70%	29.60%

Results show that 77.8% of the medical practitioners agreed that expectant mothers have different preferred styles of communicating in medical encounters. Eighty-one point five (81.5%) of the medical practitioners agreed that expectant mothers reference different explanatory models of health and illness. Further, results in Table 8 show that 70.3% of the medical practitioners agreed that expectant mothers have perceptual biases regarding the Medical practitioner who will attend to them.

### Other Attitudes of Expectant Mothers towards Medical Practitioners

The researcher was implored to establish whether the expectant mothers have any other attitude towards medical practitioners' advice. Results in Figure 3 shows that 64% of the medical practitioners disagree that expectant mothers have other attitude towards medical practitioners' advice while 32% agreed. Other attitudes included the perception that male doctors are better than female doctors.



**Figure 3: Other Attitudes of Expectant Mothers**

Ms. Munyi a peer professional involved in the key informant interview indicated that the expectant mothers attitudes towards medical practitioners result from fear. Soila Munyi stated that “expectant mothers are scared of antenatal visits mostly because of the HIV test that they are required to have done prior”. Soila Munyi also stated that expectant mothers fear the medical practitioners as they intimidate women; expectant mothers are scared of being shouted at about issues like family planning, expectant mothers are also scared of being diagnosed by male doctors as this goes against their cultures. She further explained that some expectant mothers are scared of the vaccines that they are required to get, as most people believe they will make them unable to give birth.

Hellen an expectant mothers who was very active in the FGD affirmed that indeed their attitudes towards medical practitioners result from fear. Hellen said “we are afraid of nurses (especially the female nurses)”. Hellen added that since they live in the informal settlement they share the experiences they have with the nurses amongst each ourselves, which forms an attitude among all mothers about visiting a hospital or clinic”. Nyaboke also indicated that expectant mothers are afraid of being diagnosed by the male medics. Most women in the FGD agreed that a woman who got pregnant outside wedlock was afraid to consult let alone go to hospital because ‘people will talk’ which sometimes led to unsafe abortions. Ivry’s (2010) on revealed that the cultures within which families expect and prepare for the arrival of their children influences the experience of pregnancy and prenatal care as well as pregnant women’s physiological experiences.

### **Methods used by Medical Practitioners to Communicate to Expectant Mothers**

The expectant mothers involved in the FGD indicated that medical practitioners used various methods to communicate to them. Wambui indicated that the medical practitioners used written communication whereby important information is written on posters. Hellen and most participants agreed that medical practitioners used authoritative conversation. Hellen said “in most cases the medical practitioners do not listen to our concerns but instead tell us what to do or not to do”. She also added that it is very difficult to listen to someone who cannot and will not listen to you in return. Usually, a power imbalance is manifested in the communication between expectant mothers and medical practitioners as they are in a position of high power due to more knowledge (Waitzen, Cabrera, Radlow & Rodriguez, 1996).

Akinyi who seemed to support that some medical practitioners (especially giving praise to a specific doctor in the clinic where the FGD was conducted) stated that they used participatory communication whereby after having a look at the mother, they listen to her and then explain the problem and proposed solution and the mother will go ahead to explain further why the problem is happening. Nelima in her response mentioned that the medical practitioners used a cultural sensitive approach to communicate. She said that the doctors who give advice knows and is aware of the culture of the mother and gives medical advice based on the culture of the mother. Thus, the doctor tries to convince an expectant mother to take up health advice that may not be acceptable in their culture but is important for the wellbeing of both parent and child and in protecting against maternal mortality”. Nelima added that medical practitioners who communicate using a cultural sensitive approach empower, educate and inform expectant mothers rather than simply giving solutions.

Feedback from Mrs.Obed revealed that through participatory communication medical practitioners are slowly involving the expectant in the communication process. They just don’t tell them what to do but rather, advise them on what is good for them and the child from a professional point of view. Zam Obed also indicated that medical practitioners who use a cultural sensitive approach to communicate are ‘sensitive’ to the cultural beliefs of the mothers and advice accordingly “if the medical practitioner takes time to listen to and advice the expectant mothers then this can help influence maternal mortality rate by reducing maternal mortality as the expectant mothers will seek and take the advice of the medical practitioners”. These findings are supported by those of Dutta (2008) who posited that the need for embracing a cultural-sensitive approach in health communication cannot be overlooked. In addition, the findings also agree with Freire (1970) who believed that all individuals have the capacity for reflection, abstract thinking, conceptualizing, taking decisions, choosing alternatives and planning social change.

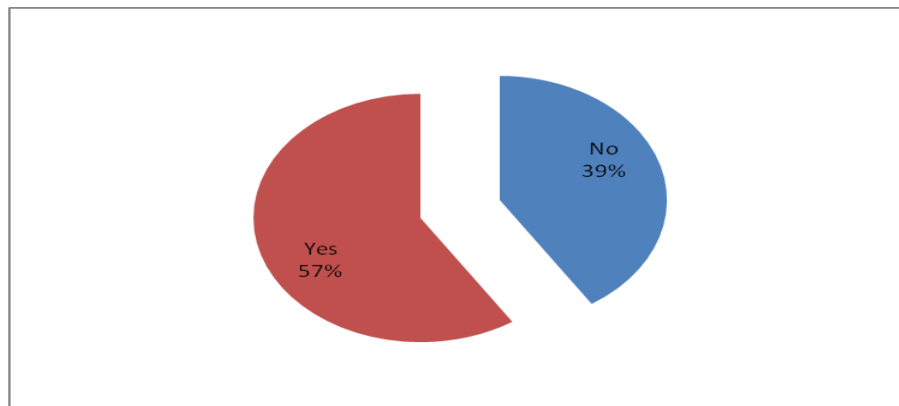
### **Effects of Attitudes on Advice given by the Doctor**

The expectant mothers were asked to indicate whether some of the attitudes they have towards the medical practitioners influence an expectant mothers’ decision to take up advice given by a medical practitioner. In response, all the expectant indicated that their attitudes towards medical practitioner’s advice indeed influence their decision to take up or ignore advice given by medical practitioners.

These findings are consistent with those of Norredam and Krasnik (2010) who observed that ethnically distinct clients often showed beneficial improvements when a counselor effectively acknowledged and validated clients' inner world of experiences, which was previously uncommunicated to others. Consequently, in counseling, communication process has been viewed as an intervention for client change in itself and not just the medium by which a counselor applies his or her counseling approaches.

### Results of Expectant Mothers Attitude

In exploring whether the expectant mothers attitudes result to behaviours that led to maternal mortality, results revealed that 57% of the medical practitioners agreed that these attitudes result to behaviours that lead to maternal mortality while 39% disagreed. Results are as presented in Figure 4.



**Figure 4: Results of Attitudes of Expectant Mothers**

The medical practitioners indicated that the results included; following out-dated traditional ways of medication, ignoring advice led to death or complications, conflicts led to maternal mortality, unborn babies die due to failure to attend clinics and poor communication and relationships in the hospitals.

All the expectant mothers involved in the FGD reiterated that in Kibera, the attitudes of expectant mothers towards medical practitioners increase maternal mortality. Hellen explained “if an expectant mother has a negative attitude towards a medical practitioner the mother is less likely to visit a clinic to seek advice regarding her pregnancy and this in-turn may increase maternal mortality because of lack of knowledge”. “On the other hand, if an expectant mother has a positive attitude they are more likely to seek advice regarding a challenge she is experiencing with pregnancy. The medical practitioner will give advice in return and the expectant mother will take it up. This in turn may reduce maternal mortality”. Nyaboke supported Hellen and mentioned that most women living in Kibera have a negative attitude towards medical practitioners.

## **CONCLUSIONS**

Based on the findings the study concluded that expectant mothers' living in Kibera slum uphold various cultural norms, which affect intercultural communication between the mothers and medical practitioners negatively. The study also concluded that expectant mothers living in Kibera slum had various expectations about the medical practitioners' intercultural communication skills and that the medical practitioners often did not meet these expectations. As a result of the expectant mothers expectations regarding the use of intercultural communication about not being met, it affects communication of health information between expectant mothers and medical practitioners. Further, the study concluded that expectant mothers have a negative attitude towards the medical practitioners mostly due to fear, which significantly contributed to maternal mortality in Kibera slum.

## **RECOMMENDATIONS**

The study recommended that medical practitioners who work in maternity ward should adopt the use intercultural communication and embrace a 'cultural sensitive' approach when interacting with the expectant mothers. This would influence the mothers to abandon the cultural practices that endanger their lives and that of their unborn children. By so doing the levels of maternal mortality would go down.

The study also recommended that medical practitioners should look into the expectations of the expectant mothers and change their way of operation taking into consideration these expectations. These would yield better results, as they would come down to the level of the expectant mothers. Hence, the mothers would listen to their advice, which would go along way into reducing the levels of maternal mortality in Kibera slum.

The study also recommended that the Ministry of Health should take the initiative to educate the residents of Kibera slum on the importance of attending antenatal and prenatal clinics using intercultural communication as a tool to 'drive' the process. The MOH should also lead campaigns that condemn out dated cultural customs, which subject expectant mothers to adverse risks even to the point of losing their lives. This can be done through the local media.

Further, the study recommended that there should exist self disclosure and openness between the expectant mothers and the medical practitioners build trust. Hence, medical practitioners should allow expectant mothers to look at them like 'friends' who they can confide in and get professional advise by listening to them and allowing them to share about various things regarding pregnancy especially regarding cultural issues. This will reduce the fear and get rid of the attitudes while at the same time encourage expectant mothers to go for all their antenatal clinics which will in turn help prevent complications during pregnancy and as a result reduce maternal mortality.



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