

## **Community Perceptions on The Effectiveness of Interpersonal Communication Forms In Maternal and Child Mortality Reduction Campaigns in West Pokot County, Kenya**

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**Abstract:** The aim of the research was to investigate the perceptions of the community on the various forms of interpersonal communication used to reduce maternal and child mortality in West Pokot County of Kenya. The research used a descriptive cross-sectional survey research design, employing a mixed research method approach. A sample of four hundred respondents was selected from the County using cluster, simple random and purposive sampling techniques. Qualitative data were collected using four key informant interviews and four focus group discussions and then analysed thematically and then presented narratively. Quantitative data was collected using questionnaires, analysed using descriptive statistics, then presented using a combination of narrative explanations, tables and graphs. The study established that the attitudes and perceptions of the community towards health workers were fairly rated at 53.6%. Following this finding, it was recommended that the messages should be designed and directed at health workers to improve their attitudes towards their clients.

**Keywords:** Community Perceptions, Effectiveness, Interpersonal Communication Forms, Maternal, Child Mortality Reduction Campaigns, West Pokot County, Kenya

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### **I. INTRODUCTION**

According to a Ministry of Health Report (2007), community-based arenas and forums such as community dialogue, *barazas*, health celebration days, stakeholder forums, road shows, and community mobilization, rallies, and cultural events, are the main structures that provide arenas for presenting maternal and child survival messages through interpersonal communication. These fora provide an enabling environment, where various forms of interpersonal communication are utilized to present maternal and child survival messages effectively (MOH, 2007). Again, these fora have been noted as ideal for the CHWs, health promoters and other campaigners of maternal and child survival, to present health messages and stimulate dialogue, motivate collective solutions, provision of social support, and feedback (MOH, 2014).

The guidelines and strategy for maternal and child survival campaigns notably use interpersonal communication as very important form that elicit positive response and its effectiveness; and like any other campaigns, the campaigners and the target audience have face-to-face interaction (MOH, 2014). At the village level, the CHWs visit the members of their respective households and they discuss the maternal and child survival messages face-to-face. At their respective home visits, the CHWs ask the individuals to recall key messages shared during the previous visit and challenges if any that they might have encountered while implementing the messages.

During the interaction between the target individuals at households with the CHWs, discussions are normally held on a one-on-one basis (dialogue). In so doing, the transfer of knowledge and skills on maternal and child survival happens as the target audience are enabled to ask questions or seek clarifications on how to implement the messages. The increase of knowledge among the target individuals is expected to facilitate positive change at household levels. This increase in knowledge in turn leads to improvement or increase in the uptake of maternal and child health services offered at health facility (MOH, 2007; MOH, 2006).

In the community level, community meetings, commonly known as *barazas*, are organized by the assistant chief and village elders. They provide arenas for CHWs to educate the community on maternal and child survival using lectures, pictures and examples to motivate and encourage people to respond or adhere to maternal and child survival messages. The MOH (2006) emphasizes interpersonal communication as a key method in imparting knowledge on maternal and child survival messages and to empower the community to adopt and adhere to maternal and child survival messages. The CHWs at the households and community levels are expected to educate and motivate the individuals to initiate and maintain positive uptake of maternal and

child survival services at the health facility. Govender (2010) adds that people need their consciousness to be stimulated for them to act and in this process interpersonal communication is instrumental.

At the health facility, the health workers (clinical officers, nurse or public health officers) give health talks to the community members who attend clinic seeking for maternal and child health services, which are usually held on specific days of a week. In these talks, health workers present messages to the audience using lectures, teaching aids, examples, pictures, discussions and questions and answers forms of interactions. The aim of these interaction sessions is to impart knowledge on maternal and child survival in order to ultimately increase uptake of the services at health facility and address any concerns of the target consumers of these services. Interpersonal communication takes several forms which include technology mediated, participatory discussions and motivational or catalyst talks.

### **Statement of the Problem**

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

Despite aggressive media campaigns in West Pokot County, questions remain as to why the county was still ranking low in key maternal and child survival indicators. It is on this basis that this study hypothesized that an increase in maternal and child mortality is a function of failure to communicate critical health messages. Consequently, the research investigate how effective interpersonal communication has been used to create awareness in the region and establish the success or failure of this mode of communication.

## **II. MATERIALS AND METHODS**

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

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

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

The formula that was used to calculate the sample size (mothers with children aged 0-5 years) was that by Yamane's formula as presented in Reid and Boore (1991). The Yamane formula assumes a normal distribution. Women with children under five years in the two selected sub-counties of West Pokot County was assumed to be normal in terms of the parameters under study in the interpretation of their experience and practice. The total number of respondents selected to participate in the study was thus four hundred (400). The selected instruments for data collection for this study were questionnaire, interview schedules and FGD guides. This being a mixed research methods, both quantitative and qualitative approaches were used for data analysis.

### III. RESULTS AND DISCUSSION

#### Community Perceptions on Health Workers and Maternal and Child Survival Services

The respondents who were interviewed agreed that the general reception and attitude of the health workers at health facility and CHW/Vs on their approach including when offering health talk to pass maternal and child survival were rated as fairly good with a scoring of 54% and 53.6% respectively, as shown in Table 1.

The KIIs and FGDs explained that the interpersonal communication forms used are fairly good though it still need to be enriched and the time the health workers spent in giving health talks during the clinic days need to be increased. The respondents recommend for the use of various forms of interpersonal communication while offering maternal and child survival. This proposed recommendation on multi-integral approach of interpersonal communication that may be used to deliver health messages has been recognized as important in creating and reinforcing individual and community behaviours (MOH, 2014).

**Table 1:** Rating of the Services and Attitudes of Health Workers while Offering Maternal and Child Survival Services

Services	Excellent	Good	Fair	Poor	Very poor	Mean (SD)
General reception	140(35.1)	216(54)	33(8.3)	8(2.0)	2(0.5)	1.79(0.7)
Attitudes of health workers personnel including CHWs on health talks/education	129(32.3)	214(53.6)	49(12.3)	5(1.3)	2(0.5)	1.84(0.7)
Availability of equipment/injections	113(28.3)	159(39.8)	102(25.6)	18(4.5)	7(1.8)	2.12(0.9)

With regards to rating of antenatal care services offered at health facility during last visit, general reception was rated as good by 216(54%) of the respondents, attitude of health workers, including CHWs, while offering health talks was rated good by 214(53.6%) of the respondents while availability of equipment/injections was rated as excellent by 113(28.3%) and good by 159(39.8%) of the respondents. On average, general reception, attitude of medical personnel and availability of equipment/injections were rated as good (mean=2).

The attitudes of health workers at health facility though rated good as shown in the findings in Table 1, at a score of 53.6%, the health workers were viewed by the community members to have negative attitude towards them and not caring much about their desire to be assisted while on their mission of seeking for maternal and child health care services and some of these health workers acknowledge that their attitude towards their patients are not up-to the required standard. The KII 2 pointed out that:

Concerning our attitude as health workers, we have not reached a level, where we see people coming to the health facility to seek for health services as our clients or customers and that they deserve the best from us. This is a big challenge and need to be addressed by the top management of health department in the county. When I speak straight on this issues that our attitude to our patients are still poor and wanting, my colleagues says I am being harsh on them. The attitude of the health workers in the facility is a stumbling block to the success of health service seekers in this county. We have a very good charter but that seems not to be adhered to by the health workers. The charter describes how a patient need to be served right from the arrival at the health facility till the time he or she leaves the facility but it is not being implemented accordingly (Personal Communication, KII2, 2016).

As revealed by KII2, the general reception and attitude of the health workers including CHWs though rated good, the health workers themselves still acknowledge that much effort is needed to improve interpersonal communication and relationship amongst the two groups. The health workers pointed out that they have not reached a level equated to that of a shopkeeper who desire clients to be visiting him to buy products from his shop. According to both FGDs and KIIs interviews it was further revealed that clients at times when they came to the health facility to seek for the health services, the people who were supposed to receive and serve them joyful at times see like they are being bothered by these service seekers. One of the member of FGD 1 put it this way:

The health workers need to be targeted with messages that are geared towards changing their attitude. Some health workers are rude and uncaring. They can even tell a patient that “endampakakesho” (please come tomorrow) (Personal Communication, FGD1 respondent, 2016).

Messages need to be designed and targeted to change the attitude of the health workers especially those who are based at the health facility. According to both the FGDs and KIIs, addressing the attitude of the health workers would contribute towards improving the adherence of maternal and child survival messages. All the respondents agreed that there is need to address the attitude of the health workers towards the health seekers.

**The Rating of the Antenatal Care Services Offered at Health Facility**

The rating of the Antenatal care services offered at health facility was considered as an important variable as this provided an insight into the perceptions of the community on the various services offered to them by the health workers. The results on the rating of the community on these variables were as presented in Table 2.

**Table 2: Rating the Antenatal Care Services offered at Health Facility**

<b>Services</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very poor</b>	<b>Mean (SD)</b>
Palpation of the abdomen	156(39.4)	199(50.3)	26(6.6)	9(2.3)	6(1.5)	1.76(0.8)
Tetanus vaccination	202(50.8)	157(39.4)	31(7.8)	3(0.8)	5(1.3)	1.62(0.8)
Weight measurement/ Height taken	174(43.7)	192(48.2)	24(6)	4(1.0)	4(1.0)	1.67(0.7)
Delivery services	131(32.9)	175(44)	47(11.8)	35(8.8)	10(2.5)	2.04(1.0)
Immunization of new born	186(46.7)	166(41.7)	30(7.5)	9(2.3)	7(1.8)	1.71(0.8)
Health talk	123(30.8)	230(57.6)	30(7.5)	7(1.8)	9(2.3)	1.87(0.8)
Provision of treated bed nets	152(38.1)	178(44.6)	39(9.8)	20(5.0)	10(2.5)	1.89(0.9)
Iron supplement	188(47.1)	160(40.1)	28(7.0)	15(3.8)	8(2.0)	1.73(0.9)
Counselling on family planning options	133(33.3)	165(41.4)	51(12.8)	26(6.5)	24(6.0)	2.11(1.1)
Anti-malaria treatment	125(31.5)	196(49.4)	46(11.6)	17(4.3)	13(3.3)	1.98(0.9)
Registration of new born	178(44.6)	170(42.6)	27(6.8)	13(3.3)	11(2.8)	1.77(0.9)

More than half of the respondents rated Palpation of the abdomen and Health talk as good. Tetanus vaccination was rated as excellent by 202(50.8%) of the respondents. On average the services were rated as good (Mean=2), as indicated in Table 2.

The respondents who were interviewed and who were also the beneficiaries of health service at health facilities agreed that the general reception and attitude of the health workers including on their use of interpersonal communication while passing maternal and child survival messages were rated good with a scoring of 54% and 53.6%, respectively, as shown earlier in Table 1. Again, the services offered by the health workers were rated good as shown in the Table 2.

By looking at the results for both the services offered at health facility and the attitude of the health workers towards their clients, it was established that there is need for improvement. The health workers offering health talks at the health facility need to make their presentations interesting by using various forms of interpersonal communication while delivering the messages to make the presentations interesting. One of the FDG 3 members asserted that:

The CHWs and health workers should be using combination of many methods to present health messages like using testimonials. For example, yesterday, a mother bleed to death on her way to health facility after delivery at home. Another one which we referred to a sub-county Referral Health Facility, because we detect that she had less blood but fortunately she delivered successful on the way to the referral health facility. This incidence may form a basis for explaining to the community the danger of delivering at home, where there is no skilled health professional. There is need to emphasize the risk of delivering at home by giving relevant examples that the community can identify with and relate to (Personal Communication, FGD3 respondent 3, 2016).

The rate of satisfaction of the health seekers influences their responds to the adherence of the maternal and child survival messages.

**Men and Women’s Attitudes towards Maternal and Child Survival Campaigns**

The point of reference that women have put their attitude on the health workers are based on the tradition and culture of the society especially the place, the women occupy in the community and women’s attitude in the context of their environment. A respondent member of FGD 2 said:

Child bearing in this community is a woman affair, yet men in this same community are decision makers, and thus this complicates the issue of maternal and child survival promotion. We therefore need to change the current strategy and target men to be champions of the maternal and child survival promoters (Personal Communication, FGD2 respondent 5, 2016).

On the other hand, another group member of the same FGD 2 put it this way:

Since decision-makers in this community are men while delivery of children are women affairs, there is therefore need to take cognizance of this fact that though child bearing and deliveries are women affairs,

economic power and decision-making rest with men who are the heads of their respective households (Personal Communication, FGD2 respondent 3, 2016).

Through the FGDs, it was further revealed that men do regard maternal and child health as women issues and hardly do people see men accompanying women to the clinics for maternal and child health services unless when they are very sick. In addition, at the maternal and child health clinic, the environment seems to be created to fit women and no provision for men needs. Such attitude and views by men tend to constraint the arguments of the participatory model, which stresses the importance of cultural identity of local communities and of democratization and participation at all levels, i.e. national, local and individual. It points to a strategy, not merely inclusive of, but largely emanating from, the traditional receivers (Servaes&Malikhao, 2005). The use of husband to pass maternal and child health messages was only recorded very low (second last in the ranking) at 22.8%, as shown in Figure 1. The FGDs and KIIs discussions held explained that socio-cultural practices could be the reason for the low use of this mode of interpersonal communication. One of the member of FGD 1 pointed out that the Pokot community has agreed that children issues are the main responsibility of women. The respondent put it this way:

...in this community maternal and children issues are the prerogative of women. The maternal and child issues are the preserve of women. Wamama (women) seems to be active in children issues and it seems the community has universally agreed that is the sole responsibility of women (Personal Communication, FGD1 respondent 6, 2016).

All the FGDs and KIIs agreed that men should be targeted with maternal and child survival messages as they play a key role of decision makers in their respective households. Again, men are the ones who have resources and targeting them would make positive significance change in the maternal and child survival issues. On the perception of the health workers, the KII 3 stated that:

In the maternal and child survival campaigns, in most cases, the health workers do have a negative perception about the community and these assumptions are wrong since it has been concluded at a certain level without looking into the details and the real issues. In any meeting among the Pokot community, health issues are discussed casually and those discussing it do so shallowly while the real issues are beneath (Personal Communication, KII3, 2016).

On the issues of behaviour of the health workers, it was disclosed that the community members are watching and relate what they say and what they are doing. In both the Focus group discussions and the key informant interviewees, the respondents particularly stressed that the community take time to think about the behaviour of health workers including the CHWs. KII 2 noted that:

The community do watch the behaviour of the health workers and the elites in the community and are keen to observe what they are doing. Once they notice that they are not doing what they are advising them to do, they will not do what they say. For instance, if the CHWs or health workers are still using the TBAs to assist their wives to deliver instead of taking them to the skilled birth attendants at health facility, they ask why us. Behaviour of the elites in the community betrays the campaigns we are carrying out. When people see the elites and community leaders, they observe what they are doing and compare with what they are saying, it tends to discourage the local community. For instance, if a chief in a location is still circumcising his girls one will not take the message against female circumcision seriously. Preaching and not doing what you preach will not bring the desired results. We are demonstrating wrong things and we expect different results. Pokot want to see actions before you tell them to follow suit. As preachers of this gospel of maternal and child survival, we are supposed to be action-oriented people. Demonstration of behaviour by the elites in the community is enough testimony (Personal Communication, KII 2, 2016).

On the other hand, Participants of the FGDs and various interview sessions further revealed that the CHWs are acting as a bridge between health facility and the community which was expected to improve the attitude, relations and interpersonal communication on the maternal and child survival campaigns. The relationship between the health workers and community elites need to be strengthened and encouraged to get involved on the maternal and child survival campaigns. Messages targeting the opinion leaders from all the health units in the entire Pokot community should be incorporated in this maternal and child survival campaigns for this effort to bear much desired fruits.

Another aspect is making maternal and child health a common discourse in the community meetings or arenas. KII 3 said that:

At the beginning of our meeting, maternal and child mortality rate is usually the main topic or amongst the important issues we normally discuss. The CHEWs introduces this topic and as a team we discuss. At the end of the meeting we plan to organize health education and community conversation sessions with our respective households and the community at large. We are the representatives of people in the village. Prior communication occurs between us before any health service reaches the people (Personal Communication, KII3, 2016).

It was also pointed out that it is important to have continuous maternal and child survival campaigns using available statistics and compare with that of those communities who are doing well as per WHO indicators till positive results are attained. KII 4 advised that:

Dialogue among the community members should be initiated and this will lead the community to have a strategy to improve their health situation. The community should have a target and demand the elites in the community to do the same. In such a situation a community can pass a resolution on the requirements which should be adhered to by all including the elites in the community. There are a lot of activities which have been done on health promotion in this community especially on maternal and child survival. We are putting a lot of effort in the campaign and soon the fight will be won (Personal Communication, KII4, 2016).

On the perceptions of the community, according to one of the key informant who has been carrying out maternal and child survival promotion for a long time, he revealed that in this county of study, people have reached a level where they can analyse the messages and it's only on the side of responsiveness that they seem to be lagging behind. Generally, this maternal and child campaigns seemed to have raised mixed attitude especially when it touches on the communities' knowledge, beliefs and attitudes. The communication messages and interventions that are used by CHWs and health workers at the facility is reinforcing existing beliefs and social norms and in some cases establishing new beliefs, attitudes and social norms.

Taking a critical look at the current situation and listening to the FGDs and KIIs, it can be noted that women cannot do something without involving or getting the opinion or the interest of their respective husbands. Because of this, health extension workers are not effectively communicating to all the people who are partially involved which in turn adversely affects the understanding and acceptance of new behaviours as well as revised gender perspectives. By not including all the gender concerns in the communication process was seen as part of problem why the maternal and child survival messages have not been acted upon. Including all the genders, addressing perceptions and continuous passing of maternal and child health messages will improve implementation of the messages passed to the target groups.

Additionally, when the community health strategy was formed, the concerned bodies did not take into considerations different genders and communication amongst these groups. Also the CHEWs and CHWs were not trained or oriented on creating awareness amongst different genders or how to bring on board different genders to participate and embrace maternal and child survival services.

Similar to the findings of this study, the research in Malawi also shows that social norms related to social identities have influence on health promotion and the cultural context which normally reveals a major disjuncture between the health program and the culture of the community (Sonia, 2010). The community perception can be constructed to the ideas of Clarke who pointed that, the inclusive and participatory approach establishes active citizenship, a sense of empowerment, partnership, accountability and ownership. All of these concepts and attributes are linked and are complimentary. Without active citizenship and community participation, a sense of ownership over the development process cannot be achieved (Clarke, 2009).

In this study, it was observed that health extension programme or this community strategy does not make gender analysis in the context of participatory development before the program functionalize; gender analysis helps to understand how gender differences affect access to resources and the participation of all the genders in development activities. Such an analysis could help to take appropriate measures to ensure that men are not excluded. Ideally, gender analysis should not be a separate participatory method but should be integral to all participatory methods.

### **Communities' Perception of CHWs and CHEWs**

The effectiveness of interpersonal communication often relies on the perceptions of communicator's and reception's attitudes. This perception determines the power balance and communicative behaviour amongst these two groups. Therefore, when perception is affected negatively, it apparently affects the process of communication. From the discussions from both KIIs and FGDs, it emerged that the CHWs have made tremendous contributions as explained by KII 4 who narrates that:

Despite the short comings, the CHW/Vs have made tremendous impact in the communities within West Pokot County. We have witnessed an increased number of people seeking for services at health facilities after we established 59 units and trained the CHW/Vs. Through this initiative, the immunization coverage has gone up, delivery at health facilities has increased. Again, through sensitization of this group, community members have come to understand that there are services one can seek from health facility even if one is not sick like maternal and child health services or family planning services. In the units covered by community health units, sanitations in the homes have improved and latrine coverage has also gone higher in such areas. There are a lot of adherences to maternal and child survival messages in the County. Tracing of maternal and child immunization defaulters have significantly improved in the areas covered by CHW/Vs services (Personal Communication, KII4, 2016).

With continuous campaigns of giving health talks and home visits by the CHWs, from the views of the community, there are be positive perception and improved linkage to the health facility which have led to improved adherence of maternal and child survival messages. Though the CHWs have challenges of financial support by the government which it had been promised earlier by the government officials, there are evidenced of an increased adherence of health messages as a result of their effort as confirmed during FGDs and KIIs. KII 1 explained it thus:

The teachings of health workers are clear and well understood. What need to be added to their teachings are emphasis on delivery of expectant mothers at health facilities and importance of taking children to clinics to go through all the immunization processes. There is also need to incorporate the teaching with testimonies and life examples that people can relate with, in the community to emphasize the importance of mothers attending ANC clinic and taking children for immunization and delivery at health facilities. This is importance as someone like me who lost a child and almost passed on during labour pain will not forget or take for granted when anomaly is detected but will follow all the advice offered by the health experts. Had I paid attention to the advice I was offered at Sigor sub-county Hospital, things would not have gone the way it went till I lost my baby (Personal Communication, KII1, 2016).

The community has been reported to uphold positive attitudes of the messages on maternal and child survival, presented to them by the CHWs and health workers based at health facility. KII 2 also noted that:

In the health adoption process, it seems it follows the theory of diffusion of innovation by Everts Rogers, where we have early adopters, early and late majority and finally the laggards. I think in this case, the Pokot community is in the stage of laggards and now we are on the move and soon we will get to where majority are (Personal Communication, KII2, 2016).

Taking a critical look and analysing reports form KIIs and FGDs, it can be concluded that all the concerned parties including the government, community members, stakeholders like NGOs, churches, CHWs and health workers at health facility have made contribution towards the improvement of this sector of maternal and child survival and results are slowly showing up as there seem to be an increase of deliveries at health facility and immunization coverage going by the KDHS reports where in 2009, the report shows that 18.1% of deliveries occurred at health facility while in 2014, report shows of an increase to 26% (KDHS, 2009; KDHS, 2014).

Women from the community have positive attitude towards fellow women health workers who works at health facility in maternity section. As women in service, it was noted that they understand the challenge that women have to go through at home. It was pointed out during FGDs and KIIs, that maternal and child Health is strongly linked with women. The KII 1 observed that:

There are people within this community who do not appreciate attending ANC clinic or delivering at health facility. Others fear being assisted by the male mid wife in health facility because like here at Chesta health facility, most of our health workers are male and normally conduct deliveries of women and unlike Traditional Birth Attendants (TBAs) who are women (Personal Communication, KII1, 2016).

On the contrary to the community's perception through the FGDs, it was pointed out that by the fact the CHW/Vs were selected from the community where they are assigned to serve, have been seen as a plus for the maternal and child health campaigns. By being a member of a particular community where one serves, it was recorded that, that by itself was a strong motivator and encouragement as one will be seeing himself or herself making contribution in the community by supporting their relatives, their family members, and their neighbourhood. Moreover, language and cultural understanding is another very important aspect that gives this group an upper hand in their quest for service delivery. If someone from another ethnic group or a different area is deployed to serve in a certain community, cultural difference could emerge as a factor and this could make the work more difficult. Being able to effectively communicate using the local language and in the context of that particular community has also been seen as very important and has led to the desired change of upholding maternal and child survival messages.

The leadership of community strategy in the county disclosed that they have been conducting analysis, when they observe that there have been two divergent thoughts between the community's perception and the local health workers. The implementation of the community strategy is guided by the document or guideline provided by Ministry of Health (MOH, 2007) and implementers have to see that everything they do are in line with the guideline provided. One of the FGD 2 members suggested that:

There is need to involve the target community on the preparation of such documents, he opined that; in policy development, the target community can be incorporated so that they can own the process of message development and dissemination (Personal Communication, FGD2 respondent 1, 2016).

#### IV. CONCLUSION AND RECOMMENDATIONS

The study found that there are normally periodic maternal and child survival campaigns plan and led by the government and during such campaigns combination of various interpersonal communication and other strategies are used to convey maternal and child survival campaigns. In addition, it was revealed that there are indicators which shows the progress on the adherence of maternal and child survival messages in the area. These indicators are compared with the ideal situation as recommended by WHO standard and this factor guide the CHWs and health workers at the respective health facilities on the choice of interpersonal communication to be used to conveying maternal and child survival messages. The perception of the community on the use of interpersonal communication in promoting maternal and child survival, was rated fairly well at 53.6% by the community who are beneficiaries of services offered by the health workers. The County government, in consultation with NGOs working in the County, should formulate a policy that takes into considerations the cultural aspects of the community with budget to support creation of awareness on maternal and child survival in the study area.

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