

# **MATERNAL HEALTH EDUCATION AND PROMOTION: PERCEPTIONS FROM WA MUNICIPALITY OF THE UPPER WEST REGION, GHANA**

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## **ABSTRACT**

*The study argues for effective integration of health education and communication strategies and their application within existing inter-related approaches to improve maternal health education in the Wa Municipality of the Upper West Region of Ghana. The study design was mainly descriptive. Systematic sampling was employed to select fifteen health facilities for the study. In-depth interviews and Focus Group Discussions (FGDs) were used to collect data. The study found that though majority (sixty-five percent) of the respondents indicated that radio discussion served as a practical strategy to improve maternal health, thirty-five percent of the respondents, however, noted that programmes on radio and television hardly used bottom-up methods to educate people, especially pregnant illiterate women. The study concludes that existing health education methods need to be strengthened through integration with bottom-up communication methods. The study recommends an integrated approach to educating pregnant women on their health in the Wa Municipality.*

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## INTRODUCTION

In Ghana, the estimated maternal mortality ratio is 700 per 100,000 live births, which is above the official standard estimate of the world - 405 per 100,000 live births (WHO, 2010). Despite interventions such as free maternal healthcare, emergency ambulance services and public sensitization on maternal and child health in the Upper West Region, maternal mortality rate is still on the increase. For instance, the Upper West Region recorded thirteen Maternal Deaths (MDs) in 2011 and sixteen deaths from January to June 2012, with Nadowli District contributing five fatalities. However, these maternal and neonatal deaths can be prevented when the desired knowledge and skills are timely utilized (Ray & Salihu, 2004). Attempts to reduce Maternal Mortality Rate (MMR) in the region has seen adoption of some strategies and activities. The strategies adopted include procurement of medical equipment, improved emergency obstetric care, increased access to skilled birth attendants and trained health workers to improve the capacity of midwives to ensure quality maternal health care in the region (Ghana Health Service, 2012).

Though these efforts have been implemented, access to quality health care in the region is still beset with many challenges (Wa Municipality, 2011). Shortage of health workers and facilities, poor health service delivery, high cost of health service delivery, weak referral systems, cultural barriers and non-integration of health promotion strategies are some of the issues confronting health care delivery in the Wa Municipality. Efforts aimed at addressing these issues require special roles from health workers and community members, especially husbands, when it comes to the issue of pregnancy (Ghana Health Service, 2009). Galaa (2012) suggests that community involvement can improve health results as well as peoples' decisions to receive quality and safe treatment. Maternal health education has often been done through antenatal education, videos, music, and radio as well as the print media. Radio programmes and music are the main channels of communication for rural people in the Upper West Region. These are used to diffuse messages to rural folk and also serve as avenues for learning. Generally, people express and explore the values, beliefs and perceptions of the world through music (Schafer & Sedlmeier, 2010). In that regard, health promotion programmes

in the rural context depend on music as a medium to improve knowledge for healthy behaviour (Davidson & Faulkner, 2010; Hampshire & Matthijsse, 2010; Rimer & Brewer, 2015; Ryerson, 2008). However, the content of these radio educational programmes have not been effectively integrated into health promotion programmes. The Upper West Region Ghana Health Mid-Year Annual Report (2008) revealed that maternal and child health education were tackled separately.

Antenatal attendance in the Wa Municipality attracts some incentives for couples who turn up together for the exercise. These couples are always selectively and rapidly attended to in order to encourage the men to participate in caring for their pregnant wives. However, in a paternalistic society like Wa Municipality, there are doubts about how women, can get their husbands to participate in health education. This notwithstanding, progress is being made in that direction.

Cultural values, low education background and hearing impaired people, especially pregnant women can influence the choice of strategies that can be adopted to improve health promotion activities. In the Upper West Region, especially in the Wa Municipality, high illiteracy rate among pregnant women partly accounts for non-adherence to maternal health education and good health practices. Therefore, the need for practical strategies to improve maternal health education and care delivery in the Wa Municipality of the Upper West Region cannot be over-emphasised.

Though health education remains an effective tool to promote good health and to minimize or eliminate pregnancy-related complications, it has not received the desired attention (World Health Organization, 2012). For example, video clips aimed at showing the benefits of early antenatal care (ANC) and post-natal care (PNC) attendance only received support from Nadowli District in the year 2008 (Ghana Health Service, 2008). In 2008, health promotion programmes were limited to HIV/AIDS and tuberculosis education (Ghana Health Service, 2008). A variety of educational strategies, such as storytelling, sketches and videos as well as audio-visual materials are important tools used to promote knowledge, change beliefs and attitudes of the people in health promotion (Ackerson & Viswanath, 2009). This paper, therefore, examines how health education strategies can be incorporated into the existing health promotion programmes to improve maternal health education in the Wa Municipality in Ghana.

## LITERATURE REVIEW

Health promotion all over the world largely depends on an understanding of knowledge, attitudes, practices, and beliefs of a particular group of people. Besides these issues, people's perception of their conditions, access to health services both spatially and economically can be barriers in the health-seeking behaviour of these people.

Hausmann-Muela et al. (2003) stated that accessibility, affordability, referral, and quality care are major factors that affect health seeking behaviour. The model adopted for this study is the Knowledge, Attitude and Practice (KAP) model of health seeking behaviour. The knowledge aspect of KAP evaluates the extent to which pregnant women's knowledge relates to societal and individual orientation and corresponds to biomedical concepts. What do the pregnant woman understand about pregnancy? Does it deviate from biomedical concepts? Measuring attitude is a complicated issue and difficult to account for through the KAP model. Attitude results from a complex interaction of beliefs, feelings and values. As such, it is important when it comes to designing a health promotion campaign such as maternal health promotion in the Wa Municipality. Though attitudes are central to understanding behaviour of individuals, it is usually difficult to elicit in a survey. This portrays a weakness of the KAP model which this study acknowledges and intends to complement with the Planned Behaviour Model. The objective of such an approach is that people do not act spontaneously when it comes to their health. So the socio-economic and cultural variables need to be understood in health promotion as these influence how people perceive their conditions and the resultant actions taken, which are usually considered within the context. In this regard, since KAP does not necessary apply to everyone, there is the need to situate the health-seeking behaviour of the women in the study area, using the Theory of Reasoned Action (TRA).

### Theory of Reasoned Action

This theory focuses on factors that influence a specific intention to act or behavioral intention, which then place, theory practice and behaviour (TPB) between attitude and behaviour. The theory of reasoned action (TRA), is a model that is used to predict attitudinal and behavioural intention with the aim of developing appropriate interventions. It is one of the most influential theories when it comes to health-seeking behaviour of individuals. The theory

can explain why some pregnant women resort to other ways of attending to their health needs rather than utilising the health facilities available. The theory has several assumptions that will inform an adequate expression of the idea of health education and how it influences the behaviour of pregnant women. Theoretically, communication strategies that may result in sustained behaviour and attitudinal change to improve maternal health can be linked to TRA. Influencing pregnant women's intention and attitude requires the use of an integrated approach to educate pregnant women to adopt certain required behaviours to improve their health conditions. The integration of strategies may require special skills, unique opportunities, resources and cooperation from the public (Liska, 1984).

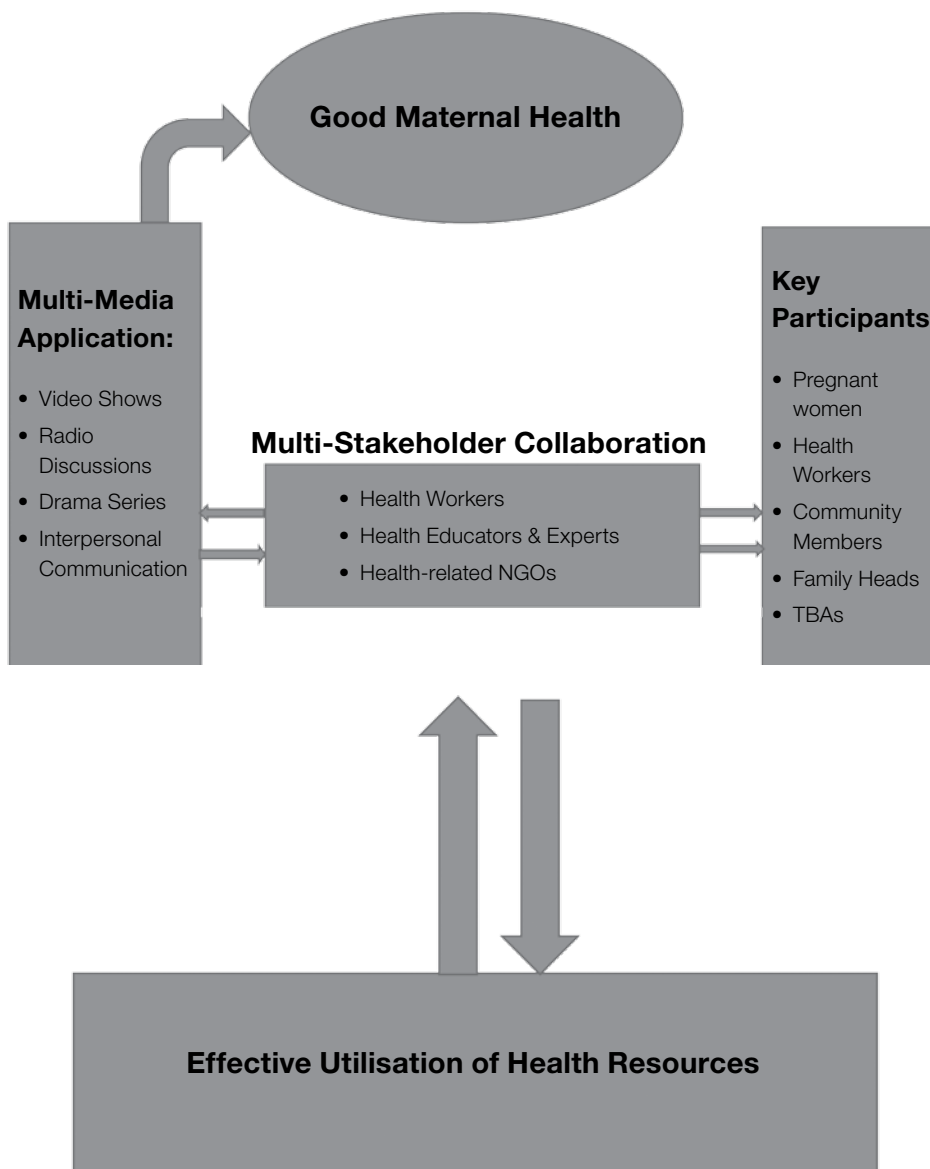
One may sometimes be prevented from adopting or performing a certain desired behaviour because of skills deficit, lack of opportunity or inadequate cooperation from others but not necessarily due to a voluntary decision to engage in the behaviour to adopt good health practice to improve one's health. Inadequate economic and social support from parents and spouses, absence of social independence, pressure from spouse or influential members of families, may force pregnant women to accept decisions made for them (WHO, 2003). Fishbein and Ajzen (2010) used the term "reasoned" because one's learning experience automatically influence one's intentions and behaviours. The components of persuasive targeting may appeal to enhance health education to improve maternal health care. This is because when it comes to health issues, people (especially pregnant women) will first think of the implications of their actions before engaging in a given behaviour (Ajzen & Fishbein, 1980). Individual pregnant women will normally be more rational in using available health information due to behaviour intent. In this case, behaviour intent results in what is called a positive product (Glanz, Lewis & Rimer, 2008).

Some studies conclude that the theory of reasoned action has several limitations (Godin & Kok, 1996). One of the key limitations comes from the very assumption of the theory that equates behavioural intention with the actual behaviour. In a developing country like Ghana, especially in rural settings, pregnant women may form the intention to act but are usually not free to act without limitations. So behavioural intention does not always result in an actual behaviour as the theory seems to suggest. The paper argues for the use of an integrated approach, which is facilitated by communication strategies to help in efforts aimed at reducing the incidence of maternal mortality in the Wa Municipality.

## Conceptual Framework

Some inter-related variables that are critical for facilitating efforts towards the promotion of good maternal health are conceptualized in figure 1.

Figure 1: Conceptual Framework



Authors' Construct, 2018

Promotion of good maternal health care and information diffusion can be realized, based on effective utilization of health resources and available opportunities. This requires a multi-stakeholder and integrated approach and active participation of stakeholders, such as health workers, health educators, Traditional Birth Attendants (TBAs), Community Health Volunteers and non-governmental organisations (NGOs) in tandem with key participants. Such an approach can pave the way for preparing pregnant women towards a desirable attitudinal change to take control over the determinants of their health, which would ensure good maternal health care. A multi-media approach through the use of radio shows, drama series, and interpersonal communication and community fora involving key participants such as pregnant women, health workers, TBAs and family heads can offer pregnant women additional learning opportunities to enable them adopt good health practices.

## METHODOLOGY

The philosophical underpinning of the study was that of interpretivism. This approach afforded the researchers the opportunity to do a systematic analysis of socially meaningful actions through a number of qualitative techniques of gathering data such as observation, Focus Group Discussions (FGDs) and in-depth interviews. For this study, Focus Group Discussions and in-depth interviews were the basic techniques used for data collection. There were six focus group discussions held with varying numbers in each group. These included nurses in the selected health facilities, pregnant women, community health volunteers, spouses, the Health Promotion Unit of the Ghana Health Service, and representatives from the media houses in the Municipality. Two groups were made up of eight (8) members while the remaining four groups comprised twelve (12) each. Among the issues addressed to the groups included: the sources of information on maternal health, modes of communicating issues related to maternal health, efficacy of the identified modes of communication, ways of integrating these modes of communication into the existing education programmes, and the benefits of the integration of the identified strategies with the existing educational programmes to the individual and the community at large. The import was to understand how these pregnant women in the various communities accessed information concerning their health and how they practically managed the information that is relevant to them in their conditions.

The in-depth interviews were conducted with the following people: The Municipal Director of Health Services, pregnant women, spouses, community elders, community health volunteers, TBAs and some selected nurses at the health facilities. These people were selected because of either their special knowledge on the issues under consideration - maternal health education and promotion within the traditional settings or as stakeholders in the health of pregnant women.

The nature of the study required that two samples had to be taken. The first sample was at the institutional level where 15 out of 30 health facilities were systematically selected in order to minimise bias. The selected facilities were: Kpong, Nyagri, Kambali, Mangu, Charia, Bamahu, Wapaani/Market, Kabanye-Urban Centre, Kperesi, Konta-North, Wa Secondary School, Busa, Gbegru, Nakore/Changsaa and Sawaaba health facilities. The second sample comprised individuals within the institutions and various groups, who were purposively selected for the in-depth interviews. The overall number of respondents was 87.

Secondary data were obtained from relevant documents on the study. Other seminal documents were also obtained from some institutions such as Wa Regional and Municipal Health Directorates as well as from the sampled health facilities within the Wa Municipality.

## **FINDINGS OF THE STUDY**

In terms of the modes of communication, the study found that thirty-four percent (34%) of the respondents indicated that interpersonal communication was the most effective perceived approach that can be used to influence the behaviour and attitudes of pregnant women towards improving their own health. This paper, therefore, argues that interpersonal communication is essential for communicating maternal health information and other health-related issues, which positively influences individuals, especially, pregnant women.

At the interpersonal level, pregnant women as well as community members can discuss health issues at any public meeting grounds. Interpersonal communication does not only mean one-on-one personal conversation and counselling, but also small group discussions, consciousness-raising group discussions of facilitators, forming community organisations in multiple



meetings, interpersonal contacts with agencies providing information, and working with community development agents (Singhal & Rogers, 2002; Singhal, 2006: 726). Interpersonal communication affords participants the opportunity to utilize gestures understood by all parties. For instance, it was found that hand gestures were commonly used in the study area because respondents indicated that it was an effective way of interaction that affects behaviours positively, especially when dealing with deaf and dumb pregnant women. The respondents noted that women, especially pregnant women with low educational background, through interpersonal discussions can freely reason and directly participate in health-related discussions.

Therefore, interpersonal communication ensures trust among communicators and recipients. Thus, pregnant women feel more relaxed and comfortable due to the perceived confidentiality of this communication approach. This eventually benefits them through the improvement of their knowledge on maternal health issues.

Besides interpersonal communications as an effective approach to disseminating relevant health information at the community level, drama was identified through the FGDs as another effective local strategy that can facilitate maternal health education. The discussants argued that drama is usually developed into themes that can easily be put into songs and also told in the form of stories, which produce humour and easily catch people's attention, and thus positively affect people's attitudes and behaviour.

Therefore, drama performances on relevant maternal health issues are useful in the array of communication approaches on maternal health. According to Holdre (2007), health education given to pregnant women is of great importance to the health of the mother and the child. For instance, staging drama performances and discussing them accordingly can change some negative social and reproductive health behaviours among people, especially pregnant women within their communities. Local songs on maternal health issues can be composed and sung. During a FGD session, a female opinion leader argued that: Through practical health education such as songs and health durbars, we have been educated on myths that prevented us from seeking early treatment and eating nutritional foods like eggs during pregnancy. So maternal and child health related issues have improved in this community.

It was also revealed by the study that radio and cinema discussions were effective strategies for maternal health education. Participants observed that these strategies are entertaining, participatory and take into account the culture of the people. Alumuku (2006: 13) notes for instance, that community radio can play a key role in shaping development outcomes in Africa. These strategies encourage active community involvement which is an important aspect of maternal health care and information delivery. These help to address socio-economic and cultural factors that impede access to health care services. This affirms the view of Hatt, Chankova & Sulzbach (2009) and Galaa, Umar & Dandeebo (2015), that active utilisation of skilled birth attendants in conjunction with emergency obstetric care is widely seen as a basic strategy to prevent maternal deaths that are caused by cultural and economic barriers.

In spite of the positive appraisal given by a section of the FGD discussants on the efficacy of the modes of communicating maternal health information, another opinion by other discussants that emerged in the study was that these local strategies were not as effective as proclaimed. According to this category, the local methods are boring and have insufficient appropriate health terminologies. These methods are also regarded to be time-consuming, require good cooperation and resources to be effectively incorporated into existing strategies to deliver health information that could promote health education and improve maternal health. This view of the respondents supports Liska's (1984) argument that integration requires special skills, unique opportunity, resources and cooperation from the public.

The paper also attempts to explain ways in which maternal health communication strategies can be incorporated into existing health education strategies. The Key Informants suggested that health education programmes be designed and packaged in the local dialects, pictures and symbols for cinema, radio programmes as well as using community durbars to better educate pregnant women. It was revealed that Television (TV) could serve as a useful channel for mounting educative health programmes to improve the knowledge of pregnant women on health. It is now a common practice in the developed countries like the United States of America, Germany and the United Kingdom to dedicate TV channels for only health programmes. This affords people, especially pregnant women, the opportunity to switch onto such channels to access health information. Those with peculiar issues with their health sometimes find possible solutions to these problems without recourse to direct physician interaction.

One of the findings of the study was that the media was not responsive to the needs of particularly physically-challenged pregnant women because health programmes were not often carried out in the local dialects and through the use of gestures. Pregnant women who are illiterate or deaf and dumb are excluded from the benefits of such vital programmes.

The study noted that respondents had different opinions regarding the possibility of using the communication approaches to improve maternal health education in the Wa Municipality. Fifty-seven percent (57%) of the surveyed population indicated that radio and cinema programmes were the approaches identified, which could easily incorporate the use of local dialects, songs or jingles. Reasons advanced for such a position were that radio information or messages do cover a wider catchment area within the shortest possible time, thus making relevant information available on time. Besides, radio programmes serve as sources of entertainment that can engage people on health-related programmes. Cinema shows or programmes can be supported with the use of gestures by interpreters to effectively deliver maternal health-related information to deaf and dumb pregnant women. It was observed that exciting and attractive maternal health promotion jingles can attract the attention of the general population.

## **DISCUSSION**

The study found that interpersonal communication, drama, health durbars and songs were the perceived strategies that could be used to facilitate maternal health education. This implies that practical health education programmes that integrate such forms of communication can better educate and communicate health-related information to the general public, especially pregnant women with low educational background, to improve their health. It was found that interpersonal communication as a strategy may not require the use of interpreters and thus ensures confidentiality. Therefore, pregnant women with special cases or illness are more likely to visit health facility or see a physician to privately discuss health-related issues affecting them and their unborn babies to improve their health. The study noted that radio and TV programmes, cinema shows and antenatal education were perceived as being capable of positively influencing maternal health. If such strategies are used effectively together with the engagement of qualified health staff, pregnant women can be educated to be more predisposed towards imbibing

information on maternal health. Subsequently, the use of radio and cinema shows and engagement of qualified and competent staff can be blended with local dialects to educate and equip pregnant women with information and knowledge that can improve their health.

It is worthy of note that jingles or songs can also help people to identify important values and beliefs that can assist them to refrain from unhealthy lifestyles. This is in agreement with the view of Schafer & Sedlmeier (2009), that people's identities, values, beliefs and perceptions of the world can be expressed and explored through music. So, a variety of practical educational strategies, such as storytelling, poster, cinema and video as well as audio-visual materials are important in health promotion, because these can improve knowledge and change attitudes and lifestyles of the people, especially illiterate pregnant women.

The benefits of translating maternal health education strategies into practical programmes were also noted. These benefits include: reduction in maternal deaths, improved pregnant women's health, knowledge on basic maternal health care and community ownership of the health education programmes. This is in line with the view of Rifkin (1990), that local people can take ownership of projects by supporting to acquire health facilities through cash and material contributions. It can, therefore, be concluded that if local people contribute towards a project, they would take ownership of that facility. This thinking served as basis for the call by the health authorities in the Upper West Region on health workers and community members, especially husbands, to play their roles to reduce MMR and complications (Ghana Health Service, 2009).

On the efficacy of the already existing strategies, sixty-six percent (66%) of the study population indicated that they were satisfied with the outcome of those strategies. According to the respondents, the existing health promotion programmes were quite satisfactory. They emphasised that health professionals can improve communication strategies such as radio discussions and antenatal care visits to educate pregnant women. Information and Communication Technology (ICT) is also emerging as a communication tool in health care and information delivery. For instance, people communicate with health care providers to seek solution to their health challenges through the use of the internet and mobile phones.

Practical strategies like songs, folk tales, community durbars, the use of mobile phones, WhatsApp, Skype and other internet interactions are more effective and entertaining. Ackerson and Viswanath (2009) observed that a variety of educational strategies and audio-visual entertainment approaches like storytelling, sketches and videos are important tools to promote knowledge and ultimately change attitudes of the people in health promotion. Mobile technology supports health care services in relation to “accessibility, effectiveness, and affordability” (Farhaan et al., 2008). However, in Ghana, health workers, especially those in the Wa Municipality, are handicapped in their job performance due to limited technology.

The study revealed that pieces of advice and information from mothers-in-law, herbalists, aunties and aged women in the study communities were the strategies used to educate pregnant women in the past. This confirmed the findings of Kayombo (1997) that traditionally, relevant stakeholders in disseminating maternal health information, education and care in the past concerning child delivery was assisted by mothers-in-law, mothers, and aunties or sisters in-law. Notably, knowledge in health and information delivery in the study communities are passed on from generation to generation to support maternal health, despite the existence of health facilities and professionals in the Wa Municipality. This finding is supported by the theory of this study, which suggests that health promotion all over the world largely depends on good understanding of the knowledge, attitudes, practices, and beliefs of a particular group of people.

During the FGDs, a woman noted that knowledge in maternal health delivery was passed to me from my mother and I have assisted and delivered many pregnant women in my community with complications and have also been teaching women in my house how to safely deliver babies and deal with complications.

This implies that the involvement of such skilful women in maternal health education and its related activities are needed to enhance maternal health care and information delivery. In order to minimize or eradicate the risks associated with home-based health remedies to pregnant women, there is the need for innovative use of technology to reach people in their homes. As a result, the Millennium Villages Project (MVP) Ghana, in collaboration with Novartis Foundation for Sustainable Development, the Earth Institute of the Columbia University, the Ghana Health Service and Ministry of

Communication, is implementing the Ghana Mobile Telemedicine Project in the Amansie West District in Kumasi, aimed at improving the state of the health of people living in poverty and suffering from illnesses in Ghana that can be cured or prevented by better access to primary health care through the use of information, communication and technology (Akosah, 2011). Majority (78%) of the respondents supported the idea of integrating maternal health education strategies with local approaches that could improve maternal health education and information delivery. This suggests that the application of variety of strategies is important to health promotion activities. This has a potential towards complementarity of attitudes and behaviours of people aimed at improving pregnant women's knowledge on health.

## **CONCLUSION**

Improvement in maternal health education and information delivery is important to the Ministry of Health, Ghana Health Service and development partners. Maternal health promotion in Africa needs to be given much attention if reduction of maternal deaths and complications are to be achieved in line with Sustainable Development Goal three. The study noted that most strategies adopted to enhance maternal health education and communication are top-down approaches. These approaches are delinked from bottom-up and participatory approaches such as interpersonal discussions, drama, festivals and health durbars, which if well integrated and applied can better educate, in particular, illiterate and deaf and dumb pregnant women on maternal health and child-related issues.

Even though mass media communication strategies cannot be overlooked in maternal health education and promotion programmes, it is important to underscore that there is a higher chance of changing strongly held attitudes or behaviours among pregnant women on their health if such mass media strategies are well-blended with bottom-up communication approaches.

## **RECOMMENDATIONS**

The Ministry of Health and the Ghana Health Service need to give urgent

attention to the maternal health education programmes in the Wa Municipality in order to reduce maternal deaths and complications. This could partly be achieved through a review of the methods used in educating pregnant women in the Wa Municipality, which should be multi-pronged participatory approaches rather than unit-directional mass-mediated message diffusion on maternal health as well as the singular effort of qualified health professionals to deliver health services to pregnant women. Therefore, strategies to improve maternal health education and communication in the Wa Municipality require well-crafted and integrated communication strategies targeted at pregnant women, particularly with low educational background or illiterate as well as deaf and dumb women.

There is also the need for a national communication policy shift on maternal health education and promotion strategies to plug the gaps in communication approaches on maternal health. More innovative, participatory and integrated strategies, which are culturally sensitive and relevant for all stakeholders in the health delivery system are needed to enable Ghana to make meaningful strides towards achieving Sustainable Development goal three.

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