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MEDICAL PRACTITIONERS INFLUENCE ON THE INTERCULTURAL COMMUNICATION EXPECTATIONS BY EXPECTANT MOTHERS DURING CONSULTATIONS

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Abstract

Purpose: The purpose of this study was to establish if medical practitioners meet the intercultural communication expectations by expectant mothers during consultations.

Methodology: The study utilized a correlation research design. The target population comprised all expectant mothers within Kibera slums who were present at the selected clinics during antenatal day at the time of data collection. The target population also constituted all the twenty eight medical practitioners working at the five selected clinics as well as all the peer professionals who listen to the expectant mothers' complaints. The study conducted a census for the medical practitioners and used convenience sampling for the expectant mothers and peer professionals. The sample size was 38 respondents. The study used a questionnaire; focus group discussion and a key informant interview guide as research instrumentsto obtain primary data.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 peer proffessionals. The researcher analyzed both quantitative and qualitative data.

Results: The medical practitioners indicated that expectant mothers have various expectations towards them.The medical practitioners also indicated that the expectationsofexpectant mothers affect intercultural communication of health information among expectant mothers.The peer professionals also revealed that expectant mothers had various expectations towards the medical practitioners.The expectant mothers also indicated that the medical practitioners do not have the right intercultural communication skills.

Policy recommendation: The Ministry of Health should take the initiative to educate the residents of Kibera slum on the importance of attending antenatal and prenatal clinics. The MOH should also lead campaigns that condemn outdated cultural customs which subject expectant mothers to adverse risks even to the point of losing their lives.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

Keywords: *intercultural communication*

1.0 INTRODUCTION

1.1 Background of the Study

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.

Intercultural Communication and Maternal Mortality in Developed Economies

A study by Ivry's (2010) on pregnancies in Japan and Israel revealed that the cultures within which families expect andprepare for the arrival of their children influences the experience of pregnancy and prenatal care as well as pregnant women's physiologicalexperiences. Prenatal care was regarded as a collaborative achievement involving the health care providers, pregnant women and their families. In addition, interpersonal mindsets on gender,expectations and beliefs about pregnant women determined how medical professionals undertook prenatal visits(Tracy, 2002).

Intercultural Communication and Maternal Mortality in Emerging Economies

In 2000, China introduced a Programto Reduce Maternal Mortality and Eliminate Neonatal Tetanus. The program aimed at reducing maternal andinfant mortality by promoting hospital delivery. Initiated in 378 counties, it now covers the entire country. The program focuses on health education, affordable care, quality of care, and socialmobilization to reduce maternal and infant mortality. It provides subsidies to mothers from poor counties in the nation hat have high maternal mortality ratio (MMR) and neonatal tetanus cases compared to the average provincial rate. Obstetric professionals from provincial tertiary hospitalsare also in charge of primary maternal care centers for at least two weeks each year to build localcapacity through direct support, training, and to facilitate intercultural communication and referralnetworks among the

different tiers of service delivery. Effort has also been made to improve thespecialized capacity of pediatric workers by sending experts to counties for on-site training andconducting health education and social mobilization (WHO, 2012).

Intercultural Communication and Maternal Mortality in Developing Economies

In developing countries, many births are assisted by traditional birth attendants (TBAs) who acquire their skills through experience and apprenticeship, rather than through the formal training that characterizes skilled birth attendants such as doctors, midwives and nurses (GiveWell, 2011).Programs providing short training courses to TBAs aiming at teaching them how to respond to minor complications as well as recognize and refer major complications were recommended by the World Health Organization in the 1970s through 1990s. The World Health Organization believed that such training courses could reduce maternal mortality rates (WHO, 2010). Evidence suggests that TBA training increases knowledge among TBAs and may reduce infant mortality, but does not have a demonstrable impact on maternal mortality (WHO, 2010

Intercultural Communication and Maternal Mortality in Kenya

Maternal mortality is a particularly serious problem in Kenya. A woman in Kenya has a one in 36chance of dying from pregnancy-related causes, compared to her counterpart in Europe, who faces aone in 4,000 chance. Estimates of maternal mortality range from 590 to 1,300 maternal deaths per100,000 live births, with considerable variation from province to province, and even more between districts. Some districts claim rates of up to three times the national average(GiveWell, 2007).

1.2 Statement of the Problem

The rates of maternal mortality in Kenya are high whereby maternal morbidity and mortality in Kenya results from the interplay of social, cultural, economic and logistical barriers, coupled with a high fertility rate and inadequate and under-funded health services (GiveWell, 2007). The social cultural barriers exist due to poor intercultural communication while the economic barriers are due to poverty (GiveWell, 2007). Strengthening the health system and improving quality of healthcare delivery is pivotal to reversing the trend of high maternal morbidity and 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 and Ngula, 2010).

Past studies have researched into the effects of intercultural communication; for instance,Kirsten(2012) reveals how healthcare discourses on ethnic minority patients reflect shifting intercultural communication paradigms and advocates for the uptake of a critical intercultural communication approach with regard to ethnicity-based health inequality.Miller, Kinya, Booker, Kizito and Ngula, (2010) explored Kenyan patients' perceptions on the role of ethnicity in the doctor–patient relationship.Literature review reveals that there exists a research gap with regard to the influence of intercultural communication on maternal mortality. Hence, this study seeks to fill in this gap by establishing if medical practitioners meet the intercultural communication expectations by expectant mothers during consultations.

1.3 Objectives of the Study

To find out if medical practitioners meet the intercultural communication expectations by expectant mothers during consultations.

2.0 LITERATURE REVIEW

Theory of Intercultural Communication

The mainfoundation of this theory brings out a new perspective of the culture concept – the so-called 'heterogeneous' culture concept. The heterogeneous culture concept depicts culture as anti-essentialist and dynamic. It emphasizes the elusive and constructed character of cultural identities. The theory suggests a critical intercultural communication approach, which represents a paradigmatic shift since culture, communication and cultural identity are subjected to inquiry and reformulation (Halualani& Nakayama, 2010; Moon, 2010). 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 that 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.

A wide range of studies provide evidence that even the tiniest verbal or nonverbal move in such encounters maygenerate unintended interpretations because of the interlocutors' propensity to ascribe meaning to every detail of communication (Gumperz,1982;Carbaugh, 2005). Specific contributions drawing on the strong British sociolinguistic tradition convincingly made the point that inter-ethnic communicative encounters play a major role in the production of social identities of members of various ethnic groups and thereby in the distribution of resources in multi-ethnic societies, including access to jobs, education, and health services. However, according to critical intercultural communication scholars, more attention should be paid to political, institutional, and not least historical factors in the production of social and cultural identities (Mendoza, Halualani & Drzewiecka, 2002).This theory was relevant to this study since it posits that a critical intercultural communication approach represents a paradigmatic shift since culture, communication and cultural identity should be subjected to inquiry and reformulation. Hence, it argued that culture affects communication.

2.1 Literature Review

A cultural sensitive perspective in health communication is presentin research on pregnancy and prenatal care. For example, Lazarus (2007) finds thatwomen of different socio-economic classes have different needs for prenatal care. Similarly, much of Brigitte Jordan's (1997) work focuses on how birth knowledge differs among cultures and goes at great lengths to describe those different patterns of birthing.

Baxter (2011) argues that one should viewinteraction as diagnostic of cultural differences that needs to be acted upon as opposed to viewing each interaction as itsown process in which knowledge is negotiated and produces a cultural sensitive approach. Furthermore, in much

"training" literature, the responsibilityof diagnosing a patient's cultural box is placed (unsurprisingly) upon the medicalprofessionals, arguing that "cultural sensitivity" is something they need to develop in order to provide better care. This has a twofold effect whereby first, it works to inscribeagency to act upon cultural matters onto the medical professional, and second, it erases the possibility that the medical professional him/herself might be negotiating multiple sets of cultural knowledge and that experiencing culture, for both patient and medicalprofessional, could be fragmented, fluid and multi-dimensional.

Mazzoni (2002) finds that many 'old wives' tales" are folded into biomedical prenatal care advice, pointing that theknowledge in this advice is not singular in itself, but rather is divided and multiplies intercultural communication in a way that it of problematic origins. Advocating for a social value ofsingular and unified representations is in itself a cultural construction dating back, asMazzonidemonstrates, to European Renaissance ontological beliefs embraced in sciencethat the being-within-being configuration of "mother and fetus was emblematic of theunity of the world and of the magic relations that governed the universe. This, in turn,confirmed the connection between human beings and the cosmos, between microcosmand macrocosm, between body and soul. In addition to critically centeringprocesses of knowledge formation, such explorations that disturb the linearity of time andspace also bring to focus questions of power as contextual and unstable "regimes oftruth" that are constantly in flux (Foucault, 2008).

3.0 METHODOLOGY

The study utilized a correlation research design. The target population comprised all expectant mothers within Kibera slums who were present at the selected clinics during antenatal day at the time of data collection. The target population also constituted all the twenty eight medical practitioners working at the five selected clinics as well as all the peer professionals who listen to the expectant mothers' complaints. The study conducted a census for the medical practitioners and used convenience sampling for the expectant mothers and peer professionals. The sample size was 38 respondents. The study used a questionnaire, focus group discussion and a key informant interview guide as research instrumentsto obtain primary data.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 peer proffessionals. The researcher analyzed both quantitative and qualitative data.

4.0 RESULTS FINDINGS

Presentation, Analysis and Interpretation

Response Rate

The number of questionnaires that were administered was 28. A total of 27 questionnaires were properly filled and returned. This represented an overall successful response rate of 96.4 % as shown in Table 3. The high response rate can be explained by the fact that the sample size was small. This can also be explained by the fact that the questionnaires were self-administered. According to Mugenda and Mugenda (2003) and also Kothari (2004) a response rate of 50% is adequate for a descriptive study. The study also recorded a 100% response rate of the key informants and the FGD.

Table 1: Response Rate

Response	Frequency	Percentage
Returned	27	96.4%
Unreturned	1	3.6%
Total	28	100%

Demographic Characteristics

This section consists of information that describes basic characteristics such as the 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 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 are as presented in Table 2.

Table 2: Demographic Characteristics

Demographic Characteristics	Response	Frequency	Percent
Gender	Male	14	51.9
	Female	13	48.1
	Total	27	100
Age	21-30 years	1	3.7
	31-40 years	14	51.9
	41-50years	12	44.4
	Total	27	100
Level of Education	Tertiary college	10	37
	University	17	63
	Total	27	100
Position	Medical Officer	7	25.9
	Clinical Officer	5	18.5
	Nurse	13	48.1
	Laboratory assistant	2	7.4
	Total	27	100
Number of Years	1 to 3 years	6	22.2
	4 to 6 years	2	7.4
	More than 6 years	19	70.4
	Total	27	100

Results show that 51.9% of the respondents were male while 48.1% were female. This implies that most of the medical practitioners in Kibera Slums are male. Results also show that 51.9% of the medical practitioners are aged between 31-40 years, 44.4% of the medical practitioner were aged between 41-50 years while 3.7% of the medical practitioners were aged between 21-30 years. This is an indicator that most of the medical practitioners were elderly. Further, results in

Table 3 reveal that the medical practitioners were educated since 63% had attained education up to the university level while 37% had attained education up to tertiary level.

Results also revealed that 48.1% of the medical practitioners were nurses, 25.9% were medical officers, and 18.5% were clinical officers while 7.4% were laboratory assistants. Results also revealed that 70.4% had served as medical practitioners for more than 6 years, 22.2% had served as medical practitioners 1 to 3 years while only 7.4% of the medical practitioners had served for 4 to 6 years.

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 3: 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 as well as expectant mothers expect that they should explain what would happen if they did not get treatment. Further, results in Table 8 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 from a 'cultural sensitive' approach.

Other Intercultural Communication Expectations by Expectant Mothers

The study sought to establish whether there are any other expectations of expectant mothers on their intercultural communication skill. Results in Table 9 show that 88.9% of the medical practitioners disagreed that there are other expectations of expectant mothers on their intercultural communication skill while 11.1% of the medical practitioners agreed.

Table 4: Other Expectations of Expectant Mothers

Response	Frequency	Percent
No	24	88.9
Yes	3	11.1
Total	27	100

The peer professionals involved in the key informant interviews revealed that expectant mothers had various expectations towards the medical practitioners. These expectations included: medical practitioners should answer all their questions and clarify the things she doesn't know or understand; medical practitioners will have a friendly and interactive conversation with the expectant mothers; medical practitioner should understand their lack of knowledge regarding some general issues and not dismiss them as being ignorant; medical practitioner should be able to converse in the language of the locals ('mostly kiswahili') as opposed to giving them medicine and asking them to go home without having communicated. 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).

The peer professionals further indicated that medical practitioners should have a friendly interaction and conversation with the expectant mothers; expectant mothers expect that the doctors will be able to listen to their cultural preferences and advise accordingly in a cultural sensitive manner; they expect to be able to ask questions; medical practitioners would rather convince them than just give them information and tell them that it is the best practice;andthat medical practitioners will give them information in such a way that they understand their culture and some of the acceptable beliefs and those that are not accepted. Usually, when a woman goes against her cultural norms she is victimized by her relatives (especially her in laws).

Results from the focus discussion group with the expectant mothers revealed that they had various expectations towards the medical practitioners. These expectations included: expectant mothers expect that the medical practitioner will advise and give all information while being sensitive to the culture of the mother; they expect that medical practitioners will listen to them in addition to giving advice; they expect that medical practitioners they will understand and most importantly respect the mothers cultural beliefs; and they expect that medical practitioners should have a 'friendly conversation'. These findings are concurrent with those of Tracy (2002) who reiterated that interpersonal mindsets on gender,expectations and beliefs about pregnant women determined how medical professionals undertook prenatal visits.

Further, the expectant mothers were asked to indicate whether the medical practitioners have the right intercultural communication skills. Some of the mothers response was no. They posited that the medical practitioners do not give advice based on their cultural beliefs, norms and practices as they come from different parts of the country and do not understand our way of living. They also indicated that some of the medical practitioners are foreigners who are not conversant with their local language. Sometimes a translator will be used other times (especially when they are busy) medicine will be given with no explanations (it is up to the mothers to either take it or leave it or if you want to understand more, read the medicine leaflet, which they do not understand in most cases).

Effect of Expectant Mothers Expectations on Intercultural Communication

The study also sought to find out whether the expectationsaffect intercultural communication of health information among expectant mothers. Results in Table 10 show that 77.8% of the medical practitioners agreed that the expectationsofexpectant mothers affect intercultural communication of health information among expectant mothers.

Table 10: Effect of Expectations of Expectant Mothers

Response	Frequency	Percent
No	6	22.2
Yes	21	77.8
Total	27	100

The medical practitioners indicated that there are several effects of expectations of expectant mothers These effects included 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.

5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

Discussions

Intercultural Communication Expectations by Expectant Mothers

The second objective of the study was to find out if medical practitioners meet the intercultural communication expectations by expectant mothers during consultations.The medical practitioners indicated that expectant mothers have various expectations towards them. These included; they should listen carefully to their descriptions of their symptoms, they should explain what they are suffering from, they should explain what would happen if they did not get treatment,they should suggest to them several options for treatment, they should advise them on which method of treatment is suitable, they should understand their culture and they should give them advice from a 'cultural sensitive' approach.

The medical practitioners also indicated that the expectationsofexpectant mothers affect intercultural communication of health information among expectant mothers. These effects included failure to follow doctors' instructions, expectant mothers 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.

The peer professionals also revealed that expectant mothers had various expectations towards the medical practitioners. These expectations included: medical practitioners should answer all their questions and clarify the things she doesn't know or understand; medical practitioners will have a friendly and interactive conversation with the expectant mothers; medical practitioner should understand their lack of knowledge regarding some general issues and not dismiss them as being ignorant; medical practitioner should be able to converse in the language of the locals ('mostly kiswahili') as opposed to giving them medicine and asking them to go home without having communicated; medical practitioners should have a friendly interaction and conversation with the expectant mothers; medical practitioners should be able to listen to their cultural preferences and advise accordingly in a cultural sensitive manner; they expect to be able to ask questions; medical practitioners would rather convince them than just give them information and tell them that it is the best practice;andthat medical practitioners will give them information in such a way that they understand their culture and some of the acceptable beliefs and those that are not accepted.

Similarly, expectant mothers also revealed that they had various expectations towards the medical practitioners. These expectations includedthey expect that the medical practitioner will advise and give all information while being sensitive to the culture of the mother; they expect that medical practitioners will listen to them in addition to giving advice; they expect that medical practitioners they will understand and most importantly respect the mothers cultural beliefs; and they expect that medical practitioners should have a 'friendly conversation'.

The expectant mothers also indicated that the medical practitioners do not have the right intercultural communication skills. They posited that the medical practitioners do not give advice based on their cultural beliefs, norms and practices as they come from different parts of the country and do not understand our way of living. They also indicated that some of the medical practitioners are foreigners who are not conversant with their local language. Sometimes a translator will be used other times (especially when they are busy) medicine will be given with no explanations (it is up to the mothers to either take it or leave it or if you want to understand more, read the medicine leaflet, which they do not understand in most cases).

Some of the mothers' response was yes. They inferred that some medical practitioners understood their culture and thus are aware of the experiences of the expectant mothers who seek advice from the TBA's. They also added that women medics give advice better than men in most cases as they understand the issues very well. They also added that when a doctor gives them advice that they think they can take up and explains to them the benefits of taking up the advice they are more likely than not to take up especially if it will help protect both my child's life and theirs.

One of the peer professional on the other hand indicated that the intercultural communication skills of the medical practitioners are wanting. He explained that for a long time mothers have complained and continue to complain of nurses (especially those in the maternity ward) being very arrogant and do not inform the child-birth process but rather frustrate the mothers. He 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 they ask the

nurses/doctors questions that they do not have answers to, they are often rubbished off for being 'stupid'. He further reiterated 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, 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 information that is important for the mother.

Conclusions

Based on the findings the study concluded that expectant mothers' 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 in Kibera slum had expectations about the medical practitioners' intercultural communication. These expectations affect intercultural communication of health information among expectant mothers. Further, the study concluded that expectant mothers have negative attitudes towards the medical practitioners which significantly contributed to maternal mortality in Kibera slum.

The Ministry of Health should take the initiative to educate the residents of Kibera slum on the importance of attending antenatal and prenatal clinics. The MOH should also lead campaigns that condemn outdated 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.

Recommendations

Based on the findings the study made the following recommendations;

1. The medical practitioners in Kibera slum should 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.
2. The medical practitioners should look into the expectations of the expectant mothers and change their way off 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 hearken to their advice which would go along way into reducing the levels of maternal mortality in Kibera slum.
3. The Ministry of Health should take the initiative to educate the residents of Kibera slum on the importance of attending antenatal and prenatal clinics. The MOH should also lead campaigns that condemn outdated 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.

Recommendations for Further Studies

Based on the study findings, the following suggestions are made for further study:

1. A study on other factors that cause maternal mortality in Kibera slum.
2. A study on other effect of intercultural communication in Kibera slum.

3. A similar study in another location (Mathare Slum) for comparison purposes.

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